

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 1A Totteridge Drive, King'S Wood, HIGH WYCOMBE, Buckinghamshire, HP13 6JH

Pharmacy reference: 1029136

Type of pharmacy: Community

Date of inspection: 05/08/2019

Pharmacy context

A Rowlands pharmacy located in a residential area of High Wycome. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), New Medicine Service (NMS), multi-compartment compliance aids for patients in their own home and seasonal flu vaccinations.

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

Overall, the pharmacy's working practices are safe and effective. Team members record and review their mistakes to help reduce the risk of them happening again. The pharmacy keeps all the records that it needs to by law and it 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. However, not much detail was included in the column for 'action taken/learning points/additional comments'. The pharmacist carried out a review of the near miss incidents at the end of each month to identify trends which they can use to reduce the likelihood of errors. Errors which leave the pharmacy are reported electronically to the company's head office. The team recently had an error where ramipril tablets were prescribed, but ramipril capsules were dispensed. As a result of this, the team had highlighted the different forms of ramipril on the shelf in the dispensary. There was a workflow in the pharmacy where the staff used specific areas of the dispensary to dispense, prepare and check prescriptions. Multicompartment compliance packs were dispensed at the back of the dispensary on a specific bench to reduce distractions. Baskets were used to hold prescriptions which were being prepared to allow the team to organise their workload efficiently.

Standard operating procedures (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 all held electronically. The staff roles were defined within the SOPs and the staff were aware of their roles and responsibilities. A professional indemnity and public liability insurance certificate from Numark was available and was valid until the end of March 2020.

A complaints procedure was in place within the SOPs and the team was aware of the processes they should follow if they received a complaint. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract. The results of the last CPPQ survey were displayed in the consultation room and on the nhs.uk website and were seen to be positive.

Controlled drug records were seen to be complete. A sample of methylphenidate (Tranquilyn) 10mg tablets was checked for balance accuracy against the CD register and was seen to be correct. The stock balance was checked every week by the pharmacist. The maximum and minimum fridge temperatures were recorded electronically every day and were always within the appropriate temperature range of 2 to 8 Celsius. The stock inside the fridges was laid out in an organised fashion. Medicines that were temperature sensitive and were ready for collection were stored in clear plastic bags in the fridge to allow for a visual check when they were handed out to patients. The responsible pharmacist (RP) record was completed electronically and the correct RP notice was displayed in the pharmacy where patients would see it. The specials records were seen to be complete with all the required information documented and held in a specials file. The private prescription records were kept in an electronic register and in a written log with all the required information recorded accurately.

The pharmacy team were seen to be following the company's Information Governance (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. Leaflets were available near 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. Confidential information was shredded as necessary.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding children and vulnerable adults. The pharmacy team had all been trained on safeguarding children and vulnerable adults and were also Dementia Friends. The team had a safeguarding vulnerable groups policy in their 'Patient Safety' folder which contained all the contact and signposting information should they suspect a safeguarding incident.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training materials to ensure that they have the skills they need. 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 and two trainee dispensers completing the Buttercups NVQ 2 training course. The staff were observed to be working well together and providing support to one another when required. The staff completed ongoing training online using the company's 'Moodle' system. The team explained that they would complete an e-learning programme every month to update their knowledge and understanding of products and services. Recently, the team had completed training on winter health to prepare them for the coming seasonal flu vaccination service. 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 team explained that they were happy to raise any concerns they had instantly with the pharmacist. There was also a whistleblowing policy in place which all the staff explained that 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. But the dispensary is dated which detracts from the overall appearance. Pharmacy team members use a private room for sensitive conversations with people. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a small retail area, dispensary, consultation room, staff area and stock room. The pharmacy was well laid out 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. The team explained that they would clean the pharmacy between themselves when required. However, the pharmacy was dated in appearance with older fixtures and fittings and old carpet which was stained. The sink in the dispensary had limescale and the paint on the walls was peeling.

The dispensary was screened to allow for the 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 new and fit for purpose. It included a clean sink, seating and a sharps bin. The door into the consultation room was locked when the room was not in use to prevent unauthorised access.

The ambient temperature in the pharmacy was suitable for the storage of medicines and regulated by an air conditioning system. Lighting was good throughout the store.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy ensures that its services are accessible to people with different needs. The pharmacy team provides safe services and provides people with information to help them use their medicines. The pharmacy team identifies people on high risk medicines and makes sure they are provided with appropriate information. The pharmacy gets medicines from reliable sources and stores them properly and the team knows what to do if medicines are not fit for purpose.

Inspector's evidence

There was step-free access into the store via a ramp. 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 leaflets were available to the public about services on offer in the pharmacy by the waiting area.

The pharmacy team prepared compliance aids in a dedicated area of the dispensary. The compliance aids were seen to include the descriptions of all the medicines inside and they were supplied with Patient Information Leaflets (PILs) every month. The pharmacist explained that patients who were prescribed warfarin would be identified as requiring further intervention to ensure they were taking their medicines appropriately. 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 and so she would include an alert note in the prescription bag asking the patient to contact the pharmacy if they were unsure about anything regarding their warfarin.

The pharmacist also explained that patients on methotrexate would be identified 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 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 they had a few patients who were in the affected group and they would always provide the information cards and had also highlighted this on the patient record.

The team were all aware of the European Falsified Medicines Directive (FMD) and had appropriate scanners in place. However, they were waiting for the company to roll out the FMD software before they could be compliant. The pharmacy obtained medicinal stock from Phoenix, AAH and Alliance. Specials were ordered from Quantum. Invoices were seen to verify this. 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.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines 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. 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. The CD cabinets were appropriate for use. Expired, patient returned CDs and CDs ready to be collected were separated from CD stock in one cupboard.

MHRA alerts came to the team electronically through the company's intranet and they were actioned appropriately. The team kept audit trails for 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 aripiprazole solution which they had actioned and annotated 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, 50ml and 10ml measures. Some were marked to show they 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 and a BNF for Children. Internet access was also available should the staff require further information sources. 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.