

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 30 Osborne Road, SOUTHSEA, Hampshire, PO5 3LT

Pharmacy reference: 1031809

Type of pharmacy: Community

Date of inspection: 21/01/2020

Pharmacy context

This Healthy Living Pharmacy (HLP) is a short walk from the centre of Southsea's pedestrianised shopping area. The surrounding area has a high proportion of students during term times and holidaymakers visiting the seaside in the summer months. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy dispenses some medicines in multicompartiment compliance aids for those who may have difficulty managing their medicines. It also offers a home delivery service for people who can't get to the pharmacy themselves.

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	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

The pharmacy provides its services in line with clear, up-to-date processes and procedures which are mostly being followed by its team members. They are clear about their roles and responsibilities. And they work to professional standards, identifying and generally managing risks effectively. The pharmacy keeps most of the records that it needs to, but not always in enough detail. The pharmacy manages and protects confidential information well and tells people how their private information will be used. Team members understand their role in helping 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 online Standard Operating Procedures (SOPs) in place to underpin all professional standards, dated February 2019 and due for review in February 2021. There was a clear file for each member of staff in the SOP folder containing a list of all the SOPs and any updates with a signature sheet confirming that they had signed the individual SOPs.

Errors and near misses were seen to be regularly recorded on a monthly form. The 'action taken/learning points' column had only been completed for very few entries. The majority did not include any learnings to help prevent mistakes from happening again. The non-pharmacist manager reviewed and discussed them with the team at each monthly team meeting. As a result they separated various strengths of simvastatin, ropirinole and risperidone. They had also moved olanzapine products to the Z drawer to reduce the risk of them being mixed up with quetiapine. They had separated a number of other 'Look Alike Sound Alike' (LASA) drugs to help avoid picking errors. The manager also explained how they had to complete surveys from time to time indicating the numbers and types of near misses for their head office to analyse.

Roles and responsibilities of staff were clearly documented in the SOP folder. People who work in the pharmacy could clearly explain what they do, what they were responsible for and when they might seek help. Staff were able to describe what action they would take in the absence of the responsible pharmacist (RP), and they explained what they could and could not do. They outlined their roles within the pharmacy and where responsibility lay for different activities. All dispensing labels were signed by two people to indicate who had dispensed the item and who had checked it. The RP notice was clearly displayed for patients to see and the RP record on the computer was mostly complete and correct with just a few entries with no end time recorded. The manager agreed to find a way of reminding RPs to sign out at the end of their shifts.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were on nhs.uk website for patients to see and a copy was also on display in the consultation room. The results were very positive and indicated an intention to provide more advice on healthy lifestyles and to ensure that they had enough staff available at busy times. A current certificate of professional indemnity and public liability insurance from Numark was on display in the dispensary and due for renewal 1 April 2020.

Private prescription records were maintained in a hardback book with manually numbered pages. There were a significant number of entries where the patient's address was either incomplete or missing. Prescriber's details and dates of prescribing as well as dispensing were generally complete. Upon

reflection the manager agreed to ensure that all the required details would be recorded in future. Emergency supplies were generally made under the local 'pharmacy urgent repeat medication' (PURM) service. Records of those emergency supplies were generally found to be complete, although several did not record the reason for supply in sufficient detail. The manager reflected upon this and agreed to brief the pharmacists about the need for more detail.

The controlled drug (CD) register was seen to be maintained, with most of the required details. The wholesaler's address was missing from most of the entries, and incorrect entries were made with an asterisk and a footnote at the bottom of the page. However, the footnotes seen were unclear, contained insufficient detail, and did not include the name and registration number of the person making the entry. The manager agreed to ensure that these deficiencies were brought to the attention of all pharmacists working in the pharmacy. Running stock balances were checked weekly against the corresponding entries in the registers in accordance with the SOP. Records of CDs returned by patients were to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed "specials" were seen to be missing the prescriber's details. The manager also agreed to address this.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training provided on their online 'Moodle' platform. There was an Information Governance (IG) folder divided into sections which had to be signed by all members of staff. The latest updated version for 2020 had just arrived (and made available on the company intranet) for staff to read and sign. Staff were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. Completed prescriptions in the prescription retrieval system were turned so that personal information was not visible to patients waiting at the counter. Confidential waste was kept separate from general waste and shredded onsite. The pharmacy manager had recently completed a 'survey monkey' enabling their head office to complete the annual Data Security and Protection (DSP) toolkit on their behalf. There was a privacy notice on display for people to see, and leaflets on display in the sales area explaining how personal data is used.

There were safeguarding procedures in place and contact details of local referring agencies were in the patient safety folder together with a copy of Rowlands 'safeguarding children and adults at risk policy' signed by all staff. All registrants had been trained to level 2 and other staff members had the equivalent of level 1 training provided by Rowlands. All staff were dementia friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are well-trained and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate. Although pharmacy has enough staff to manage its workload most of the time, it does not do enough to adequately cover unexpected absences.

Inspector's evidence

There was one pharmacist, two dispensing assistants (one of whom was the pharmacy manager) and a trainee pharmacy assistant (a role within Rowlands that combined both the dispenser and medicines counter assistant). The size of the team appeared to be appropriate for the current workload on the day of the inspection. They were working well together. But there didn't appear to be any contingency for unplanned absence or sickness. The manager explained their 'closed door' policy which they used from time to time if there were insufficient staff present for them to operate safely. She then explained how she contacted their zero hours staff to see if they could help, or other branches. But this wasn't always possible as the manager needed to get all overtime authorised by her line manager. Staff qualifications and training were available online to show the levels of training completed, and a summary training log was kept in a file for ease of access. Staff annual reviews were conducted every February and then a follow-up review six months later. The manager explained that as part of these reviews, she would quiz each member of staff on key questions from their regular 'professional standards assessment' (PSA) to check and confirm their understanding.

Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. All members of staff were seen to serve customers and asking appropriate questions when responding to requests or selling medicines. The pharmacist confirmed that she was comfortable with making decisions and did not feel pressurised to compromise her professional judgement.

Team members were involved in open discussions about their mistakes and learning from them. Team members said that they could raise concerns and that there was a whistleblowing policy available for them if needed. There were targets in place but the pharmacist felt that they didn't impact upon his professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean and tidy but look a little dated from the outside. They provide a safe environment for people to receive the pharmacy's services. The premises include a small private room which the team uses for some of its services and for confidential conversations.

Inspector's evidence

The pharmacy premises were clean, tidy and in a reasonable state of repair. Although the public area at the front of the pharmacy was small, there was sufficient space to work safely and effectively in the dispensary. The layout was suitable for the activities undertaken. There was a small consultation room for confidential conversations, consultations and the provision of services. The door was usually kept locked when the room was not in use. There was a computer terminal which was password protected.

The dispensary sinks were clean and had hot and cold running water. Disinfectant handwash was available. The sinks were clean and well maintained. Room temperatures were appropriately maintained by a combined heating and air-conditioning unit, keeping staff comfortable and suitable for the storage of medicines.

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 its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds adequately to drug alerts or product recalls so that people only get medicines or devices which are safe for them to take. Team members identify people supplied with some high-risk medicines. But they don't record all of the checks they make. This makes it harder for them to show what has been done in the event of a query.

Inspector's evidence

There was a list of services available on display in the window and there was also a TV monitor showing a rolling programme of health-related advertisements. The pharmacy provided a range of services including a smoking cessation service, and Emergency Hormonal Contraception (EHC) and substance misuse services. Seasonal flu vaccinations were also available during the autumn and winter.

Controls were seen to be in place to reduce the risk of picking errors, such as the use of baskets to keep individual prescriptions separate. Prescription labels were initialled to show who had dispensed and checked them. Owings tickets were in use when medicines could not be supplied in their entirety. If the medicine was difficult to obtain, staff would call other local branches of Rowlands to see whether they had any stock and if their delivery driver could collect it. If they were still unable to obtain the medicine, patients were either advised to contact their GP for an alternative or the pharmacy would contact the GP on their behalf.

Prescriptions for all CDs awaiting collection were highlighted with a CD sticker so that the staff members would know to look in the CD cupboard. The manager explained how she received a weekly report highlighting all unclaimed prescriptions due to go out of date that week, which she would then remove from retrieval system. The dispensing assistants all confirmed that they would not hand them out after the 28-day expiry.

The pharmacy assembled a small number of multicompartiment compliance aids onsite as part of the local 'concordance service.' They also supplied a larger number of compliance aids independently of that commissioned service. Each patient had an individual profile sheet showing their current medicines and dosage times. The profile sheets were clinically checked every six months, or when a medication change was made. The pharmacist checked the patient's summary care record (SCR) as part of this procedure. The compliance aids were seen to be labelled complete with product descriptions and patient information leaflets (PILs) provided to all patients. Dosage changes were confirmed with the prescriber and notes made on the individual patient record indicating who had been spoken to and dated. They were prepared on a four-week cycle in order to make sure that everything was ready on time whilst evenly spreading out the workload.

Staff were aware of the risks involved in dispensing valproates to women of childbearing age, and all such patients would be counselled and provided with leaflets and cards highlighting the importance of having effective contraception. The valproate audit had identified no female patients in the at-risk group. Patients on warfarin were not routinely asked for their INR records. Pharmacy staff were currently auditing patients taking lithium to see whether they were having regular blood tests. They

were currently making paper records of this information as part of the pharmacy quality scheme (PQS) audit. These checks were not all routinely recorded on the PMR system, so the manager and RP agreed to start doing so.

Valid up-to-date Patient Group Directions (PGDs) were seen to be in place for the NHS and private seasonal influenza vaccination services. They had been signed by the pharmacist and were valid until March 2020. Consent forms and records were kept in a file. There were also a number of PGDs from 'Pharmadoctor' for the travel health service, including vaccinations for typhoid, Japanese encephalitis and rabies. They were all in date but did not name the individual pharmacist or have a signature. The manager understood that the pharmacist's login to the 'Pharmadoctor' system was effectively the electronic signature for those PGDs.

Medicines were obtained from licensed wholesalers including AAH, Alliance, Phoenix. Unlicensed "specials" were obtained from Quantum Specials. The pharmacy had FMD scanners and software in place, but the staff were not yet trained in their use. The company was in the process of rolling it out across its pharmacies. The pharmacy used the NuCare appliance agency scheme for dressings and appliances and there was a procedure in place for obtaining verbal patient consent to send their prescriptions elsewhere to be dispensed. There was also a notice in the pharmacy to inform patients of this arrangement.

Routine quarterly date checks were seen to be in place and recorded on a matrix, dividing the entire pharmacy into twelve weekly zones. There were no medicines being stored in plain white cartons and no mixed batches medicines were found. Open bottles of liquid medicines had been annotated with dates of opening. Fridge temperatures records were seen to be within the correct temperature range.

Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines. Patient-returned medicines were placed in a red tray so that they could be safely screened for any sharps or CDs. Any CDs were separated and appropriately recorded. Patients with sharps were signposted to the local council for disposal. There was a list of hazardous medicines and purple-lidded container designated for hazardous waste. Denaturing containers were seen for the safe disposal of CDs.

The pharmacy received drug alerts and recalls from the MHRA. Paper copies of those which the pharmacy had actioned were seen in the patient safety file. Each alert was annotated with any actions taken, the date and initials of those involved. There was a basket containing various packs of ranitidine and associated paperwork for a recent recall. The manager was waiting for further instructions. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.

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 takes reasonable steps to ensure that people's private information is kept safe and secure.

Inspector's evidence

There was a range of crown stamped measuring equipment, counting triangles (including a separate one for cytotoxics), reference sources including the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source. The Blood Pressure meter and scales were labelled to confirm that they were recalibrated in August every year.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. They were not left on the premises overnight. Confidential information was kept secure and items awaiting collection were not visible from retail area

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.