

Registered pharmacy inspection report

Pharmacy Name: Morrisons Pharmacy, 66 Chalk Farm Road, London, NW1 8AN

Pharmacy reference: 9011514

Type of pharmacy: Community

Date of inspection: 15/02/2022

Pharmacy context

The pharmacy has moved into new high street premises in Camden, north west London. It dispenses NHS prescriptions and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription delivery, emergency hormonal contraception (EHC), stop smoking, needle exchange, supervised consumption and vaccinations for seasonal flu. The pharmacy opened during February 2021. The inspection took place during the COVID-19 pandemic. All aspects of the pharmacy were not inspected.

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	1.2	Good practice	Members of the pharmacy team continually monitor its services to protect patient and public safety.
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	4.2	Good practice	The pharmacy is good at providing its services safely and makes it easy for people to access them.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It continually monitors its services to protect people's safety. It has clearly written instructions which tell team members how to manage risks and work safely. Pharmacy team members learn from mistakes they make to help prevent similar mistakes in future. They have introduced new ways of working to help protect people against COVID-19 infection. The pharmacy keeps all the records it needs to by law so it can show it is providing its services safely. And it enables people to give their views on how it can improve its services. Members of the pharmacy team understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses. Members of the pharmacy team recorded and reviewed mistakes they made to spot patterns or trends. The responsible pharmacist (RP) reviewed the near miss record every month. And they discussed the mistakes they made to learn from them and reduce the chances of them happening again. Medicines involved in incidents, or were similar in some way, were generally separated from each other in the dispensary. The RP demonstrated how the pharmacy team looked at one brand of calcium tablets. There were three different products which had similar packs, labels and strengths. So, they were separated in the dispensary drawer to try and reduce the likelihood of picking errors. The pharmacy team maintained a 'lookalike and soundalike' (LASA) display featuring photographs of pairs of medicines which were easily mixed up. The pharmacy had a complaints procedure. And team members reported errors to the pharmacy head office via the pharmacy computer system. The pharmacy asked people for their views and suggestions on how it could do things better. And it had received positive feedback from people either verbally or in writing.

Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products and highlighted issues such as high-risk medicines or interactions for the RP to check. There was a procedure for dealing with owing medicines. Assembled prescriptions were not handed out until they were checked by the RP. The pharmacy had standard operating procedures (SOPs) for the services it provided. And these had been reviewed recently. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. As part of a pharmacy practice monthly audit, the pharmacy team were tested on three selected SOPs. They knew what they could and couldn't do, what they were responsible for and when they might seek help. And their roles and responsibilities were described within the SOPs. A team member explained that they wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar products, such as medicines liable to abuse, misuse or overuse, to a pharmacist.

The pharmacy team had risk-assessed moving to the new premises from their previous location in the supermarket, to identify and resolve any possible problems. The pharmacy had risk assessed the impact of COVID-19 upon its services and the people who used it. A written occupational COVID-19 risk assessment for each team member had been completed. Members of the pharmacy team knew that

any work-related infections needed to be reported to the appropriate authority. They were self-testing for COVID-19 twice weekly and wore fluid resistant face masks to help reduce the risks associated with infection. They washed their hands and used hand sanitising gel.

The pharmacy team monitored the safety and quality of its services by conducting a pharmacy practice audit on a regular basis. And this included the controlled drug (CD) registers, defects in fixtures and fittings, checking the expiry date on medicines and when equipment was due to be calibrated. The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy displayed a notice and kept a record to show which pharmacist was the RP and when. The pharmacy had a controlled drug (CD) register which the team made sure was kept up to date. And the stock levels recorded in the CD register were checked weekly in line with the SOP. A random check of the actual stock of two CDs matched the amount recorded in the CD register. The pharmacy kept records for the supplies of the unlicensed medicinal products it made. The pharmacy recorded the emergency supplies it made and the private prescriptions it supplied. And these were generally complete. The flu vaccination patient group direction (PGD) was in date and signed by the required people. The pharmacy reported records of vaccinations to the person's doctor through the Sonar application. Records of patient consent and interventions were maintained on the patient medication record (PMR).

The pharmacy team had undertaken general data protection regulation training. The pharmacy displayed a notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. And they tried to make sure people's personal information couldn't be seen by other people and was disposed of securely. The data security and protection folder had been filled in. The pharmacy had a safeguarding SOP. And the RP had completed a safeguarding training course. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. Contact details to report concerns were prominently displayed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably trained team members to deliver its services safely. They work well together to manage the workload. And they are supported in keeping their knowledge and skills up to date. Team members can make suggestions to improve services.

Inspector's evidence

The pharmacy team consisted of two full-time regular pharmacists, two full-time pharmacy technicians, one accredited full-time and one part-time trainee dispensing assistant. On the day of the visit, a locum dispenser was covering staff absence and the RP was also supported by another team member. The pharmacy's team members each had a card to swipe at the beginning and end of each shift to record hours worked. Both pharmacists overlapped shifts a few hours per week freeing up time to deal with other tasks.

Members of the pharmacy team had completed or were enrolled on accredited training relevant to their roles. They worked well together. So, people were served quickly, and their prescriptions were processed safely. The RP supervised and oversaw the supply of medicines and advice given by the pharmacy team. A member of the team explained the pharmacy's protocol for selling over-the-counter (OTC) medicines and described the questions to ask people before making OTC recommendations or referring requests to a pharmacist.

The pharmacy team could study when it was quiet in the pharmacy.

The pharmacy team accessed a training website and completed training such as 'health and safety' or SOPs which was recorded in a way that it could be monitored by the pharmacy's head office. The team had trained in the topics in line with requirements for the pharmacy quality scheme (PQS) such as LASA medicines, risk assessment, remote consultation skills, infection prevention and control and health inequalities.

There were regular team meetings. Team members were able to make suggestions on how they could improve the pharmacy and its services. They knew who they should raise a concern with if they had one. Their training and development needs were discussed during appraisals which were part of the pharmacy audit. The pharmacy's head office shared COVID updates with the pharmacy team. The RP was signposted to the GPhC website to the Knowledge Hub.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's new premises are clean, secure and suitable for the provision of healthcare. It protects the privacy of people receiving services and prevents unauthorised access to its premises when it is closed so that it keeps its medicines and people's information safe. The pharmacy's team members have introduced new ways to help protect people from COVID-19 infection.

Inspector's evidence

The registered pharmacy premises were bright, clean and secure. And steps were taken to make sure the pharmacy and its team didn't get too hot. The pharmacy had a smaller retail area, a counter, a larger dispensary and a storage room in the basement which included staff facilities. The pharmacy had a consulting room which was signposted and locked when not in use. So, people could have a private conversation with a team member. The chaperone policy was on display. The dispensary had workspace and storage available. So, floor areas were mostly clear. And the sink and worksurfaces in the dispensary were clear and tidy. Members of the pharmacy team were responsible for keeping the pharmacy's premises clean and tidy and completing a hygiene matrix. To help protect people from infection, there were screens and hand gel to apply. There were posters reminding people about the benefits of wearing a mask and keeping socially distanced.

Principle 4 - Services ✓ Standards met

Summary findings

People with different needs can easily access the pharmacy's services. The pharmacy's working practices are safe and effective. It sources, stores and manages its medicines so it can be sure they are fit for purpose. Members of the pharmacy team know what to do if any medicines or devices need to be returned to the suppliers. And they make sure people have all the information they need to use their medicines safely.

Inspector's evidence

The pharmacy didn't have an automated door. Its entrance was level with the outside pavement. This made it easier for people who found it difficult to climb stairs, such as someone who used a wheelchair, to enter the building. The pharmacy had a notice that told people when it was open. And other notices in its window giving people information about the other services the pharmacy offered. One poster explained that the pharmacy was a 'safe space' for people who didn't feel safe at home.

The pharmacy team could speak or understand other languages such as Bengali, Portuguese, Gujarati and Hindi to assist those people whose first language was not English. Members of the pharmacy team were helpful and they signposted people to another provider such as nearby pharmacies or walk-in centres if a service wasn't available at the pharmacy.

The pharmacy team members provided a delivery service to people who couldn't attend its premises in person. And they kept an audit trail for the deliveries they made to show that the right medicine was delivered to the right person. The pharmacy supplied medicines in multi-compartment compliance packs to people who found it difficult to manage their medicines. The pharmacy team checked whether a medicine was suitable to be re-packaged. It provided a brief description of each medicine contained within the compliance packs and patient information leaflets for the medicines. So, people had the information they needed to make sure they took their medicines safely. The RP had completed training in the discharge medicines service but the service was not fully operational at the time of the visit. Members of the pharmacy team initialled the dispensing labels so they knew who had prepared a prescription. And they marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting. The RP was aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed a valproate needed to be counselled on its contraindications. The pharmacy had the valproate information materials it needed.

The pharmacy offered services commissioned by NHS Camden and these included needle exchange, EHC, supervised consumption and smoking cessation with nicotine replacement therapy. In line with the PQS, training had been completed or refreshed. The pharmacy had healthy living status. People taking a medicine for the first time could be counselled during new medicine service (NMS) consultations. The RP followed up initial consultations in the pharmacy or by phone to encourage people to use their medicines in the best way.

There was a display for people to read about the weight management service, the measurements to be taken and a referral to a national slimming organisation to support weight loss. The RP reported good

uptake of the flu vaccination service this winter. And as part of the inhaler technique service people were encouraged to return old inhalers for safe disposal. The pharmacy recorded information during planned audits when they asked people questions about medicines such as anticoagulants. Collating the information, helped to identify what people needed to get more out of their medicines and improve health outcomes. The pharmacy received community pharmacist consultation service (CPCS) referrals via Sonar and during the week, the referrals were generally to treat minor ailments and weekend referrals were for emergency supplies of medicines. The pharmacy supplied COVID-19 rapid lateral flow tests that people could use at home. This was to help find cases in people who didn't have symptoms but were still infectious.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines as part of the monthly pharmacy practice audit. The team members marked short-dated items. No expired medicines were found on the shelves amongst in-date stock. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it stored its CDs securely, in line with safe custody requirements. The pharmacy had procedures for handling the unwanted medicines people returned to it. Waste medicines were stored separate from other stock in pharmaceutical waste bins. The pharmacy had a procedure for dealing with alerts and recalls about medicines and medical devices. And the RP described the actions they took and demonstrated what records they kept as part of the monthly pharmacy audit when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy team had access to up-to-date reference sources. The pharmacy stored pharmaceutical stock requiring refrigeration in a fridge in the dispensary. And its team regularly checked and recorded the maximum and minimum temperatures of the refrigerator. The team disposed of confidential waste appropriately. The pharmacy restricted access to its computers and PMR. So only authorised team members could use them with their own password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members were using their own NHS smartcards. The pharmacy had a plastic screen on its counter. And hand sanitisers for people to use if they wanted to. And it had the personal protective equipment its team members needed. The pharmacy had clean glass measures for use with liquids, and some were used only with certain liquids. Members of the team checked equipment used for services as part of the pharmacy practice audit.

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.