

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Gorsty Lane, Hampton Dene,
HEREFORD, Herefordshire, HR1 1UN

Pharmacy reference: 1031969

Type of pharmacy: Community

Date of inspection: 17/11/2022

Pharmacy context

This is a pharmacy situated next door to a medical centre. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. Some NHS prescriptions are assembled off-site at another pharmacy owned by the company. It offers a wide range of services including smoking cessation and a seasonal 'flu vaccination service for NHS and private patients. Substance misuse services are 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 | 1.8 | Good practice | Safeguarding is an integral part of the culture within the pharmacy. |
| 2. Staff | Standards met | 2.2 | Good practice | Pharmacy team members have the appropriate skills, qualifications and competence for their roles and are supported to address their learning and development needs. |
| 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 has written procedures to help make sure the team works safely. Its team members record and review their mistakes so they can learn from them. And they take action to help stop mistakes from happening again. The pharmacy keeps the records it needs to by law. And it keeps people's private information safe. The pharmacy's team members are good at recognising and reporting concerns about vulnerable people to help keep them safe.

Inspector's evidence

The pharmacy had systems in place to identify and manage risk, including the recording and analysis of dispensing errors and near misses. The trainee technician conducted monthly patient safety reviews and discussed any findings with the pharmacy team. Action had been taken to reduce risks that had been identified: for example, the 'look-alike, sound-alike' or 'LASA' drugs amlodipine and amitriptyline had been distinctly separated in the dispensary following a near miss. The dispensing process had been changed to include a double check of a product's quantity following a series of near misses involving different pack sizes that looked similar. The risks associated with the influenza vaccination service had been assessed and a poster describing the process to follow in the event of needlestick injury was displayed in the dispensary. A range of electronic standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. A list showing the activities that could and could not take place in the absence of the responsible pharmacist was displayed on the dispensary wall for reference.

The pharmacy usually received regular customer feedback from annual patient satisfaction surveys, although these had been suspended during the pandemic. The pharmacy team said that verbal feedback from customers was mostly positive. They had received several cards from customers thanking them for providing a caring and professional service. A formal complaints procedure was in place, but this was not advertised in the retail area, so people may not always understand the best way to raise concerns.

A current certificate of professional indemnity insurance was displayed. All necessary records were kept and properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and controlled drug (CD) records. CD running balances were typically checked weekly, or more often.

Staff received annual training on the information governance policy and had signed confidentiality agreements. They were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately. A privacy notice displayed near the medicines counter gave information about the ways in which the company used and managed personal data, as well as contact details for its data protection team.

The pharmacist and store manager had undertaken formal safeguarding training. All staff members had read and signed the pharmacy's safeguarding SOPs. The pharmacy team had access to local guidance and contact details that were displayed in the dispensary. The team were able to give an example of how they had identified and supported a potentially vulnerable person, which had resulted in a positive outcome.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Pharmacy team members complete regular training and have a good understanding about their roles and responsibilities. And they feel comfortable speaking up about any concerns they have.

Inspector's evidence

A regular locum pharmacist worked on most days and was assisted in the day-to-day operation of the pharmacy by the store manager, a trainee pharmacy technician, who was absent during the inspection. The support team consisted of three dispensing assistants (DAs), one of whom was a trainee. There were enough suitably qualified and skilled staff present to comfortably manage the workload during the inspection and the staffing level appeared adequate for the services provided. The trainees worked under the supervision of the pharmacist and other qualified staff members.

Some targets were set for the services provided but these were managed appropriately, and the pharmacist said that they did not affect her professional judgement or compromise patient care. Staff worked well together and had an obvious rapport with customers. They said that they were happy to make suggestions within the team. They felt comfortable raising concerns with the pharmacist and store manager. A whistleblowing policy was available in a file in the dispensary and had been signed by all except the newest member of staff. The policy included a confidential helpline for raising concerns outside the organisation.

A member of staff working on the medicines counter was observed to use appropriate questions when selling over-the-counter medicines to patients. They referred to the pharmacist on several occasions for further advice on how to deal with transactions. A list of over-the-counter medicines that required referral to the pharmacist was displayed in the dispensary near the medicines counter. Staff undertook online training provided by the organisation on new products, clinical topics, operational procedures and services. All staff were subject to annual performance and development reviews.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working and its layout protects people's privacy.

Inspector's evidence

The pharmacy was clean, tidy and well-organised, with enough space to allow safe working. The sinks had hot and cold running water and soap and cleaning materials were available. A poster describing hand washing techniques was displayed near the dispensary sink. A plastic screen had been installed at the medicines counter to reduce the risk of viral transmission between staff and customers. A consultation room was available for private consultations and counselling and was advertised appropriately. The lighting and temperature in the pharmacy were appropriate. The pharmacy's air conditioning unit had broken but this had been reported internally by the pharmacy team and was being dealt with by the company.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy for people to access. If it can't provide a service, it directs people to somewhere that can help. Its working practices are generally safe and effective. And it stores medicines appropriately and carries out some checks to help make sure that they are in good condition and suitable to supply. But members of the pharmacy team do not always know when higher-risk medicines are being handed out. So they might not always check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. A hearing aid loop was advertised at the medicines counter, but members of the pharmacy team were not sure if it was in working order. They said that they would signpost people requesting services they could not provide to nearby pharmacies or other healthcare providers such as the local surgery.

The pharmacist said that the pharmacy software system allowed about 85% of their prescription items to be assembled at the company's hub pharmacy. A notice at the medicines counter advised customers that their prescriptions might be dispensed offsite. Prescriptions were clinically checked by the pharmacist and then transmitted electronically to the hub pharmacy. The prescription token remained at the branch. The hub pharmacy could not assemble split packs, fridge lines, glass bottles, other bulky items or most controlled drugs, and these continued to be dispensed in branch, as did items that were known to be out of stock at the hub. Prescription items transmitted to the hub were returned to the branch within 48 hours and were marked to show that they had been dispensed by the hub pharmacy. Bags of dispensed medicines returned from the hub pharmacy had a clear panel through which the medicines could be viewed without opening the bag. A text messaging service was available to let patients know their medicines were ready for collection.

Dispensing staff used a basket system in branch to help ensure that medicines did not get mixed up during dispensing. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. Controlled drugs requiring safe custody and fridge lines dispensed in branch were supplied in clear bags to allow staff members to check these items at all points of the dispensing process and reduce the risk of a patient receiving the wrong medicine. Stickers were attached to bags of dispensed medicines to alert staff if a controlled drug (CD) or fridge item needed to be added. The pharmacist said that prescriptions for Schedule 3 and 4 CDs were also marked to remind staff that they should not be supplied more than 28 days after the date on the prescription. However, one prescription for tramadol was present that had not been marked in this way.

Prescriptions for high-risk medicines such as warfarin, lithium and methotrexate were not routinely highlighted, so there was a risk that counselling opportunities could be missed. However, the pharmacist was observed to obtain information about blood tests from a person who collected a prescription for methotrexate during the inspection. The pharmacy team were aware of the risks of valproate use during pregnancy. They confirmed that people prescribed valproate who met the risk criteria would be counselled appropriately and provided with information at each time of dispensing. A safety alert highlighting the risks of prescribing valproate in pregnancy was attached to the front of the

valproate stock drawer.

Disposable compliance aids were used to supply medicines to a number of people. Most of these were assembled offsite at the company's central 'PilPouch' pharmacy. Prescriptions for 'PilPouch' compliance aids were clinically checked by the pharmacist and then transmitted electronically to the 'PilPouch' pharmacy. The prescription token remained at the branch. Compliance aid medicines were dispensed into bags labelled with the name, form, quantity and strength of each medicine, as well as the correct day and time for each dose. Only seven tablets could be included in any one pouch, so if a person had more than this quantity prescribed for a particular time of day, the medicines were put into multiple pouches and marked e.g. '1 of 2'. The pouches were rolled up and stored in a box that was labelled with patient and medication details. The pouches could then be pulled out of the box in the order that the medicines should be taken throughout the day. Any extra 'bulk' medicines that could not be dispensed into a compliance aid were dispensed by the pharmacy in branch. The 'PilPouch' pharmacy would not dispense controlled drugs requiring safe custody, fridge lines, warfarin, cytotoxic medicines, bulky tablets such as calcium supplements, hygroscopic medicines such as Epilim, orodispersible formulations or any medicines that required dosing more than four times daily, or that required variable dosages on different days. Several people had their medicines dispensed into disposable 'tray' style compliance aids at the branch. These compliance aids were labelled with descriptions to enable identification of individual medicines. However, compliance aids supplied from the 'PilPouch' pharmacy did not always include enough detail to enable identification of individual medicines, with many described simply as: 'round white tablet'. Patient information leaflets were not routinely supplied with compliance aids so there was a risk that people supplied might not always have all the information they needed for them to make informed decisions about their own treatment. Each patient had a section in one of several dedicated files that included their personal and medication details, collection or delivery arrangements, details of any messages or changes and relevant documents, such as current prescription tokens or correspondence from prescribers. It also included a signed consent form and a checklist that staff used to show that the 'PilPouch' compliance aid service had been demonstrated and explained to each patient or their representative. The pharmacist in branch undertook a clinical review of each patient's medication every six months, or whenever a change was made, to ensure that the 'PilPouch' system was still suitable for them. There was a dedicated assembly and storage area for compliance aids on the first floor of the premises. A list of patients supplied medicines in compliance aids was available for reference.

The pharmacy provided a range of services. There was a good uptake of the New Medicines Service (NMS), the community pharmacy consultation service (CPCS) and the influenza vaccination service. Uptake of the discharge medicines service was relatively low, as the pharmacy received very few referrals. A supervised consumption service was available, but the pharmacy did not currently have any clients. The pharmacy team were undergoing training in order to provide an NHS hypertension service in the near future. The pharmacy provided a prescription collection service from the adjacent surgery. It also offered a prescription delivery service. Signatures were obtained for deliveries of controlled drugs. In the event of a missed delivery, the driver put a notification card through the door and brought the prescription back to the pharmacy.

Medicines were obtained from licensed wholesalers and were stored appropriately. Medicines requiring cold storage were stored in two well-organised drug fridges. Maximum and minimum temperatures were recorded daily and were usually within the required range. The maximum temperature for one fridge had been recorded as being over 8 degrees C for the past week and this discrepancy had been reported to the superintendent's office. However, when the thermometer was reset during the inspection, temperatures were within the recommended range. CDs were stored appropriately in two well-organised CD cabinets and obsolete CDs were segregated from usable stock.

Both CD cabinets were secured using a digital lock and all staff had individual access codes that were attributable to them and could be used as an audit trail.

Stock was subject to regular expiry date checks. These were documented, and short-dated items were highlighted with stickers. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. The pharmacy received drug alerts and recalls via its NHS email account. The pharmacist was able to describe how she would deal with medicines or medical devices that had been recalled as unfit for purpose by contacting patients where necessary, quarantining affected stock and returning it to the supplier. Drug recalls were printed, filed and signed to show that they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services. The pharmacy's team members use equipment and facilities in a way that protects people's privacy.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Two glass measures were not validated but 100ml measured in these also measured 100ml in a validated measuring cylinder. Separate measures were used for controlled drugs, and these were clearly marked. Triangles were used to count loose tablets and a separate triangle was available for use with cytotoxics. The pharmacy had a range of up-to-date reference sources. Equipment used to provide services was in good working order, clean and appropriately managed. Evidence showed that it had recently been tested. Equipment and facilities were used to protect the privacy and dignity of patients and the public. For example, the pharmacy software system was protected with a password and the consultation room was used for private consultations and counselling. Dispensed prescriptions could be seen from the retail area but no confidential information was visible.

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. |