

Registered pharmacy inspection report

Pharmacy Name: Morrisons Pharmacy, Parc Pensarn, Llanelli Road,
CARMARTHEN, Dyfed, SA31 2NF

Pharmacy reference: 1112051

Type of pharmacy: Community

Date of inspection: 22/02/2024

Pharmacy context

This pharmacy is inside a supermarket near Carmarthen. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers a wide range of services including provision of emergency hormonal contraception, smoking cessation services, treatment for minor ailments and a seasonal 'flu vaccination service for both NHS and private patients.

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	2.2	Good practice	Staff have the appropriate skills, qualifications and competence for their roles and are supported to address their learning and development needs.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy has robust systems in place to help ensure that people prescribed higher-risk medicines are appropriately counselled.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. Its team members record their mistakes so they can learn from them. And they take action to help stop mistakes from happening again. The pharmacy keeps the records it needs to by law. It keeps people's private information safe. And its team members understand how to recognise and report concerns about vulnerable people to help keep them safe.

Inspector's evidence

The pharmacy had systems in place to identify and manage risk, including the electronic recording and monthly analysis of dispensing errors and near misses. The pharmacy team printed and filed records of dispensing errors for reference. Action had been taken to reduce risks that had been identified. For example, medicines that had been assessed to be high risk, such as methotrexate tablets, were stored in a designated drawer away from the alphabetical stock storage system. Other medicines that were at risk of being confused, such as the 'look-alike, sound-alike' medicines amlodipine and amitriptyline, were separated in dispensary drawers using plastic spacers. Different forms of ramipril and omeprazole were also distinctly separated in this way. A poster describing the process to follow in the event of anaphylaxis was displayed in the consultation room. A defibrillator was available in case of cardiac emergencies, and this was mounted on a wall in the retail area.

A range of standard operating procedures (SOPs) underpinned the services provided, and all pharmacy team members had signed these to show that they had read and understood them. They had recently completed training on the latest version of the dispensing error management SOP. Team members were able to describe their roles and responsibilities. The accuracy checking technician (ACT) explained that she could check any prescription items that had been marked as clinically checked by a pharmacist, as long as she had not been involved in dispensing or labelling these. Pharmacy team members were able to describe the activities that could and could not take place in the absence of the responsible pharmacist (RP). They explained that if the RP was absent, a notice was displayed at the medicines counter informing the public that certain services could not be provided.

Verbal feedback from people using the pharmacy was mostly positive. A formal complaints procedure was in place, and this was advertised in a poster displayed behind the medicines counter. Evidence of current professional indemnity insurance was available. Most necessary records were up to date, including private prescription, emergency supply, unlicensed medicines and controlled drug (CD) records. CD running balances were typically checked weekly. The pharmacist had not completed the responsible pharmacist (RP) record on the day of the inspection, but he did so as soon as this was pointed out to him.

Members of the pharmacy team received annual training on the information governance policy and had signed confidentiality agreements. They were aware of the need to protect confidential information, for example by identifying confidential waste and disposing of it appropriately. Team members asked all visitors to sign a confidentiality agreement on entering the pharmacy. Leaflets displayed in the retail area gave a comprehensive summary of the ways in which personal information was managed and safeguarded. A privacy notice displayed in the pharmacy signposted people to the company's website for more information on this subject.

The pharmacist and ACT had undertaken advanced formal safeguarding training. All other team members had undertaken basic formal safeguarding training. They had access to guidance and local safeguarding contact details that were available in a folder in the consultation room. A summary of the company's chaperone policy was advertised in a notice displayed near the medicines counter. Leaflets that included information and advice for people affected by dementia were also available in the consultation room. Posters that included comprehensive details of support services for people affected by mental health issues were displayed in the retail area.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members complete regular training and have a good understanding about their roles and responsibilities. They feel comfortable speaking up about any concerns they have.

Inspector's evidence

The pharmacist manager worked at the pharmacy on most days, apart from Wednesdays and Saturdays, which were covered by regular locum pharmacists. The pharmacy team consisted of a full-time accuracy checking technician (ACT), two dispensing assistants (DAs) and a trainee DA. The trainee worked under the supervision of the pharmacist and other trained members of staff. Pharmacy team members were able to comfortably manage the workload and the staffing level appeared adequate for the services provided.

All pharmacy team members were trained to work on the medicines counter. One member of the team described how she would use the WWHAM questioning technique when selling medicines and gave appropriate examples of situations she would refer to the pharmacist. She said that she would feel confident refusing a sale and had done so in the past when dealing with what she considered to be an inappropriate request for a product containing codeine. Pharmacy team members undertook regular online training provided by the organisation on clinical topics, operational procedures and services. The ACT understood the revalidation process and based her continuing professional development entries on training modules as well as on situations she came across in her day-to-day working environment. Team members were subject to annual performance and development reviews and could discuss issues informally with the pharmacist whenever the need arose.

Targets were set for services, but these were managed appropriately, and the pharmacist explained that they did not affect his professional judgement or compromise patient care. Pharmacy team members worked well together and had an obvious rapport with customers. They said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacist and area manager. A whistleblowing policy was available in the dispensary and was advertised in the staff area. It included details of organisations that could be contacted if team members wished to raise a concern outside the company. All pharmacy team members were required to complete mandatory annual training on the whistleblowing process.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working and its layout protects people's privacy.

Inspector's evidence

The pharmacy was clean, tidy and well-organised. The dispensary was small but there was enough clear bench space for safe working. The sinks had hot and cold running water and soap and cleaning materials were available. A poster describing hand washing techniques was displayed above the sink in the dispensary. Hand sanitiser was available for staff use.

A lockable consultation room was available for private consultations and counselling and its availability was clearly advertised. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy for people to access. If it can't provide a service, it directs people to somewhere that can help. The pharmacy's working practices are safe and effective. It stores medicines appropriately and carries out checks to make sure they are in good condition and suitable to supply. The pharmacy has robust systems in place to support people taking higher-risk medicines.

Inspector's evidence

The pharmacy team offered a wide range of services which were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. A hearing aid loop was available at the medicines counter. The team signposted people requesting services they could not provide to nearby pharmacies and other healthcare providers, such as local surgeries. A signposting file provided by the local health board was available in the dispensary. Some healthcare information was on display in the retail area. An NHS poster that included QR codes that people could scan to obtain healthy living advice was displayed at the medicines counter.

Dispensing staff used colour-coded baskets to ensure that medicines did not get mixed up during dispensing and to differentiate between different people's prescriptions. An area of the dispensing bench marked with hazard tape was used as an 'emergency' station for prescriptions that needed to be supplied urgently. The dispenser and accuracy checker initialled dispensing labels to provide an audit trail. Each bag label attached to a prescription awaiting collection included a barcode that was scanned at the handout stage to provide an audit trail.

Stickers were placed on prescription bags to alert team members to the fact that a CD requiring safe custody or fridge item was outstanding, or that counselling was required. Stickers were also used to identify dispensed Schedule 3 and 4 CDs awaiting collection. The stickers were marked with the date after which the prescription was invalid and so could no longer be supplied.

Prescriptions for people prescribed high-risk medicines such as warfarin, lithium and methotrexate were marked with stickers to identify the patient for counselling. Pharmacy team members said that they would ask people prescribed these medicines for relevant information about blood tests and dose changes. A list of prompt questions was displayed at the medicines counter for reference. There was evidence to show that the information was recorded on the patient medication record (PMR) software. Steroid cards and lithium, methotrexate and warfarin monitoring booklets were available in the dispensary. The pharmacist explained that these were provided to people on request and were always offered to new patients prescribed these medicines. Pharmacy team members were aware of the risks of valproate use during pregnancy. They were also aware of the requirement to supply valproate products in original packs wherever possible. A valproate patient information pack was available in the dispensary, as was a poster that listed actions to be taken by the pharmacy team when dealing with valproate prescriptions. The pharmacist knew of one person prescribed valproate who met the risk criteria. He confirmed that they were counselled appropriately and provided with information at each time of dispensing.

The pharmacy provided medicines in disposable multi-compartment compliance packs to some people in the community. New patients requesting the service were assessed for suitability. Compliance packs

were labelled with descriptions of the medicines they contained so that individual medicines could be easily identified. Patient information leaflets were routinely supplied. A list of patients was displayed in the dispensary for reference. Each patient was allocated a section in an alphabetical file that included their personal and medication details and details of any messages or queries for communication purposes.

The pharmacy provided a wide range of services, including a prescription collection service from five local surgeries. Uptake of the common ailments service, sore throat test and treat service and UTI service was high, as people were referred to the pharmacy from nearby surgeries. There was a steady uptake of the discharge medicines review service, which was run by the pharmacist and ACT. Uptake of the emergency supply of prescribed medicines service was also steady, with more demand in the summer months when holidaymakers visited the area. The pharmacy provided a 'triage and treat' service for the assessment and treatment of minor injuries, which was managed by the pharmacist and a trained dispensing assistant. It also offered an EHC and bridging contraception service, a seasonal influenza vaccination service and a smoking cessation service (supply and monitoring). Free blood pressure measurement was provided on request. The pharmacist explained that the team would soon be providing a needle and syringe provision service, pending accreditation by the local health board.

Medicines were obtained from licensed wholesalers and were stored appropriately. CDs were stored in a well-organised CD cabinet and obsolete CDs were kept separately from usable stock. Medicines requiring cold storage were kept in a well-organised medical fridge. Maximum and minimum temperatures for the fridge were recorded daily and were consistently within the required range.

Medicine stock was subject to regular expiry date checks. These were documented electronically, and stickers were used to highlight short-dated stock. Date-expired medicines were disposed of appropriately, as were patient returns, waste sharps and clinical waste. The pharmacy received drug alerts and safety recalls via its NHS email account and its internal email system. The pharmacy team were able to describe how they would deal with drug recalls appropriately by contacting patients where necessary, quarantining affected stock, and returning it to the supplier.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide the services that it offers. And it makes sure these are always safe and suitable for use. Its team members use the equipment and facilities in a way that protects people's privacy.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Triangles and a capsule counter were used to count loose tablets and capsules. A separate triangle was available for use with cytotoxics. The pharmacy had a range of up-to-date reference sources. All equipment was in good working order, clean and appropriately managed. Evidence showed that it had recently been tested.

Equipment and facilities were used to protect the privacy and dignity of patients and the public. For example, the consultation room was used for private conversations and counselling. The pharmacy software system was protected with a password and computer screens were not visible to people using the pharmacy. Dispensed prescriptions could be seen from the retail area, but no confidential information was visible.

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.