

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, 67 Park Lane, Poynton, STOCKPORT, Cheshire, SK12 1RD

**Pharmacy reference:** 1029776

**Type of pharmacy:** Community

**Date of inspection:** 31/01/2020

## Pharmacy context

The pharmacy is on the main road in the town of Poynton. And it is within walking distance of the GP surgery. The pharmacy mainly dispenses NHS prescriptions and sells over-the-counter medicines. It supplies some people's medicines in multi-compartment compliance packs to help them take their medicines. And it delivers medicines to people's homes. The pharmacy provides a range of services including seasonal flu vaccinations and the Community Pharmacist Consultation Service (CPCS).

## 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 appropriately identifies and manages the risks to its services. It has up-to-date procedures to help the team members work safely and effectively. And it asks people for their feedback about the pharmacy's services. The team members keep people's private information secure. And they know their role in helping protect the wellbeing of vulnerable people. The team members respond well when they make mistakes whilst dispensing. They record their mistakes so they can make suitable changes to reduce the risk of the same mistake happening again. They mostly make the records they must by law.

### Inspector's evidence

The pharmacy had a set of electronic standard operating procedures (SOPs) for the range of services provided. This included SOPs for dispensing, including multi-compartment compliance pack dispensing, Responsible Pharmacist (RP) regulations and controlled drug (CD) management. The pharmacy had new SOPs for recently introduced services such as the Community Pharmacist Consultation Service (CPCS) and the serious shortage protocol (SSP). The SOPs checked had an issue date of June 2019 with the next review date of June 2021. The SOPs had been approved by the superintendent (SI). Most team members had read the SOPs in 2019 and signed to confirm this. The locum dispenser didn't have a training record although he explained he had read them during a previous period of working in the pharmacy. The SOPs clearly detailed who was required to read which SOPs and the roles and responsibilities of the team members.

The pharmacy kept a record of near miss errors. And team members completed entries after they made an error. They regularly recorded errors and evidence was seen that errors were recorded each month. The records detailed what was prescribed and what was dispensed. This made it easier for the pharmacist to review the errors to look for any patterns. The team members didn't always document the actions taken section of the near miss error record and instead they often provided extra information about the error. So, it was difficult to understand how the risks of further similar errors had been reduced. The pharmacist manager analysed the near miss error records monthly to look for trends. And she recorded the analysis. The pharmacy had completed a risk review in 2019 which detailed the risk of selecting the incorrect product for amlodipine and amloride following errors. The pharmacist manager had completed training in November 2019 to understand the risks of look-alike and sound-alike (LASA) medicines. The pharmacy reported dispensing incidents electronically and several had been reported in 2019. The team members discussed these errors together. They took actions such as checking the stock location for incorrect or adjacent storage of medicines.

The team members had a clear understanding of their roles and responsibilities. The pharmacist displayed their RP notice clearly to inform people of her role. The newest team member was clear what tasks she could and couldn't perform when the RP wasn't present and signed in. The team could refer to a laminate on display, informing them of the requirements during an RP's absence.

The pharmacy displayed a poster in the retail area advertising to people how they could provide feedback and raise any concerns. This information was also contained in the pharmacy's practice leaflet so people could take the details away. But the results of the survey were not displayed for people to see what actions had been taken to improve. The team discussed how people commented on how far

away the seating was from the counter, but due to the layout of the pharmacy they had not been able to make improvements. A team member explained how she would escalate a complaint if necessary.

The pharmacy had up-to-date professional liability insurance. A sample of RP records looked at met legal requirements. Records of private prescription and emergency supplies met legal requirements. A sample of records for unlicensed products looked at mostly met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA). A few records checked didn't have the prescriber's details completed on the certificates of conformity. A sample of controlled drugs (CD) registers looked at met legal requirements. And showed the team checked CD stock against the balance in the register weekly. When checked during the inspection, the quantity of morphine sulphate 10mg per ml injection and MST 5 mg tablets matched the quantity recorded in the register. The pharmacy had a CD destruction register for CDs that people returned to the pharmacy. Not all destruction entries in this register had a witness signature.

The pharmacy had Information Governance (IG) guidance available electronically, including template forms available for the team to use following an incident. It had a privacy notice on display. The team separated confidential waste from general waste and shredded it. The team used sacks for additional confidential waste. And it stored these securely in one of the stock storage areas. The sacks awaited collection by a specialist contractor. The team members understood their roles in protecting people's private information. And they completed annual IG training. This included training for 2020 and completed training records were seen for most team members.

The pharmacy had a safeguarding policy for protecting vulnerable children and adults. The team members understood their role in helping protect the wellbeing of vulnerable people. The team members had completed dementia friends training to help understand how they could support these people. They had certificates and wore badges to confirm this. They couldn't recollect raising a concern but were confident of how to escalate any concerns and how to obtain help. The pharmacist manager had completed level two safeguarding training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team with the required skills and knowledge for the services it provides. Its team members complete ongoing learning to keep these skills and knowledge up to date. And the experienced team members support members in training to help them understand how to complete tasks safely. The pharmacy listens to the team members ideas to improve. And the team members feel comfortable in raising any professional concerns if necessary.

### Inspector's evidence

The RP was a locum pharmacist who had worked at the pharmacy a few times before. She was supported on the day by a full-time NVQ 2 dispenser, a locum dispenser (who had worked in the pharmacy regularly for approximately a year) and a part-time trainee medicines counter assistant (MCA). The MCA was enrolled on the joint dispenser and MCA course and was working through the counter assistant modules first. Another experienced dispenser started work part way through the inspection. And the pharmacist manager arrived for a short time to support the team with the inspection. One team member employed to work part time was currently working full time hours to help support the workload whilst the team was not at full capacity. The team members were seen managing the workload together. They discussed tasks and queries to help ensure they worked effectively. And supported the locum pharmacist and team member in training explaining how to complete tasks and their ways of working. They checked several times during the inspection with the team member at the pharmacy counter that they were coping with their workload and didn't need help. A team member appropriately described what questions she would ask if a person requested to buy co-codamol. And how she would escalate any concerns and repeat requests to the pharmacist so they could use their professional judgement about the supply. The pharmacist spent time counselling people about their medicines to help make sure they used them properly.

The pharmacy provided access to regular training modules electronically. For example, modules on flu vaccinations and an update on asthma. The team knew which training to complete as this was displayed on the staff notice board. The pharmacy provided annual appraisals for its team members. A team member described how these were an opportunity to get feedback on their performance and to share ideas on how to improve ways of working. The team was aware of the pharmacy's whistleblowing policy. The pharmacy set targets for the team and these were displayed on the notice board for reference. The pharmacy manager was able to use her discretion in achieving the targets. She ensured she provided services to meet the needs of the people using the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, hygienic and secure. And it provides a suitable space for the services provided. It has appropriate areas in the pharmacy, so people can discuss private matters with team members.

### Inspector's evidence

The pharmacy was open plan, so the pharmacist had a good view of the retail area from the dispensary. And could supervise sales and conversations the team had with people at the pharmacy counter. This counter provided a barrier so unauthorised people couldn't access the dispensing area. The pharmacy had enough bench space for the services provided. It stored baskets with part-completed prescriptions on shelving to help keep the benches clear for dispensing. It generally stored medicines awaiting collection on hangers, but some larger packages were stored on the floor. These didn't cause a risk of trips and falls. The pharmacy was generally in a suitable state of repair. The facia and fixtures looked tired. The pharmacy had suitable lighting and the temperature during the inspection was comfortable. The pharmacy had air-conditioning and heaters. The team raised any maintenance issues with a central help desk. And these were prioritised depending on how urgent the matter was. The pharmacy had additional space upstairs, including a kitchen area for staff and two separate storage areas. The toilet facilities had hot and cold running water and other handwashing facilities. The areas were clean and hygienic.

The pharmacy had suitable areas to have private conversations with people. It had a soundproof consultation room and a private area with screen at the side of the pharmacy counter as an additional area to speak with people. The team used this screened area several times during the inspection. This helped provide privacy of conversations with people at the counter, whilst other people waited to be served.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy appropriately advertises its services and makes them accessible to people. It delivers its services safely and effectively. And it uses offsite pharmacy hub dispensing to help manage its service provision. The pharmacy keeps good audit trails for its activities. So, the team members can easily resolve any queries. The team members source, store and manage medicines appropriately.

### Inspector's evidence

The pharmacy had step-free access as people could use the ramp instead of the steps up to the front door. The pharmacy advertised its opening hours and services. The pharmacy had a television screen promoting its services, including flu vaccinations. The pharmacy had an information poster prominently displayed, explaining the changes it had made to the home delivery service. The pharmacy had a seating area with a table displaying health promotion leaflets that people could self-select. The pharmacy team signposted people to the local smoking cessation service if necessary. The pharmacy advertised the availability of a hearing loop to help people with a hearing impairment. The pharmacy team offered free blood pressure checks and liaised with the person's GP about the results if necessary. It offered an inhaler recycling service.

The pharmacy team members used baskets throughout the dispensing process, to help reduce the risk of error. They kept a dispensing audit trail by signing the dispensed by and checked by boxes on the dispensing labels. The pharmacy had an organised workflow, with separate areas for labelling, dispensing and checking prescriptions. And it kept the compliance packs and the repeat prescription medicines received back from the hubs separate from other prescriptions dispensed locally. This helped with the organisation of the workload. It stored people's medicines that required storage in a fridge in clear bags. This allowed a further check of these medicines before supply. The team members used CD stickers to highlight the expiry date of CD prescriptions and whether the CD was stored in the CD cabinet. They used stickers for fridge lines. The team members used owing slips when they couldn't supply the full quantity of medicines. This provided an audit trail for the person and in the pharmacy. The pharmacy had completed an audit of people taking valproate, to monitor whether any of these people should be on a pregnancy protection programme. There had been no people fitting the criteria. The pharmacist and pharmacy team members were aware of the requirements of the valproate safety alert. They had access to the patient alert cards. The pharmacy had recently reduced the numbers of home deliveries made per day. The team members prioritised the most urgent deliveries and described how they would make an additional delivery to prevent a person running out of their medicines. The driver used delivery sheets and obtained signatures from people for the receipt of their medicines. The sheets complied with GDPR requirements.

The pharmacy provided some people with their medicines in multi-compartment compliance packs, to help people take their medicines as prescribed. It used an off-site hub pharmacy to assemble the packs. The team members from the pharmacy held the responsibility to obtain people's prescriptions from the surgery and they kept a progress tracker to make sure they received people's prescriptions and packs back from the hub in time for when they needed them. The pharmacist completed the clinical checks before they faxed over the required information. This included a list of people requiring packs, their master copy sheets and the prescription tokens. The master copy sheets held people's personal details and a list of their current medication with administration times. The hub pharmacy assembled the packs

and returned them completed and sealed. The pharmacy dispensed any extra medicines required that were not to be included in the pack. The packs were labelled with directions and with the descriptions of the medicines.

The pharmacy had some of its repeat prescriptions dispensed at an offsite hub pharmacy using automation. The pharmacy received people's prescriptions. And team members completed the data entry of the information on these prescriptions. The pharmacist checked the accuracy of this data input. And also completed a clinical check. Once completed, the information for assembly was sent to the hub pharmacy. The medicines once assembled, returned in half-clear sealed bags from the hub. This allowed the team to complete a visual check of the items inside without breaking the seal. The team members ensured the bags remained sealed following receipt from the hub to keep responsibilities for dispensing clear. The pharmacy team members described how they monitored and reported any labelling errors identified from prescriptions dispensed at the hub. If a person was in urgent need of their medicine, then the team members described how they could dispense the medicine locally. And the process they followed to prevent the person receiving the medicine from the hub pharmacy as a duplicate. The pharmacy displayed a notice informing people that some medicines were assembled off-site.

The pharmacy used several licenced wholesalers to obtain its medicines. It stored its medicines, medical devices and consumables appropriately on shelving in the dispensing areas and additional storage areas. It kept Pharmacy (P) medicines on shelves behind the counter. This allowed the pharmacist to supervise sales as required. The pharmacy stored fridge lines neatly in baskets in the fridge to reduce the risks of selection errors. It recorded the fridge temperatures, these were seen to be within the required range of two to eight degrees Celsius. The pharmacy had suitable medicinal waste bins and CD denaturing kits for disposal of medicines.

The pharmacy used a date checking and cleaning record sheet. The team members had last recorded checks in December 2019. The team member signed and dated the record to confirm the checks had been completed. And they had planned dates for checking different areas for the year. The team members used short-dated stickers on medicines. And they annotated the opening date on split packs of liquid medicines. Each month they removed any medicines that were about to expire. They described how they checked for stickers as part of the dispensing process as an additional check. The pharmacy kept records of medicine recalls and safety alerts. The team member recorded the action taken, such as 'none in stock' on the print out. They had actioned recent recalls. The pharmacy had the equipment and software to be compliant with the falsified medicines directive (FMD). And the team demonstrated the process. It had recently been introduced and the team members were still embedding the processes and so they were not decommissioning all compliant medicines. The team explained the automated hub was FMD compliant.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services appropriately. And the team uses these in ways to maintain people's privacy.

### Inspector's evidence

The pharmacy had reference resources such as the British National Formulary (BNF) and access to the internet to obtain up-to-date clinical information. The pharmacy team used a range of glass, crown stamped measures for measuring liquids. The pharmacy had medical fridges in good working order. It had weighing scales that were next due for testing in September 2020.

The team hung medicines awaiting collection with the prescriptions on rails with hangers. These were far enough away from the pharmacy counter, so people at the counter couldn't read other people's private details. The pharmacy had cordless telephone handsets. These allowed the team members to have telephone conversations towards the back of the dispensing area to maintain people's privacy. The pharmacy team members used their individual NHS smartcards to access people's medication records. This helped to keep people's confidential medical information secure. The pharmacy had a computer on the counter with access to people's medication records. The screen was positioned so that people in the retail area couldn't see people's private details. All other computers were in the dispensary. The computer screen in the consultation room was kept locked to avoid unauthorised access.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.