

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: 20/09/2022

Pharmacy context

This is a community pharmacy located inside a large health centre. It is situated in a residential area near to the town of Wednesbury, in the West Midlands. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and a minor ailment service. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time. There was a change in ownership earlier in 2022.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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
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

Members of the pharmacy team follow written procedures. But they have not yet adopted the procedures provided by the new ownership. So they may not always know what is expected of them or where their responsibilities lie. The pharmacy keeps the records it needs to by law. And members of the team understand how to keep private information safe. They record things that go wrong and discuss them to help identify learning.

Inspector's evidence

There was a change in the pharmacy's ownership earlier in 2022. Members of the team had read the previous standard operating procedures (SOPs), but they had yet to read and implement the SOPs for the new company. When questioned, members of the pharmacy team said they understood the procedures and their roles. And if they were unsure, they would speak to the pharmacist.

Near miss incidents were recorded on a paper log. The pharmacist would highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. She said she would also speak to members of the team about their mistakes to check their understanding about why the mistake happened. But there was no formal review of near miss records to identify any underlying causes. So some learning opportunities might be missed. Any dispensing errors were recorded electronically and sent to the superintendent's (SI's) office.

A trainee dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. Any complaints were recorded and followed up by the pharmacist. Complaints could also be escalated to the head office if necessary. A current certificate of professional indemnity insurance was seen on display.

Controlled drugs (CDs) registers were maintained with running balances recorded and checked monthly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register. Records for the RP, private prescriptions, and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. But team members had yet to read the new IG policy. When questioned, a dispenser was able to describe how confidential information was segregated and removed by a waste carrier. A poster in the retail area described how confidential information was handled and stored by the pharmacy.

The pharmacist said she had completed level 2 safeguarding training. A dispenser said she would initially report any concerns to the pharmacist on duty. But members of the team had not yet read the new safeguarding policy, and they did not have the contact details for local safeguarding boards to hand. So there may be a delay in dealing with any safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team have access to additional training to help them keep their knowledge up to date. But they do not routinely complete it, so learning needs may not always be addressed.

Inspector's evidence

The pharmacy team included a pharmacist, a trainee pharmacy technician, who was also the pharmacy supervisor, four dispensers, two of whom were in training, and an overseas pharmacist in training. All members of the pharmacy team were appropriately trained or on accredited training programmes. There was usually a pharmacist and three other members of the team. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Ongoing training was provided with e-learning modules, but these were not always completed by all members of the team.

A trainee dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. Members of the pharmacy team were seen to be working well together. And they each said they felt well supported from the pharmacist. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was located inside a purpose-built unit within a large health centre. There were on-site toilet facilities available to the public. The pharmacy appeared clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of an air conditioning unit. Lighting was sufficient. The staff had access to a kitchenette area and WC facilities.

A consultation room was available and kept locked when not in use. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Various leaflets gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed. A range of leaflets provided information about various healthcare topics.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out. But members of the team did not routinely highlight dispensed medicines containing schedule 3 and 4 CDs. And there were no processes to highlight high-risk medicines (such as warfarin, lithium and methotrexate) in order for team members to provide counselling. The pharmacist was aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she would speak to patients to check the supply was suitable but that there were currently no patients meeting the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid, a member of the pharmacy team would complete a verbal assessment about their suitability, but this was not recorded. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. The pharmacist would sign the record sheet to clinically check the medicines. But if there were no changes to people's medicines, a clinical check was not required to be completed again. So clinical concerns may not always be identified if they do not involve medication changes. Compliance aids were prepared and packaged at a hub. Prescription information about the medicines to be dispensed into a compliance aid was electronically sent to the hub. The pharmacist would check the electronic information for accuracy before it was sent. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions. Patient information leaflets (PILs) were supplied upon first dispensing, or when new medication was prescribed. But as PILs were not routinely supplied, people may not always have up-to-date information about how to take

their medicines safely.

The pharmacy had a delivery service. A delivery sheet was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on weekly basis across a 12-week cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short-dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on.

CDs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head office. Alerts were printed and stored in a file. Recently, some of the alerts were missing details about the action taken and by whom. So the pharmacy was not able to show what action had been taken on those occasions.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFC and Drug Tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had last been PAT tested in May 2022. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. Patients were offered its use when requesting advice or when counselling was 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.