

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 35 High Street, BROMYARD, Herefordshire, HR7 4AF

Pharmacy reference: 1031962

Type of pharmacy: Community

Date of inspection: 13/06/2019

Pharmacy context

This is a community pharmacy located in the centre of a busy market town. The pharmacy mainly dispenses NHS prescriptions. It supplies medicines in weekly multi-compartment compliance aids for people to use in their own homes and delivers medication to people who are housebound. It also sells a range of over-the-counter medicines and other health and beauty items. The pharmacy provides a number of other NHS services including Medicines Use Reviews (MURs) and the New Medicine Service (NMS). A substance misuse treatment service is also available.

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

The pharmacy identifies and manages the risks associated with its services. It regularly asks people for their views and uses this feedback to make improvements. Pharmacy team members follow written procedures, so that they complete tasks safely. They keep people's information safe and understand how to raise concerns to protect vulnerable people. The pharmacy keeps the records it needs to by law. But some details are missing, which may mean that the team are not always able to show what has happened if they need to.

Inspector's evidence

Pharmacy team members followed a range of standard operating procedures (SOPs) which covered pharmacy services. The procedures had been recently updated and team members signed records of competence to confirm their understanding and acknowledgment. Both the locum pharmacist and locum dispenser confirmed that they had previously read the company procedures, and a relief dispenser had completed the SOPs at her regular branch. The locum pharmacist said that he was aware that company management made clinical governance checks to help ensure that procedures were being followed.

Near misses were recorded by the pharmacist and were reviewed each month, usually by two of the dispensers. Paper records showing reviews from the end of 2018 were seen, but other records were unavailable. A monthly report of raw data numbers was also submitted to head office electronically. Team members discussed some of the actions that had previously been taken in response to near misses, this included the separation of gabapentin 100mg and 300mg. Dispensing errors were captured on incident report forms, which were accessible to all team members. Incidents were sent to head office for review and an audit trail was maintained in the pharmacy.

Pharmacy team members were aware of their roles and responsibilities, which were outlined within the pharmacy procedures. A trainee healthcare assistant (HCA) was able to discuss the activities which could and could not take place in the absence of the responsible pharmacist (RP).

The pharmacy had a complaint procedure in place which was advertised in a practice leaflet. Complaint forms were available to document the details of any concerns raised. An HCA said complaints were referred to the pharmacist in charge. The pharmacy had previously received concerns regarding the cleanliness of the premises, as previous staffing shortages had left them unable to effectively complete housekeeping duties. In response to this, staffing levels had been corrected, which meant the team were able to complete other tasks, including cleaning. A rota had also been put into place to assist with this. The premises were clean and tidy on the day. Ongoing feedback was also sought through a Community Pharmacy Patient Questionnaire (CPPQ). Recently completed questionnaires had been sent for analysis.

The pharmacy had professional indemnity insurance arrangements in place. The correct RP notice was conspicuously displayed on the medicine counter. The RP log was maintained in an electronic format

and was in order.

Controlled drugs (CD) registers were in order and running balances were maintained. Some recent balance checks had been carried out, but the frequency of checks was not always in line with procedures. A patient returned CD register was in place. Previous destructions were signed and witnessed.

Private prescription and emergency supply records were kept in a paper format. Private prescription records were not in chronological order, and a dispenser explained that a number of private prescriptions, including some dating back to April 2019, had been entered into the private prescription book on the day prior to the inspection. So the records had not been entered at the time of supply, in line with requirements, and they did not always clearly state both the date of the prescription and the date of supply. This could make it more difficult for the pharmacy team to demonstrate what has happened if a query arises.

Specials procurement records provided an audit trail from source to supply. Confidential waste was clearly segregated from general waste and was removed for appropriate disposal. A dispenser identified other ways in which confidentiality was protected in the pharmacy, such as ensuring the completed prescriptions were stored so that information was out of public view and using the consultation room. Training was provided to team members through updated SOPs and an information governance training module. The pharmacy also outlined how data was stored and processed in a 'safeguarding your information' leaflet. Appropriate use of NHS smartcards was observed during the inspection.

The pharmacy had a safeguarding procedure in place and one team member said that additional training had been completed in a previous role. The pharmacist on the day held a level 2 safeguarding qualification completed through the Centre for Pharmacy Postgraduate Education (CPPE). An HCA identified some of the types of concerns that may be seen and discussed how these would be managed. The pharmacy had the contact details of local agencies available to enable escalation and the pharmacist discussed previous actions that had been taken to help protect a vulnerable patient.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are appropriately trained and work together effectively to manage the workload. They are comfortable raising concerns and providing feedback.

Inspector's evidence

On the day of the inspection a locum pharmacist was present. The pharmacy did not currently have a regular pharmacist, and cover was being provided by locum pharmacists and a company relief pharmacist who worked at the branch approximately two days a week. Double pharmacist cover was provided on those two days, to allow the relief pharmacist time to complete additional management duties. Also present, were four dispensers, one was a locum and another a relief dispenser from a nearby branch. Two trainee HCAs covered the medicine counter. There were two vacancies in the dispensary, for one full-time and one part-time position. Recruitment for this was underway and the relief dispenser and locum dispenser were providing cover, so that staffing levels remained at full complement while the positions were vacant. The team were able to adequately manage the workload on the day. All weekly compliance aids were being assembled approximately one week in advance of their due dates, and the team were up to date with electronic prescription service (EPS) downloads and regular repeat dispensing. Pharmacy team members reported that this was a vast improvement on the previous year, where staffing issues had led to a severe backlog in work. At this level of staffing the team said that the dispensing workload was manageable and additional tasks were also being completed as they should be.

Team members were heard to make referrals to the pharmacist and the HCAs discussed the questions that they would ask to help to ensure that sales were appropriate. Some common interactions were identified, and one HCA was also aware of restrictions surrounding the supply of other medicines, as well as potential concerns with high-risk medicines which may be susceptible to abuse.

Pharmacy team members were appropriately trained for their roles or were completing accredited training programmes. The HCAs were provided with time to complete their training within work hours and support was being provided by the relief pharmacist. The team were provided with updates through email and completed training modules through an e-Learning training platform. Time was provided for this. The team estimated that the last module completed had been released a few months ago. The relief pharmacist, who was present two days each week monitored training to help to ensure that it was completed, and a dispenser said that he was also due to complete appraisals with the team, to help identify any learning needs and to set future goals.

Team members worked well together in an open environment. They discussed how staffing had begun to become challenging again in the weeks prior to the inspection, after a colleague had left. They said that following their previous experience, this had been proactively escalated and cover had been arranged swiftly using the relief dispenser and locum dispenser, to make sure the workload remained manageable. Team members were happy to approach management with any concerns. The locum pharmacist was aware of who he could contact should he need to escalate any issues. Team members

were able to provide anonymous feedback through a company survey and on an ongoing basis through a confidential helpline, the details of which were clearly displayed in staff areas.

There were targets in place for services including MURs. The locum pharmacist discussed how he would ensure that patients who were suitable for services were identified. He said that safety within the pharmacy was his priority and that targets would not compromise this.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services. But the layout of the pharmacy is not ideal, and the consultation facilities are not easily accessible which may mean that people with mobility issues are less able to have private and confidential consultations.

Inspector's evidence

The pharmacy was located on the main High Street in the centre of the town. The building was old but appeared reasonably well maintained. The team escalated any maintenance issues to head office and said that the front entrance door had recently been replaced following a problem, and that this had been done swiftly.

The retail area was relatively spacious and appeared clean and tidy on the day. There was a seating area for use by people less able to stand. Most of the goods available for sale were healthcare based and pharmacy restricted medicines were placed behind the medicine counter, to help prevent self-selection.

The pharmacy had a consultation room. The room was located off the main retail floor, and there was little signage which promoted its availability. The locum pharmacist said that people were not always aware that there was somewhere confidential for discussions. The room was accessed by a door to the side of the medicine counter. There were two steps, which made it inaccessible to wheelchair users. A grab rail was in place on the steps providing additional assistance to those who needed it. There was no patient identifiable data visible on the walk from the medicine counter to the consultation room on the day, nor in the room itself. The consultation room appeared well presented and had equipment in place to aid confidential discussions. When not in use the door used to access the area in which the consultation room was located was kept closed and a retractable belt barrier was in place to help prevent unauthorised access. The medicine counter was also staffed throughout the inspection.

The dispensary had enough space for the current workload. There was a main area for dispensing, which had a reasonable amount of work bench space to allow prescription assembly. The work benches were free from unnecessary clutter on the day and a sink was also available for the preparation of medicines. A prescription retrieval area was near to the dispensary and team members had recently expanded the area with make shift shelves, due to the volume of prescriptions processed. Accuracy checking took place in a separate location, where there was also suitable work bench and storage space. The checking area also had work areas which were used for the assembly of weekly compliance aid packs. Due to the location of the checking area, the medicine counter was not visible to the pharmacist and conversations taking place in the retail area could not be heard. This made it difficult for the pharmacist to intervene if required. But team members usually referred any queries that they had to him and examples of this were seen during the inspection.

The pharmacy had an additional storage area and WC facilities, which were equipped with handwashing materials. A staff tearoom area separated the two rooms used for dispensing and checking.

There was adequate lighting throughout the premises and the temperature was appropriate for the storage of medicines. The heating in the pharmacy was broken on the day, a contracted repairman arrived to review this during the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally well managed so that people's healthcare needs are met, and they receive all the information they need about their medicines. The pharmacy sources and store medicines appropriately and team members carry out some checks to make sure they are suitable for supply.

Inspector's evidence

The pharmacy had two main access doors. The front entrance had two steps down to the retail area upon entry. The side entrance door provided a step-free access. Both doors were manually operated, but were visible to the medicine counter, so those requiring additional assistance could be identified. Additional adjustments could be made for those with disabilities, such as the production of large print labels from the PMR system.

Pharmacy services were advertised in a practice leaflet, which also displayed the opening times. Further promotional displays were on an entrance door. There were some services listed which were no longer available in the absence of a regular pharmacist, so it was potentially misleading. Additional health promotion literature was available and team members had access to materials to support signposting.

Baskets were used to separate prescriptions and help prevent medicines from being mixed up. Baskets were colour coded to enable the workload to be prioritised. Dispensed and checked boxes were signed on dispensing labels, so that an audit trail was kept for dispensing. A dispenser discussed how she would highlight issues such as dose changes and new medicines to the pharmacist during the dispensing process. A note was also in place in the dispensing area, advising team members on when a 'see pharmacist' sticker should be added to a prescription. This included high-risk medicines such as warfarin, where patients required additional monitoring. The locum pharmacist was aware of the risks of valproate-based medicines in women who may become pregnant and discussed counselling that he would provide, including the pregnancy prevention programme. A previous audit had not identified any patients within the at-risk age criteria. Team members were aware of the safety literature which should be provided with supplies. This could not be located on the day. But a dispenser demonstrated how she would locate these resources online and print them, should they be required.

The pharmacy ordered repeat prescriptions on behalf of patients, a record of repeat requests was not currently being maintained to enable unreturned prescriptions to be identified, which may occasionally lead to delays. Signatures were obtained for the delivery of medicines. A card was left for any person not in at the time of delivery and medicines were returned to the pharmacy.

Weekly compliance aids were managed using a four week system. Repeat medicines were ordered by the dispensing team and requests were tracked to ensure all prescriptions were returned. Changes to medicines were identified using master record sheets, which were then updated accordingly. No high-risk medicines were placed into weekly compliance aids and a dispenser discussed some other medicines which would be unsuitable for weekly compliance aids. Completed compliance aids had

patient identifying information, descriptions of individual medicines and patient leaflets were supplied.

Stock medicines were sourced through reputable wholesalers and specials from a licensed manufacturer. Stock was reasonably well organised and stored within the original packaging provided by the manufacturer. Date checking was carried out periodically and short dated medicines were highlighted. No expired medicines were identified during random checks. Expired and returned medicines were stored in appropriate waste receptacles and a cytotoxic waste bin was available for hazardous materials. The pharmacy was not currently compliant with the European Falsified Medicines Directive (FMD). Scanners had recently been installed as a move towards compliance, but team members were unaware of any other updates.

CDs were stored appropriately, and random balance checks were found to be correct. Out of date and returned CDs were clearly segregated and CD denaturing kits were available.

Two refrigerators were within the recommended temperature range and daily temperature records were kept. Alerts for the recall of faulty medicines and medical devices were received electronically. Alerts were printed and actioned and an audit trail was maintained.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to deliver its services safely.

Inspector's evidence

The team had access to paper-based pharmaceutical reference books. And internet access was available for additional research.

A range of glass crown-stamped glass measures were available for measuring liquids. Separate measures were marked and segregated for use with CDs. Counting triangles were used for loose tablets and a separate triangle was used for cytotoxic medicines.

Electrical equipment had been PAT tested and appeared to be in working order. The computer systems were password protected and screens were all located out of public view. A cordless phone enabled conversations to take place in private, if required.

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.