

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 4 Horns Lane, Princes Risborough, AYLESBURY, Buckinghamshire, HP27 0AW

Pharmacy reference: 1029077

Type of pharmacy: Community

Date of inspection: 03/04/2019

Pharmacy context

The pharmacy is owned by a large multiple and is located in a semi-rural town, serving the local community which includes many elderly and young families. The pharmacy has Healthy Living Status. and it provides NHS Essential Services, Medicines Use Reviews (MURs), New Medicines Service (NMS), Monitored Dosage System (MDS) trays for around 100 domiciliary patients, a seasonal influenza vaccination and a delivery service.

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	Good practice	1.1	Good practice	The staff members are able to describe actions taken following the identification of risks and why the action was needed.
		1.2	Good practice	The pharmacy team regularly review near misses and errors and keep records to show the action they have taken and the learning.
		1.4	Good practice	The pharmacy team are able to demonstrate how they have used patient feedback to change the way they work.
		1.8	Good practice	The pharmacy team are able to provide examples of how they have intervened to safeguard elderly patients and how they have helped patients.
2. Staff	Good practice	2.2	Good practice	Staff are able to complete regular training to keep their knowledge and skills up to date.
		2.3	Good practice	The team gave examples of how they intervene to support patients which have had positive effects.
		2.5	Good practice	There is a poster in the staff areas of the pharmacy detailing a confidential helpline which staff can use to raise concerns.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy team are working to ensure patients who struggle with medicines outside compliance aids can take alternatives which could be placed in the new compliance aid system to be implemented.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Good practice

Summary findings

Overall, the pharmacy's working practices are safe and effective. Team members record mistakes and review them to make changes which will prevent the same mistakes happening again. The pharmacy uses feedback to improve their service and have implemented procedures to make their work safer. The pharmacy keeps all the records that it needs to by law, and keeps people's information safe. Team members help to protect vulnerable people.

Inspector's evidence

There was a near miss log in the pharmacy which was seen to be used on a regular basis by the staff to write up their own near miss incidents. The pharmacist carried out a review of all the near miss incidents at the end of each month to identify trends which they can use to reduce the likelihood of errors. The pharmacist explained that she would review each member of staff's near misses and discuss it with them to identify if they required additional training or support.

Errors which leave the pharmacy are reported electronically to the company's head office. The pharmacist explained that the head office team look at the errors reported across all the pharmacies and then send the team a list of common errors which are occurring to help them watch out for regular mistakes. A list of common errors was displayed in the dispensary for the staff to see. The list included dispensing errors where the medicines are similar in name, have several strengths and common formulation errors. The pharmacist explained that the team had recently separated the quetiapine and quinine because of a notification from head office.

The pharmacist explained that following a near miss where the incorrect strength of rivaroxaban was dispensed by a team member, the team have separated the different strengths by placing rivastigmine in between. There was a workflow in the pharmacy where the staff used specific areas of the dispensary to dispense, prepare and check prescriptions. MDS trays were dispensed at the back of the dispensary on a specific bench, organised and stored in an orderly manner.

Coloured baskets were used to hold prescriptions which were being prepared to allow the team to organise their workload efficiently. The pharmacy operated a '10 basket' system where they would only dispense 10 baskets of prescriptions at a time for the pharmacist to check. This was to prevent large stacks of prescriptions being created around the dispensary and to allow the team to do other jobs required in the pharmacy. The pharmacist explained that they would organise the prescriptions by size and would prioritise prescriptions which were large, had unusual items they had to order, or prescriptions that were due to be picked up soon.

SOPs were in place for all the dispensary tasks and were reviewed on a two-yearly basis. The last review had occurred recently and the SOPs were now all electronic. The staff roles were defined within the SOPs and on questioning, the members of staff were all able to explain their roles and responsibilities. One of the dispensers was observed following the SOP for labelling and assembling an MDS tray. The team explained they had been given a three-month period in which to complete reading the new SOPs and each member of the team had their own file where they would sign off which SOP they had read.

A complaints procedure was in place in the pharmacy and the staff were all aware of the processes they should follow if they received a complaint. The complaints procedure was also detailed in a poster displayed on the shop floor. The poster contained the contact information for the company's head office as well as the Patient Advisory Liaison Service and NHS England. The pharmacy team also held any complaints they received in the Clinical Governance file. The pharmacist described a situation where a complaint had been made by a patient because they did not always have the particular brand of eye drop he was prescribed in stock. The pharmacist explained that as this brand was a 'P' item, they also sold it and so they would run out of stock. Following this complaint, the team logged the details on the patient's PMR and ensured they always kept a stock of the eye drops in for that patient specifically.

The pharmacy carried out a Community Pharmacy Patient Questionnaire annually as part of their NHS contract. The results of the last CPPQ survey were displayed in the consultation room and were seen to be very positive. The only area of improvement highlighted was to make patients and customers more aware the pharmacy could dispose of unwanted medicines. The medicines counter assistant explained that she tried to do this as often as possible and would educate the patients about the disposal of unwanted medicines.

A professional indemnity and public liability insurance certificate from Numark was displayed in the dispensary and was valid until the end of March 2020. Controlled drug records were seen to be complete. A sample of Sevredol 10mg tablets was checked for balance accuracy against the CD register and was seen to be correct. The stock balance was checked every month by the pharmacist. Date checking was carried out quarterly and a date checking matrix was held in the dispensary. If an item was due to go out of stock, the team highlighted the date it would be going out of stock using a sticker.

The maximum and minimum fridge temperatures were recorded electronically every day and were always within the appropriate temperature range of 2 to 8 degrees Celsius. The stock inside the fridge was laid out in an organised fashion. Dispensed fridge medicines ready for collection were stored in clear plastic bags in the fridge to allow for a visual check when it was handed out to patients.

The responsible pharmacist record was seen to be completed electronically and the correct RP notice was displayed in the main dispensary where patients would see it. The specials records were seen to be complete with all the appropriate information documented and held in a Specials file. The private prescription records were kept with all the required information recorded accurately.

The pharmacy team were seen to be following the company's IG procedures and they carried out an IG audit annually to ensure they are following requirements. Each member of the pharmacy team had signed a staff confidentiality agreement which was held in the dispensary. The IG policy and procedures were detailed on a poster displayed in the dispensary. There were also leaflets available to the public on the shop floor and in the consultation room about how the company would safeguard patient information. The computer screens were all facing away from the public and were password protected. All confidential information and patient sensitive information was locked away in filing cabinets in the pharmacy. Confidential information was shredded as necessary. The pharmacist gave an example of a recent IG audit which identified that the team kept a book of customer orders near the medicines counter. As a result of this, the team moved the book of orders into the dispensary to help safeguard any patient or customer confidential information.

The pharmacist had completed the CPPE Level 2 training program on safeguarding children and vulnerable adults had attended local training sessions about this. The pharmacy team had also been trained on safeguarding children and vulnerable adults, and were also all Dementia Friends, and had signed a training matrix to say they had read and understood the training. The team had a safeguarding

vulnerable groups policy which contained all the contact and signposting information should the team suspect a safeguarding incident. A poster was also displayed in the dispensary and included the contact details for the relevant safeguarding agencies in Buckinghamshire. The team described several incidents where they had stepped in to try and support and safeguard patients. The dispenser gave an example of a regular patient who was becoming more forgetful. As a result, the team contacted the patient's daughter and explained the situation to her. They explained that while it could be the first signs of dementia, it could also be a urine infection. The patient's daughter took the patient to be tested and it was found the patient was suffering from the first signs of Dementia.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough staff to safely provide its services. Team members have access to training material to ensure that they have the skills they need and the pharmacy gives them time to do this training. Pharmacy team members make decisions and use their professional judgement to help people. Team members can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

During the inspection, there was one pharmacist, one NVQ Level 2 dispenser, two trainee dispensers completing the Buttercups training course, and one medicines counter assistant. The staff were observed to be working calmly and well together and providing support to one another when required.

The staff completed training online using the company's 'Moodle' system. The team explained they had an e-learning programme to complete every month to assess their knowledge and understanding of products and services. Recently, the team had completed training on eye care and oral health. Certificates of completed training were available in a file in the dispensary.

The pharmacist explained that she would review staff performance with each member of staff on an annual basis to help them develop and find areas of improvement. The medicines counter assistant was observed using an appropriate questioning technique to obtain further information from a customer when they were buying co-codamol tablets. The counter assistant asked all the appropriate questions, counselled the patients appropriately, highlighting the risks of this medicine and then sold the product.

The staff explained that they were happy to raise any concerns they had instantly with the pharmacist or their area manager. There was also a whistleblowing policy in place, highlighted near the staff bathrooms, which all the staff explained they were aware of and were happy to use should they require it. There were targets in place for MURs and NMS but the team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for delivery of its services. Pharmacy team members use a private room for some conversations with people. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy building had two floors. The dispensary was based on the ground floor and included a retail space, a consultation room, medicines counter and a dispensary. Upstairs, there was a large stock room, a staff kitchen and two staff bathrooms.

The pharmacy downstairs had been refitted in the last four years and was large, clean and tidy. The team explained the pharmacy had been refitted to allow for a larger dispensary and small retail space as they had needed more space to work in a safer manner. The staff explained that they would clean the pharmacy daily when it was quiet and would clean the shelves when they carried out the date checking.

The pharmacy was presented in a professional manner and was laid out well with the professional areas clearly defined away from the main retail area of the store. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. Medicines were stored on the shelves in a generic and alphabetical manner and the team separated the liquid medicines, pain killers and frequently dispensed items to make them easy to access.

The dispensary was screened to allow for preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard by anyone outside. The consultation room was fit for purpose and included a clean sink, seating and a sharps bin. The door into the consultation room for the public could only be opened from the inside or using buzzer from the medicines counter. This ensured the consultation room was kept secure and protected from unauthorised access.

There was a clean sink available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines. There was also alcohol hand gel available. The pharmacy was locked and alarmed when closed to prevent unauthorised access. The ambient temperature in the pharmacy was suitable for the storage of medicines and this was regulated with air condition systems. Lighting was good throughout the store.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy services are accessible to people with different requirements. The pharmacy team provides safe services and provides people with information to help them use their medicines. The pharmacy team identify people on high risk medicines and make sure they are provided with appropriate information. The pharmacy gets medicines from reliable sources, and stores them properly. The pharmacy team know what to do if medicines are not fit for purpose.

Inspector's evidence

There was step free access into the store via an electrically assisted door. There was seating for patients or customers waiting for services and the pharmacy team also provided a delivery service to patients who could not attend the pharmacy. There was a contingency plan in the store to ensure continuity in the delivery of pharmacy services should there be a power cut or natural disaster.

Pharmacy services were clearly displayed in the shop window and on posters around the pharmacy area. There was a range of leaflets available to the public about services on offer in the pharmacy both around the medicines counter and in the consultation room.

There was a leaflet stand on display in the waiting area with bookmark sized leaflets about different minor ailments and ways they could be treated. The team also had a health promotion area in the retail area and the current promotional materials were about keeping hearts healthy. The team had various posters about heart health and leaflets from the British Heart Foundation which could be taken away by patients and customers.

The team held all the details for the MDS tray patients together in four files corresponding to the 4 weeks of the tray cycle. Each patient had their own section where information was stored such as their personal details, when they took their medicines and any changes which have occurred to their trays. The team explained that this helped them ensure the trays for each patient were consistent. The trays were seen to include the descriptions of all the medicines inside and the trays were supplied with the Patient Information Leaflets every month.

The dispenser completing the trays explained that the company were planning on changing the trays to a new PilPouch system and as a result, she had identified patients who struggled with having medicines outside their trays and had worked with them to find alternative medicines which could be placed in the pouches. For example, she explained that one patient had their dispersible calcium tablets in the trays and she had worked with them and the GPs to switch them to Adcal tablets to see if they could take them and so they would not risk being unable to take their calcium if it was outside the pouch.

The pharmacist explained that for patients who were prescribed warfarin, the team would place prompts on the prescriptions when they were awaiting collection to highlight the need for further intervention and information. The team would ask if patients had their yellow monitoring books with them so they could check their INR levels and blood test dates. However, the pharmacist explained that patients did not always bring their yellow books in or knew their blood test details. The pharmacist explained that she would always go through any patients INR and blood tests during MURs and she

would target warfarin patients for MURs. The pharmacist described an incident where they identified a patient who was not having regular blood tests while on warfarin and referred them to their GP to get a blood test completed as soon as possible. The pharmacist also explained that patients on methotrexate would be targeted for counselling about the side effects and toxicity and to ensure they knew to take the methotrexate just once a week on the same day.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing to valproate to all female patients. The pharmacist explained that she would check that that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

The team demonstrated how all interventions and referrals are recorded with the outcome on patient's individual electronic records. The team had FMD scanners in place and were ready to go live but were awaiting staff training sessions. The pharmacy obtained medicinal stock from Phoenix, AAH and Alliance. Specials were ordered from Quantum. Invoices were seen to demonstrate this.

There were destruction kits available for the destruction of controlled drugs and doop bins were available and seen being used for the disposal of medicines returned by patients. There was also a bin for the disposal of hazardous waste and a list of hazardous waste medicines which need to be disposed in these bins. Invoices for waste disposal were all held in the pharmacy.

The fridges were in good working order and the stock inside was stored in an orderly manner. Expired, patient returned CDs and CDs ready to be collected were separated from CD stock. MHRA alerts came to the team electronically through the company's intranet and they were actioned appropriately. The team kept audit trails of all the alerts and recall notices they received and any appropriate action that had been taken following their receipt. The team had most recently had a recall notice about Losartan tablets which they had actioned appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure it works and is accurate.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml and 10ml measures. One was marked to show it should only be used with methadone mixture. Amber medicines bottles were seen to be capped when stored and there were clean counting triangles and capsule counters available.

Up-to-date reference sources were available such as a BNF, a BNF for Children and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources.

There were two CD cabinets in the store which were secured correctly and there were electric number locks for the cupboards. The team explained that members of staff had different access codes and access was restricted to only specific members of the team. The fridges were in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range.

The team were ready for FMD to go live and had the scanners in place. Doop bins were available for use and there was sufficient storage for medicines. Hazardous waste bins were also available as well as lists of which drugs were hazardous. The computers were all password protected and conversations going on inside the consultation could not be overheard.

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.