

Registered pharmacy inspection report

Pharmacy Name: Murrays Healthcare, St. James's Medical Practice,
Malthouse Drive, DUDLEY, West Midlands, DY1 2BY

Pharmacy reference: 1102186

Type of pharmacy: Community

Date of inspection: 15/10/2019

Pharmacy context

This is a busy community pharmacy located next door to a medical centre on the outskirts of Dudley. People using the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions and provides other NHS funded services. The pharmacy team supplies some medicines in weekly packs for people that can sometimes forget to take their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy identifies and manages the risks associated with the services. The pharmacy team have some written instructions to help make sure it works safely and the team understands its role in protecting and supporting vulnerable people. But the team does not always record its mistakes which means team members may miss learning opportunities.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs were periodically reviewed, and they were marked with the date they were due for their next review. SOPs were held electronically, and team members added their name to the training log as evidence of reading the SOP. Pharmacy staff had not added their name to some of the newer SOPs. They were aware that this training was outstanding but had not had time to do it. Roles and responsibilities of staff were highlighted within the SOPs.

The pharmacy supplied people with multi-compartment compliance packs that had been assembled at another branch using a 'hub and spoke' model. The pharmacy team could not locate a SOP or operational guide for the hub and spoke model, so the accountabilities of the hub and the spoke branches were not documented for reference. The responsible pharmacist (RP) was unclear of the process as it was carried out by the pharmacy manager. The RP was reminded that she had accountabilities as compliance packs were being supplied whilst she was RP.

Near miss logs were available and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. A dispenser explained that each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. The number of near misses recorded was very low compared to the number of items dispensed which suggested that not all near misses were recorded so any reviews might not identify all patterns and trends. The pharmacy team were unsure whether the pharmacy manager did regular reviews of the near miss log and could not remember whether he had shared any learning opportunities identified. The team were aware of LASA (look alike, sound alike) medicines and gave examples of them. The pharmacy manager and pharmacy technicians had completed Centre for Pharmacy Postgraduate Training (CPPE) on risk management and LASA medicines. Dispensing incidents were investigated and recorded using an online form which was submitted to the superintendent.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A member of staff answered questions related to medicine sales and responsible pharmacist (RP) absence correctly. Pharmacy staff were wearing uniforms and name badges which stated their job role.

The complaints procedure was explained to people in a leaflet which was available in the shop. People could give feedback to the pharmacy team in several different ways; verbal, written, and via the annual NHS CPPQ survey. A CPPQ results poster was displayed in the shop but this showed the results from the October 2017 survey, so was out-of-date. The pharmacy team tried to resolve issues that were within their control and would refer the person to the responsible pharmacist or head office if required. The team had recently received a complimentary letter about the service from a person that used the

pharmacy.

The pharmacy had professional indemnity insurance in place. The RP notice was clearly displayed, and the RP log was seen to be compliant with requirements. The entries in the controlled drug (CD) registers were in order. A random balance check matched the balance recorded in the register. The patient returned CD register was used. The balance check for methadone was done regularly and the manufacturer's overage was added to the running balance. A sample of private prescription and emergency supply records were seen to comply with requirements. NHS Medicines Use Review (MUR) and 'flu vaccinations consent forms were seen to have been signed by the person receiving the service. Specials records were maintained with an audit trail from source to supply. Prescription deliveries were made by the delivery driver and signatures were obtained as proof of delivery.

The pharmacy had an Information Governance (IG) policy and various training and policy documents. Confidential waste was stored separately from general waste and sent to head office for destruction. The pharmacy had a safeguarding policy and a list of local safeguarding contacts was available in the dispensary. The pharmacy professionals had completed a CPPE training package on safeguarding children and vulnerable adults.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The team members plan absences in advance, so they always have enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacy manager (pharmacist), a second pharmacist, four pharmacy technicians, two dispensing assistants, a medicine counter assistant and a delivery driver. Holidays were requested in advance by contacting head office and cover was co-ordinated by the HR department. Relief dispensers were available, or pharmacy staff worked overtime to cover any gaps in the staffing schedule. Two relief dispensers were working at the pharmacy during the inspection to cover absence. The pharmacy manager had an additional pharmacist working with him for two days each week, so he could enter the information for the compliance packs onto the computer without being distracted.

Staff had access to ongoing training using a e-Learning system (Mediapharm) and this covered a number of topics. Staff did not have regular training time and it was not planned into the weekly rota. A relief dispensing assistant had recently started with the company and had undertaken a two-week induction programme where she had been based at one pharmacy and shown how to use the various computer systems, read the SOPs and shadowed another member of staff. She had been asked to provide evidence that she had completed accredited training courses prior to starting with the company. Staff explained that the company had an appraisal process and should have reviews with the pharmacy manager but could not recall when the last one had taken place and thought it was much longer than 12-months ago.

The pharmacy team appeared to work well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. Various tasks were delegated to members of the team to support the pharmacy manager. Pharmacy staff had regular discussions in the dispensary to communicate messages and updates. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the pharmacy manager or superintendent and would contact the GPhC if they had any concerns. The company had previously had a Q&A section on the intranet so that staff could anonymously ask questions to the senior management team and the pharmacy staff said they had appreciated this and would like it to become a regular feature. Targets were in place for services; the RP explained that she would use her professional judgement to offer services. For example, only offering MURs when she felt that they were appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the health and safety manager at head office. The dispensary was an ample size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

There was a private soundproof consultation room which was used by the pharmacy team during the inspection. The consultation room was professional in appearance. The door to the consultation room remained locked from the public area when not in use to prevent unauthorised access.

The pharmacy was clean and tidy with no slip or trip hazards evident. It was cleaned by pharmacy staff. The sinks in the dispensary and staff areas had running water, hand towels and hand soap were available. The pharmacy had air conditioning and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions. And the pharmacy team supports members of the public that may forget to take their medicines by placing them into weekly multi-compartment compliance packs.

Inspector's evidence

The pharmacy was situated next door to a medical centre on a main road into Dudley. There was an automatic door and step-free access from the car park. There was a second entrance directly from the medical centre. A home delivery service was available for people that could not easily access the pharmacy. A range of pharmacy leaflets was available for customers and there was a health promotion zone. The pharmacy staff used local knowledge and the internet to refer people to other providers of services the pharmacy did not offer. The pharmacy did not have a practice leaflet containing information such as the services available, or explaining how the pharmacy stores confidential information available.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise workload. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Stickers were attached to completed prescriptions to assist counselling and hand-out messages, such as eligibility for a service, specific counselling or fridge item. The RP was aware of the MHRA and GPhC alerts about valproate and had counselling information available. The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions.

Seasonal 'flu vaccinations were available and administered under Patient Group Directions (PGD's) and PGD documents naming the authorised pharmacist were kept in the pharmacy.

A hub and spoke model was used to assemble the majority of the multi-compartment compliance packs. A local branch had a 'dispensing robot' that assembled the packs and they were then returned to branch for onward supply. A pharmacy technician explained the process for ordering prescriptions, checking them against previous supplies, putting them onto the computer system and the accuracy and clinical check was carried out by the pharmacy manager before submitting them for assembly. Each person had a file to show what medication they were taking and when it should be packed. External items were ordered by the person to reduce the possibility of over-ordering. The process did not appear to be documented so the accountability for each stage of the process was not clear. Pharmacists were not familiar with the process had nothing to refer to which explained this service when signing in as responsible pharmacist. If a compliance pack was requested a member of the team spoke with the person or/and their carer before they started using the packs to make sure they understand how they worked and that they had the mental capacity to use them properly. This was a verbal discussion and the team were unsure whether this was documented or whether the company have a suitability form to complete. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication, and there was an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets (PILs) were not routinely supplied by the hub. This meant that

people may not receive all of the information they required about their medicines.

A prescription collection service was in operation. The pharmacy had audit trails in place for this service and prescriptions collected were routinely checked against requests and discrepancies followed up.

Medicines were stored in an organised manner on the dispensary shelves. All medicines were stored in their original packaging. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. Split liquid medicines with limited stability once opened were marked with a date of opening. The dispensary was date checked every three months and short dated products were marked. The pharmacy team were aware of Falsified Medicines Directive (FMD) requirements and the pharmacy had FMD scanners, but the team had not started using them as they had not been told to do so by head office. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts by email from head office. The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. There were two fridges in place to hold stock medicines and assembled medicines. Assembled medicines were held in clear bags for easy identification. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°C.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team uses it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were used for preparation of methadone. Counting triangles were available and there was a separate, marked triangle used for cytotoxic medicines. Screens were not visible to the public as they were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.