

Registered pharmacy inspection report

Pharmacy Name: Morrisons Pharmacy, Roman Way, MALVERN,
Worcestershire, WR14 1PZ

Pharmacy reference: 1108046

Type of pharmacy: Community

Date of inspection: 19/08/2024

Pharmacy context

This is a community pharmacy inside a supermarket on the outskirts of Malvern, Worcestershire. The pharmacy dispenses NHS and private prescriptions. It's team members sell over-the-counter medicines and provide advice. The pharmacy offers a few services such as Pharmacy First, the New Medicine Service (NMS) and blood pressure testing. In addition, the pharmacy team provide multi-compartment compliance packs for a few people who find it difficult to manage their medicines at home.

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	1.2	Good practice	The pharmacy regularly reviews and monitors the safety and quality of its services.
		1.8	Good practice	The pharmacy's team members actively ensure the welfare of vulnerable people. They can demonstrate identifying relevant concerns and taking appropriate action in response. The pharmacy has the relevant processes in place to assist with this and team members are suitably trained.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake.
		2.4	Good practice	The pharmacy has an environment where learning and development for team members is supported and encouraged.
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 has a range of suitable systems to identify and manage the risks associated with its services. Members of the pharmacy team regularly monitor the safety of their services by recording their mistakes and learning from them. They actively protect the welfare of vulnerable people. The pharmacy safeguards people's confidential information appropriately. And it maintains its records as it should.

Inspector's evidence

This pharmacy had competent staff, efficient processes, and systems in place which helped promote safe practice. Documented standard operating procedures (SOPs) provided guidance for the team on how to carry out tasks correctly. The staff had read and signed them. Members of the pharmacy team understood their roles well and worked in accordance with the company's set procedures. In line with legal requirements, the pharmacy displayed a notice to identify the responsible pharmacist (RP), and this had the correct details of the pharmacist in charge of the pharmacy's operational activities.

Members of the pharmacy team helped ensure their working practices were safe and risks minimised in different ways. Staff explained that the workflow involved downloading electronic prescriptions and checking stock first before processing prescriptions and ordering medicines. This helped to ensure appropriate stock levels were in place. Staff were observed to concentrate on one task at a time. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. Some baskets were seen to be stacked on top of one another when their contents were waiting to be checked but staff explained that that no more than three were stored in this way. This helped reduce the likelihood of them tipping over and inadvertent transfer occurring. Once staff generated the dispensing labels, there was a facility on them to help identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

There were also separate areas in the dispensary for the team to prepare and place assembled prescriptions before they were checked for accuracy by the RP. A separate section of the dispensary was used to prepare multi-compartment compliance packs. This was to one side and away from the main body of work which helped prevent distractions and subsequent mistakes occurring. In addition, staff explained that they did not re-write records or details on individual records for people receiving compliance packs because of the risk of making mistakes, missing relevant information, or accidentally changing details. Instead, if medicines were stopped, the details were crossed out on existing sheets with appropriate explanations recorded. This also helped maintain a full audit trail (see Principle 4).

Pharmacists oversaw incidents, their process was suitable, in line with requirements and documented details about this were seen. The pharmacy team consistently recorded their near miss mistakes, the details were regularly reviewed and documented. This helped them to identify trends and patterns. Staff explained that mistakes with quantities and split packs had been previously seen where every side of these packs of medicines had not been crossed out. The team subsequently went through the pharmacy's stock to locate them and ensure this was complete. This helped highlight that these medicines did not contain the full amount. In addition, the pharmacy had a notice board in the dispensary which contained relevant safety information. This included a comprehensive list of medicines which looked-alike and sounded-alike (LASA's), as well as information about ensuring the

safety for people prescribed valproates.

The pharmacy's team members had also been trained to protect people's confidential information. Details were on display in the retail area explaining the pharmacy's privacy policy as well as appropriate information in the dispensary. No sensitive details were left or could be seen from the retail space. This included bagged prescriptions awaiting collection. Team members used their own NHS smart cards to access electronic prescriptions. They stored and disposed of confidential material appropriately.

Staff had been trained to safeguard the welfare of vulnerable people; this included the pharmacist who was trained to level two. Team members could recognise signs of concerns; they knew who to refer to in the event of a concern and described concerns seen as well as how they had responded. Formal safeguarding referrals had also been made. In addition, contact details for the local safeguarding agencies were accessible and the pharmacy's chaperone policy was on display. Staff described advising people about the latter if they thought this was may have been required. Team members were also trained on 'Ask for ANI'.

The pharmacy had current professional indemnity and public liability insurance. The documented RP record, records of supplies made against private prescriptions, emergency supplies, unlicensed medicines and to verify that fridge temperatures had remained within the required range had been routinely completed. A sample of registers seen for controlled drugs (CDs) had been maintained in accordance with legal requirements. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy had also been maintained appropriately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team has enough appropriately skilled staff to deliver the pharmacy's services. Members of the pharmacy team have a range of skills and experience. And the pharmacy provides them with sufficient support as well as the resources they need, so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

The team on the day included the RP, who was described as the second pharmacist and was newly employed, two trained dispensing assistants and a pharmacy technician who was imminently due to qualify as an accuracy checking technician. There was also a trainee dispensing assistant who was also about to complete his NVQ 2 in dispensing and become fully qualified. In accordance with the pharmacy's volume of work, this was enough staff to appropriately support the workload. The team was also up to date with this. The pharmacy's team members wore uniforms and name badges. Rotas for their working hours were on display. Team members ranged in their experience and the time that they had worked at the pharmacy. They were observed to be capable and efficient in their role(s). They also worked well together.

The team knew which activities could take place in the absence of the RP and referred appropriately. They used appropriate sales of medicines protocols before selling medicines, this was also on display by the medicines counter as further reference. Staff knew which medicines could be abused and sales of them were monitored. They were also aware of recent updates or changes on new as well as existing products. The inspector noted that they were very knowledgeable about over the counter (OTC) medicines, additional information was provided before they were asked. In addition, team members ensured they had access to relevant information about new or existing services. They had created internal training files as reference sources which held any pertinent information that had been provided to them. The pharmacy technician described regularly laminating this information before it went into the files.

The RP felt supported by her managers. She explained that both the pharmacy manager and area manager were pharmacists which helped because they understood professional responsibilities and limitations. Staff also felt supported by the company. They explained that they had annual performance reviews, and when they identified that they wanted to undertake further development, this was promptly delivered. In addition, team members were provided with resources for ongoing training. As they were a small team, they communicated verbally, through a communications book and received updates by email. The company also provided documented updates every week ('weekly action lists'). They contained messages from the central pharmacy team which helped keep the team informed about any changes, new products, or guidance. This information was on display in the dispensary and readily accessible.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for the delivery of its services. The pharmacy is clean and presents a professional image. It has plenty of workspace for the team to work safely. And it is secure with a suitable, separate space for private conversations and services.

Inspector's evidence

The pharmacy was situated at the front of the supermarket near the checkouts. Its premises consisted of a small retail section and front counter, and a spacious dispensary which extended to one side. The pharmacy also had a separate consultation room with two entrances, one was from the supermarket and the other from inside the pharmacy premises. The former was kept locked. The room contained a clean sink, suitable equipment for the services provided and displayed relevant information about healthcare. This included leaflets promoting health, detailed material highlighting red flags for certain conditions for Pharmacy First, as well as information about domestic abuse which clearly highlighted that the room was a safe space. The room was of an appropriate size, clearly signposted and accessible for people using wheelchairs. Conversations at a normal level of volume could take place inside without being overheard.

The pharmacy's fixtures and fittings were well maintained. The design and layout meant that there was ample inbuilt storage in the dispensary for paperwork and assembled compliance packs, and in the consultation room to store equipment. Some sections of the dispensary were screened which provided appropriate privacy when dispensing prescriptions and there was plenty of space for staff to carry out dispensing tasks safely. The pharmacy was clean and tidy, presented professionally and dispensing benches were kept clear of clutter. The lighting and ambient temperature within the pharmacy was appropriate for storing medicines and safe working. There was also a clean sink in the dispensary for preparing medicines which had hot and cold running water. The pharmacy was secured against unauthorised access; its opening hours were different to the supermarkets but there were appropriate safeguards in place to restrict access to the premises outside of these hours.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. People can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. And team members routinely identify people who receive higher-risk medicines. But they don't always record any relevant information. This makes it difficult for them to show that people are provided with appropriate advice when these medicines are supplied.

Inspector's evidence

People could enter the pharmacy from the supermarket's main entrance, which had powered doors and was step free. The area outside the pharmacy and leading up to it consisted of clear, open space which further assisted people with restricted mobility or using wheelchairs to easily enter the supermarket and access the pharmacy's services. Staff described making reasonable adjustments for some people with different needs if this was required. This included providing people with written details, communicating verbally to people who were visually impaired, and they used the braille on packs of medicines where possible. They also spoke slowly and clearly, used gestures and pictures or translation services on phones for people whose first language was not English. Staff were aware of the local health facilities to signpost people accordingly if this was required. They also had access to documented information to assist with this.

The pharmacy supplied medicines inside compliance packs to a few people, after this was considered necessary and an assessment had taken place by the person's GP. This helped people to manage their medicines more effectively. The team ordered prescriptions on behalf of people for this service. They identified any changes that may have been made by cross referencing received prescriptions against individual records. Any changes were queried, and the records updated accordingly. The compliance packs were sealed as soon as they had been prepared. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were routinely supplied.

Team members were aware of risks associated with valproates, there were various reminders about the dispensary including displayed posters and shelf-edge labels on drawers containing this medicine to help highlight risks. Staff ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them, and had identified people at risk, who had been supplied this medicine. People were counselled accordingly. However, whilst the team routinely identified and knew which people had been prescribed higher-risk medicines they did not ask about relevant parameters, such as blood test results for people prescribed these medicines.

The pharmacy offered a few services. This included Pharmacy First. The service specification, and legal frameworks [Patient Group Directions (PGDs)] to authorise this were readily accessible and had been signed by the RP. Suitable equipment was present which helped ensure that the service was provided safely and effectively (see Principle 5). The RP had been trained on how to use them, in addition to her initial training, she had further researched and utilised appropriate training material about this which helped reaffirm her practice. This service was described as useful, but the inspector was told that it could be difficult to deliver the service and keep on top of the workload if the RP was the only pharmacist.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were stored inside drawers in a very organised way. The team checked medicines for expiry regularly and kept records of when this had taken place. Short- dated medicines were routinely identified and on randomly selecting some of the pharmacy's stock, there were no medicines seen which were past their expiry date. Staff also described routinely ensuring the expiry dates of medicines covered the treatment period when they dispensed medicines. People were informed about this accordingly and slips to indicate medicines were owed were provided if the expiry dates would not cover this situation. Liquid medicines, when opened were marked with the date they were opened. This helped to determine stability when dispensing them in the future. CDs were stored securely and the keys to the cabinet were maintained in a way which prevented unauthorised access. Fridge temperatures were checked daily. Records verifying this and that the temperature had remained within the required range had been appropriately completed. Medicines which were returned to the pharmacy by people for disposal, were accepted by staff, and stored within designated containers. This did not include sharps or needles which were referred elsewhere appropriately. Lists identifying hazardous and cytotoxic medicines were also on display near this area. This helped staff to clearly separate these medicines. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean. And team members use them appropriately to keep people's confidential information safe.

Inspector's evidence

The pharmacy's equipment was suitable for its intended purpose. This included standardised conical measures for liquid medicines, triangle tablet counters and capsule counters. There were separate measures for methadone and two baskets were used to hold equipment for dispensing medicines. One of these baskets was for measuring cytotoxic medicines. Each basket contained tweezers, a capsule counter and a triangle tablet counter, the equipment for measuring cytotoxic medicines was clearly highlighted. All the pharmacy's equipment was clean and washed regularly by the team. There was also a tablet counting machine; portable appliance testing (PAT) for this had been conducted this year.

The pharmacy had an appropriately operating pharmacy fridge, legally compliant CD cabinet and access to current reference sources. Additional equipment for services included an otoscope, tongue depressors, torch, a thermometer, and blood pressure machine which were new. Portable telephones helped conversations to take place in private if required. The pharmacy's computer terminals were password protected and their screens faced away from people using the pharmacy. Team members took their NHS smart cards home overnight or stored them securely which helped prevent unauthorised access. Staff had access to lockers to store personal belongings.

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.