

# Registered pharmacy inspection report

**Pharmacy Name:** Merriott Pharmacy, 31 Broadway, Merriott,  
Somerset, TA16 5QG

**Pharmacy reference:** 9011777

**Type of pharmacy:** Community

**Date of inspection:** 26/04/2022

## Pharmacy context

The pharmacy is located in the village of Merriott, Somerset. It has recently relocated from a nearby premises. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including flu vaccinations, a minor ailments scheme, the NHS New Medicine Service (NMS) and the supply of medicines to drug misusers. It also supplies medicines in multi-compartment compliance aids to people living in care homes and also to people living in their own homes.

## 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
<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 met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages its risks appropriately. Team members record their errors and review them to identify the cause of errors. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. The pharmacy responds appropriately when it receives feedback. It has adequate insurance to cover its services. And it keeps all of the records required by law. It keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had relocated from a nearby premises in October 2021. The inspection took place during the COVID-19 pandemic. The pharmacy had completed a risk assessment of the impact of COVID-19 on the pharmacy and its services. Each team member had had an individual risk assessment completed to help identify and protect those at increased risk. All team members were self-testing for COVID-19 twice each week using lateral flow tests. They wore face masks to help reduce the risks associated with the virus. And they washed their hands or used hand sanitisers regularly. The pharmacy had a business continuity plan in place. There was also a lone worker policy available.

The pharmacy had processes in place to manage and reduce its risks. Near miss errors were recorded on a paper log by the person who had made the error. Entries on the log contained a brief reflection on why the error had occurred and what action had been taken to rectify it. The pharmacy team discussed errors as a team. They had a quarterly review meeting but this was not currently documented. The pharmacy team worked together to identify ways to reduce errors. They separated similar sounding or looking medicines on the shelves. The responsible pharmacist (RP) explained how the pharmacy team endeavoured to dispense different brands when two strengths of the same medicine were prescribed. This was to reduce the risk of the person taking the medicine confusing the boxes. The pharmacy team proactively made notes on the patient medication records (PMR) of people who had similar names to try to reduce the likelihood of a handout error occurring. The pharmacy completed a yearly patient safety report with the assistance of the area manager.

The pharmacy had standard operating procedures (SOPs) which were regularly reviewed. Each team member kept a signed record of which SOPs they had read. The SOPs reflected how the pharmacy team worked. The SOPs had been updated to reflect changes made to processes during the COVID-19 pandemic. The pharmacy team could describe the activities that could not be undertaken in the absence of the RP. Team members had clear lines of accountabilities and were clear on their job role. The pharmacy had a document listing the roles and responsibilities of each team member.

Feedback was usually obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. But this had been suspended during the COVID-19 pandemic. A complaints procedure was in place and was displayed in the retail area. The pharmacy kept a copy of any formal complaints and what action had been taken to resolve them. The pharmacy had an active social media page where comments were reviewed and responded to. Public liability and professional indemnity insurances were in place.

The pharmacy kept a record of who had acted as the responsible pharmacist (RP) each day. The correct

RP notice was prominently displayed. Controlled drug (CD) registers were in order. Balance checks were completed regularly. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions were made in a book and were in order, although the team were advised to write the entries rather than use printed labels to ensure the entries were indelible. The pharmacy kept records of any emergency supplies it made both in the prescription register and on the PMR. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were stored with all required details completed.

All team members had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste were dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed and a record of access was made on the person's PMR.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the referral of concerns were available. Team members were aware of signs of concerns requiring escalation. The team provided examples of when they had escalated safeguarding concerns. These were all well documented.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy employs enough people to manage its workload. Team members receive time in work to complete training for their roles and keep their skills up to date. They are confident to suggest and make changes to the way they work to improve their services. The team communicates effectively. And they work well together to deliver the pharmacy's services.

### Inspector's evidence

On the day of the inspection, there was the regular RP and three dispensers. One dispenser was fully trained and two had recently submitted their final assessments for their NVQ2 qualification. The team appeared to work very well together and had a clear understanding of all the processes in the pharmacy. The team felt that they could comfortably manage the workload with current staffing levels. There were two other branches of the small chain in the local area. The team members were trained to work in all of the pharmacies and supported each other. Absences were covered by moving team members between branches.

The dispensers who had recently completed their training felt well supported by the RP and the area manager. They had been given plenty of time during working hours to learn. Team members kept certificates of completion of courses and training events in a folder. Team members were seen to give appropriate advice to people in the pharmacy. And they referred to the RP for further clarification when needed.

The team gave each other regular ad hoc feedback and there was a culture of openness and honesty. They had regular discussions about their performance. The team felt confident to discuss concerns and give feedback to the RP and the area manager, both of whom they found to be receptive to ideas and suggestions. The pharmacy team used a messaging app to receive information and updates from the area manager. They felt able to make suggestions for change to improve efficiency and safety. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The RP said that there were some targets set in the pharmacy which were generally manageable. And they did not impede her ability to use her own professional judgement. She described that all services undertaken were clinically appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has introduced specific measures to reduce the spread of COVID-19, including regular cleaning and social distancing. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

### Inspector's evidence

The pharmacy was located in the village of Merriott, Somerset. It had recently relocated from the premises further along the same road. There was a small carpark to the side of the pharmacy. The pharmacy had a large retail area, which was light and bright. This led to two decent sized consultation rooms, although only one was in use at the time of the inspection. The second was being used as a storage room. The consultation rooms were soundproof. No confidential information was stored in them.

The dispensary was to the rear of the building. It was large, well-equipped and had plenty of dispensing space. It was well organised, clean and tidy. There was a smaller room which was used to prepare compliance aids. Stock was stored neatly on shelves around the dispensary.

Team members cleaned the pharmacy every day and made records of this in a daily log. The healthcare counter had clear Perspex screens fitted to protect team members from COVID-19. Hand sanitiser was available throughout the pharmacy.

Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had step-free access. The consultation room was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Team members explained that if a person requested a service not offered by the pharmacy at the time, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense and accuracy check prescriptions. Team members initialled the labels of medicines when they dispensed and checked them.

The pharmacy used stamps to identify prescriptions that contained CDs, fridge items and high-risk medicines. The RP highlighted prescriptions that she had identified that the person collecting may need additional counselling by a pharmacist. The RP ensured she spoke to anyone receiving high-risk medicines to ensure relevant blood tests had been completed and to check that doses were correct. She made notes on the person's PMR of any significant counselling given. The pharmacy provided substance misuse services to a small number of people. The RP described that she would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) but received few referrals. It had supplied lateral flow tests to the public as part of the 'Pharmacy Collect' scheme until the service had ceased on 31 March 2022.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to people receiving prescriptions for valproate. The pharmacy had the information booklets and cards to hand out as appropriate. Notes were placed on the PMR of people at risk of becoming pregnant receiving valproate to confirm a discussion about PPP had taken place.

Multi-compartment compliance aids were prepared by the pharmacy for people living in their own

homes. Each person requesting compliance aids was assessed for suitability. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid was clearly labelled. Team members signed to show who had dispensed and checked the compliance aid. And they wrote a description of the tablets included so that they could be easily identified. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on a patient information sheet, which was available for the pharmacist during the clinical checking process.

The dispensary shelves used to store stock were well organised and tidy. The stock was generally arranged alphabetically. Certain groups of medicines were stored out of alphabetical order including those prescribed for diabetes. Date checking was undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. Spilt packs were annotated with the expiry date and batch number. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources. Records of recalls and alerts were annotated with the outcome and the date actioned and were stored in the pharmacy.

The fridge in the dispensary were clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. CDs were stored in accordance with legal requirements. The pharmacy had a denaturing kit for the safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed in the presence of a witness.

A driver was employed to deliver medicines to people from the pharmacy. The pharmacy kept records of all deliveries made. If there was a failed delivery, the person was contacted by telephone to rearrange a delivery date. Patient returned medication was dealt with appropriately.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. The pharmacy uses its equipment in a way that protects people's private information.

### Inspector's evidence

The pharmacy had crown-stamped measures available to measure liquids, with several marked for the use of CDs only. A range of clean tablet and capsule counters were present, with a separate triangle reserved for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible. The dispensary sink was clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with no details visible to people waiting.

### 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.