

# Registered pharmacy inspection report

**Pharmacy Name:** Murrays Healthcare, Glebefields Health Centre, St. Marks Road, TIPTON, West Midlands, DY4 0SN

**Pharmacy reference:** 1118005

**Type of pharmacy:** Community

**Date of inspection:** 09/11/2021

## Pharmacy context

This community pharmacy is located within a large medical centre, in a residential area of Tipton. Most people who use the pharmacy are from the local area. The pharmacy dispenses prescriptions and it sells a range of over-the-counter medicines. It supplies some medicines in multi compartment compliance aid packs, to help make sure people take them at the correct time. The pharmacy also offers a substance misuse service. The inspection was completed during the COVID-19 pandemic.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

Follow this link to [find out what the inspections possible outcomes mean](#)

## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy cannot always demonstrate that it stores and manages all of its medicines appropriately. It does not have a robust date checking system in operation and it does not regularly monitor refrigerators used to store medicines.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally identifies and manages the risks associated with its services. Team members understand how to keep people's private information safe and raise concerns to protect the wellbeing of vulnerable people. But they do not always record their mistakes and so they may miss opportunities to learn and improve. The pharmacy keeps the records it needs to by law, but information is sometimes missing or unclear, so team members may not always be able to show what has happened.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational tasks and activities. The procedures were available through the company intranet site. The pharmacy team members were all relatively new to the branch and both dispensers confirmed that they had not yet had the opportunity to read the procedures. Through discussion the team members were familiar with their roles, and the main tasks they were required to complete, such as dispensing and the sale of over-the-counter medicines. And a medicine counter assistant (MCA) was able to explain the activities permitted in the absence of a responsible pharmacist (RP). However, team members were less clear about operational tasks: for example the transmission of prescription data to a hub for compliance pack dispensing, date checking and fridge temperature monitoring. So team members may find these tasks more difficult to complete without support. Support with these tasks was currently being provided by team members based at other branches, so they were not present all of the time. The pharmacy held professional indemnity insurance through the National Pharmacy Association (NPA) and a certificate displayed was valid until the end of December 2021.

The regular pharmacist explained that near misses were discussed with pharmacy team members at the time they were identified. The pharmacy had a near miss log, but this had not been used since the end of September 2021, when at this time there had been a large-scale change to the pharmacy team members working at the branch. The lack of recording may mean that some underlying patterns and trends may go undetected. The regular pharmacist provided assurances that recording would be reimplemented moving forward and the benefits of involving pharmacy team members in recording were also discussed. The pharmacist was aware of the procedure in place to record the details of dispensing incidents. She was not aware of any recent dispensing incidents since commencing her role the previous month.

People were able to provide feedback and raise concerns about the pharmacy's services to team members directly and also through a company complaint procedure.

The correct RP notice was displayed near to the medicine counter. The RP log was kept electronically, but there were several recent missing entries, so the log was not fully compliant. The private prescription register contained the information required by law, but it could not be compared against the most recent prescriptions, as these could not be located. Records for the procurement of unlicensed specials did not always contain patient details as an audit trail from source to supply. The pharmacy CD register was maintained electronically. The pharmacist was not fully familiar with the

system and she was aware of some anomalies, which the superintendent pharmacist was investigating.

Pharmacy team members had a good understanding of confidentiality and a dispenser discussed the ways in which people's private information was kept safe. Confidential waste was segregated and removed by an external contractor for appropriate disposal and no confidential information was visible from the medicine counter. As the pharmacy team members were all new to post, they had not received their own NHS Smartcards, so the only card in use on the day was the smartcard belonging to the locum pharmacist who was also present. This could potentially pose operational problems, and the shared use of smartcards should be discouraged, so as not to compromise the integrity of the audit trail.

The regular pharmacist had completed up to date safeguarding training and discussed some of the types of concerns that might be identified. Internet access was available to support the escalation of concerns to local safeguarding agencies, if required.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members communicate openly and can provide feedback on the pharmacy's services. But the current skill mix within the pharmacy team and some recent staffing shortages have created additional pressure. This means the team members find it more difficult to complete some dispensing activities and less urgent tasks.

### Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside a locum pharmacist. The rest of the pharmacy team comprised of two dispensers and an MCA. There had been several changes to staffing within the pharmacy since the end of September, and all team members were new to their roles. The pharmacy team were also short-staffed as a new recently employed member of staff was completing training at another branch, and the pharmacy was also advertising for a vacancy. The reduced level of staff and the skill mix of the current team in place had created some additional pressures within the pharmacy. There was a backlog in dispensing and the team members were finding it difficult to complete other less urgent housekeeping tasks. Double pharmacist cover and support from team members in other branches, as well as the area manager had been put in place to address some of the issues. Improvements had been made in the last few weeks, but there were still some ongoing problems which were being addressed.

The MCA had completed appropriate training through a previous employer but was due to be enrolled on a dispensary assistant course, along with one of the dispensers. The other dispenser had been in post for approximately three weeks. He was a registered pharmacist in the European Union and was looking to complete the OSPAP course and register with the GPhC. He had not yet been enrolled on any further training. Most of the training completed to date had been provided on the job.

There was an open dialogue amongst the team, who were all aware of the recent challenges. Team members were comfortable to raise concerns and provide feedback to the pharmacist, as well as the area manager and team members based at head office. And they discussed several changes that had recently been implemented to help improve systems in the pharmacy, such as a change to the prescription retrieval system. The pharmacist was unsure whether the pharmacy operated a whistleblowing policy and how this could be located.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is suitably maintained and is professional in appearance. It has a consultation room so that people can have conversations with the pharmacist in private.

### Inspector's evidence

The pharmacy was well maintained and portrayed a professional appearance. There was adequate lighting throughout, and air conditioning was installed to help maintain a temperature appropriate for the storage of medicines.

The retail area of the pharmacy was tidy and clean, there was seating available in the centre, for use by people waiting for their medicines and a range of suitable healthcare-based goods were available for sale. The pharmacy had an appropriately maintained consultation room to enable people to have private and confidential discussions with the pharmacist.

The dispensary was accessed from behind the medicine counter and a Perspex screen was installed as a protective measure against COVID-19. The dispensary was suitably sized for the current dispensing workload. Large workbenches provided designated areas for dispensing and checking. And a separate sink was available for the preparation of medicines. Cleaning duties were completed by pharmacy team members and a range of cleaning materials were available. There were several tote boxes being used for temporary storage on the floor of the pharmacy, which may cause a trip hazard.

## Principle 4 - Services Standards not all met

### Summary findings

Overall, the pharmacy manages its services appropriately, so people receive their medicines safely. But it does not always identify people on high-risk medicines, so some people may not always get all the information they need about their medicines. The pharmacy sources its medicines from reputable suppliers, but it does not complete regular checks to make sure medicines are in good condition and suitable for supply.

### Inspector's evidence

The pharmacy had step free access from the main street and an automatic door. There had been a recent temporary change to the pharmacy's opening hours, and this was clearly displayed on a notice at the front entrance. The pharmacy's services were advertised on signs and some public health promotion literature was also available.

Prescriptions were dispensed using colour-coded baskets to help keep them separate and reduce the risk of medicines being mixed up. There was a slight backlog in the dispensing workload due to recent challenges in the pharmacy. In response to this, the regular pharmacist had implemented a new filing system, so that prescriptions could be more easily identifiable if a patient came to collect their prescription prior to the backlog being cleared. Dispensing labels were signed as an audit trail for 'dispensing' and 'checking'. The pharmacy did not routinely identify prescriptions for high-risk medicines such as warfarin, so that additional counselling may be provided at the point of handout. And records of monitoring parameters were not maintained. The locum pharmacist was aware of the risks of the use of valproate-based medicines in people who may become pregnant, but the warning materials such as valproate patient guides and alert cards could not be located on the day. The pharmacist agreed to try to source the relevant resources after the inspection. Prescriptions for CDs were highlighted to help ensure that supplies were made within the valid 28-day prescription expiry date.

The pharmacy provided some medicines in multi-compartment compliance aid packs to help people take their medicines at the correct time. The compliance packs were assembled at an off-site location. There had been some recent difficulties in the operation of the compliance pack service. A team member from another branch was providing assistance to the pharmacy to resolve these issues alongside the pharmacist. Prescriptions were requested by pharmacy team members and each person using the service had a master backing sheet, which was in the process of being updated. Any prescription discrepancies were identified and once resolved prescription data was sent electronically to another pharmacy for assembly. One example of a compliance pack seen contained descriptions of individual medicines and patient leaflets were supplied.

The pharmacy provided a home delivery service for people who were unable to attend the pharmacy to collect their medicines. The pharmacy team members were unsure of the exact process that the delivery driver went through to confirm delivery. Team members believed that the driver either signed to confirm the successful delivery of medicines, or that he sought a signature from the patient, but

delivery records were not seen as confirmation of this. The pharmacist agreed to follow-up on this post inspection.

Stock medicines were stored in an organised manner on large shelving units in the dispensary. Medicines were stored in the original packaging provided by the manufacturer. The pharmacy team members were unsure about the company's date checking policies or when the last date check had been completed. A few expired medicines were identified during random checks of the dispensary shelves. These were immediately removed and placed for appropriate disposal. The pharmacy had suitable medicines waste bins available. Alerts for the recall of faulty medicines and medical devices were cascaded from the company's head office.

The pharmacy had two medical grade refrigerators, which were both within fitted with maximum and minimum thermometers. Both refrigerators were within the recommended temperature range during the inspection. A temperature monitoring record was available on the PMR system, but this contained numerous gaps. So, the pharmacy may not always be able to show that it stores thermolabile medications appropriately. CDs were stored appropriately with patient returns clearly marked to distinguish them from stock.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use the equipment in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had access to paper references including the British National Formulary (BNF). Internet access was also available to facilitate further research. A range of approved glass measuring cylinders were available for measuring liquids and counting triangles were suitably maintained.

Electrical equipment was in working order and had last been PAT tested in 2020. Computer systems were password protected and screens were positioned out of view to help keep information private. A cordless phone was available to enable conversations to take place in private, if required.

### 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.