

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 171-173 Allaway Avenue,
Paulsgrove, PORTSMOUTH, Hampshire, PO6 4HG

Pharmacy reference: 1031786

Type of pharmacy: Community

Date of inspection: 01/08/2019

Pharmacy context

This is a Healthy Living Pharmacy (HLP) in a parade of shops serving the population of a large housing estate on the outskirts of Portsmouth. It is one of several branches of Rowlands Pharmacy in and around the city. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy provides substance misuse services and also dispenses some medicines in multicompartment compliance packs (MDS trays or blister packs) for those who may have difficulty managing their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.2	Good practice	Records of near misses and errors are regularly reviewed and records are kept showing what has been learned and what has been done. The learning is shared with the whole pharmacy team.
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 majority of the multicompartiment compliance packs are assembled off-site in a specialized unit away from distractions. The pharmacy works together with the local concordance team to ensure that this service continues to meet the needs of local people.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards, identifying and managing most risks effectively. The pharmacy logs the mistakes it makes during the dispensing process. The pharmacist regularly reviews them with the team so that they can all learn from them and avoid problems being repeated. The pharmacy keeps the records that it needs to by law and has up-to-date written instructions which tell staff how to complete tasks safely. The pharmacy manages and protects confidential information well, and team members also understand how they can help to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

Inspector's evidence

There were Standard Operating Procedures (SOPs) in place to underpin all professional standards, and all had been renewed in February 2019. There were separate signature sheets for all staff indicating which SOPs were relevant to their roles. These had not yet been signed by all staff as they were currently going through them before signing them.

Errors and near misses were recorded using a paper form, showing what the error was, the members of staff involved and some of the actions taken. The pharmacist explained how they would discuss near misses and errors review every month. The pharmacist didn't hold formal meetings, but she did ensure that everyone was included in the review. They were currently in the process of changing from their current review form to using a new monthly review form kept in Patient Safety File. As a result of their reviews they had identified some items that were prone to error, such as Tegretol and Tegretol PR which they had separated from each other on the shelf. They had also highlighted them as 'Look Alike Sound Alike' medicines (LASAs) with a 'High Alert' sticker on the shelf.

Roles and responsibilities of staff were documented in the SOPs, which included a pharmacy task matrix to show which ones they had to sign. There was also a notice on display itemising daily, weekly and monthly tasks with names allocated to each. Those questioned were able to clearly explain what they do, what they were responsible for and when they might seek help. They outlined their roles within the pharmacy and where responsibility lay for different activities. The dispenser was responsible for implementing the health and safety checklist mid-month in the branch diary for July to December 2019.

Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. The responsible pharmacist (RP) notice was clearly displayed for patients to see and the RP log on the computer was mostly complete. There was just one entry where the pharmacist had forgotten to log out at the end of a session.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were displayed in a notice on the counter, showing that 99% of respondents rated the pharmacy overall as either excellent or very good. The pharmacy complaints procedure was set out in the SOP file and there was a feedback notice in the waiting area for patients to see, as well as in the pharmacy practice leaflet. There was also a customer feedback leaflet on display.

A certificate of professional indemnity and public liability insurance from BGP Numark valid until March 2020 was on display in the dispensary. Private prescription records were maintained in a book and were all complete and correct. There were emergency supply records and all were complete. The pharmacy offers the pharmacy urgent repeat medicine (PURM) service and some entries referred to this

The controlled drug (CD) register was seen to be correctly maintained. The pharmacist explained that she checked the balances of liquid medicines weekly and solid medicines monthly. They were due to start a new process in August to check everything weekly. Running balances of two randomly selected products were checked and both found to be correct. Alterations made in the CD register were asterisked and a note made at the bottom of the page with initials and dates. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed "specials" were complete.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. Confidential waste was kept separate from general waste and shredded onsite as required. Completed prescriptions in the prescription retrieval system were all turned so that no sensitive information was visible to people waiting at the counter. A freedom of information notice was prominently displayed on the counter but no privacy notice was found.

The driver's delivery sheets included details of his round for the pharmacy. There was a delivery book with a separate page for each person to sign in order to avoid potential breaches of confidentiality. These slips were returned to the pharmacy and retained for two years to help avoid any queries relating to deliveries. Failed deliveries were returned to the pharmacy and the patient would phone in to arrange a new delivery time. There were safeguarding procedures in place and contact details of local referring agencies were seen to be held in the safeguarding section of the patient safety folder. Staff were able to describe some of the warning signs to look out for.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has barely enough staff to manage its workload safely. Pharmacy team members are well-trained and have a good understanding of their roles and responsibilities. They can make suggestions within their team to improve safety and workflows where appropriate.

Inspector's evidence

There was one pharmacist, and one NVQ2 qualified dispensing assistant present during the inspection. They were observed to be working well together and providing support to one another when required. Staffing levels were seen to be barely sufficient for the services provided during the inspection.

Staff performance was monitored and reviewed annually against key performance indicators (KPIs). These were last done in February. In these reviews, a personal development plan would be introduced to help further develop and train the members of staff. Staff reported that they completed training online (MOODLE) and had regular updates to their knowledge and understanding of products and services eg for the new pillpouch service.

The pharmacist felt able to use her professional judgement for the benefit of their patients and/or other staff members. Members of staff explained that they felt comfortable raising any concerns they had with the pharmacy manager or their area manager. There was also a whistleblowing policy in place which staff were aware of but were not sure about using it should they require it. There were targets in place for MURs and NMS, but the pharmacist explained that she did not feel any pressure to deliver these targets and would never compromise her professional judgement to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive its services

Inspector's evidence

The dispensary had separate workstations with a good view of patients in the pharmacy. There were further working areas towards the rear and an island bench in middle. There was a separate screened off waiting area set to one side to allow for the discreet supply of medicines if required. The dispensary was adequately screened to allow the preparation of prescriptions in private.

The pharmacy was clean, tidy and was presented in a professional manner. There was a sink available in the dispensary with hot and cold running water. The sink and surrounding area were clean and tidy. Medicines were stored on the shelves alphabetically and the shelves clean, tidy and well organised. They were cleaned when the date checking was carried out. The consulting room was clean, tidy and kept locked when not in use. The ambient temperature was suitable for the storage of medicines and the lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that all of the medicines it supplies are fit for purpose. The pharmacy responds well to drug alerts or product recalls to make sure people only get medicines or devices which are safe. It keeps a record of the checks it makes to keep people safe. Team members take steps to identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. But they don't always record this, so they may be missing opportunities to follow up these checks.

Inspector's evidence

The premises had step-free access for entry via automatic doors. The aisles were wide and uncluttered, with a clear view to the medicines counter and dispensary. Services were displayed on leaflets in the Healthy Living area of the pharmacy. A signposting folder was easily accessible and the pharmacist explained how they used this to direct people to other services locally if they were unable to provide them themselves.

The PGD for the locally commissioned Emergency Hormonal Contraception (EHC) services was found to be out of date 31 May 2019. The pharmacist subsequently supplied written confirmation that the PGD had been extended without change until 2021. Naloxone supplies were recorded on pharmoutcomes in accordance with the service specification from Portsmouth City Council.

The pharmacy team was aware of the strengthened warnings and measures to prevent exposure to valproates during pregnancy. Information leaflets and cards were available but not routinely given to all women of childbearing potential. A record had been made on the PMR system when patients had initially been asked about the Pregnancy Prevention Programme (PPP). They had not been providing further advice once having made that initial record. Upon reflection, the pharmacist and dispenser both confirmed that they would in future check every time that the patient's prescriber had discussed the risks of exposure to valproates in pregnancy with them, and that they would also provide them with the necessary leaflets and/or advice cards. The pharmacy staff stated that they do identify people receiving high risks medicines such as anticoagulants, methotrexate or lithium and ensured that they were counselled on the use of their medicines and the management of their condition. They asked if people had regular blood checks but did not routinely ask for their INR results. Staff were observed serving people, asking the appropriate questions and advising as required.

The pharmacy supplies some medicines in multicompartiment compliance packs to a number of vulnerable patients. These were seen to be complete with appropriate signatures, product descriptions and patient information leaflets. Approximately one quarter of these packs are supplied as part of the locally commissioned concordance service. They were assembled in the pharmacy. The remainder were only clinically checked onsite and then sent off to a local hub to be assembled centrally. The dispenser explained the process, including how medication changes were recorded on the individual patient medication profile sheets. Those records included the date of the change and details of the prescriber making the change.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's

packaging. Pharmaceutical stock was subject to date checks which were documented and up to date using a matrix. Short dated products were appropriately marked, written in a book with a page per month and then crossed out as they were used. High risk medicines, and “Look Alike Sound Alike” (LASA) medicines were highlighted on the shelves as ‘high alert’.

This was a Healthy Living Pharmacy (HLP) with a designated health promotion area containing a wide variety of health promotion leaflets. The pharmacy had a folder specifically for HLP matters and for recording health interventions such as healthy living brief advice, signposting information and services such as EHC and the e-NRT voucher scheme.

The pharmacy was using recognised wholesalers such as Phoenix, AAH and Alliance Healthcare to obtain medicines and medical devices. Specials were ordered via Quantum Specials. Invoices from these wholesalers were seen. The shelves were checked and found to be in order with no boxes containing mixed batches or out-of-date stock identified.

MHRA alerts were seen in the patient safety folder and most signed to say that they had either been actioned or the items not stocked. The pharmacy had 2-D scanners in place and were waiting in readiness for their implementation of the Falsified Medicines Directive (FMD). It was currently being trialled in a number of stores before being rolled out nationally together with updated SOPs.

Drip bins were available and being used for the disposal of medicines returned by patients. These medicines were checked for hazardous waste (eg cytotoxics) by checking a list kept in a tray specifically for this purpose under the counter. Inhalers were separated but there was no separate hazardous medicines container. Waste medicines were then stored securely in appropriate containers and disposed of via licensed contractors with additional collections arranged when required. Denaturing kits for the safe disposal of controlled drugs were present.

The fridge was well organised, clean and frost-free. The fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. If the temperature were to exceed 8 degrees, then the temperature would be rechecked every 30 minutes until it had returned to within the correct range. The CD cupboard was securely bolted to the floor and was kept locked shut when not being accessed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is properly maintained. The pharmacy keeps people's private information safe.

Inspector's evidence

There was a satisfactory range of clean crown stamped measures available for use. Separate measures were in use for methadone. Amber medicines bottles were seen to be capped when stored and there was suitable equipment for counting loose tablets and capsules. Separate counting triangles were available for cytotoxics such as methotrexate.

The pharmacy had internet access and staff made regular use of it for internal communications on the company intranet, emails and staff training. The consulting room was kept locked when not in use. The blood pressure monitor and the scales were checked once a year by a contractor organised by their Head Office. Both items had a sticker showing that they were due their next check in August 2019. There were no open sharps bins left unattended in the consulting room. PMR screens were out of sight of patients, and were password protected in order to keep personal information safe.

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.