General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 22 Moss Delph Lane, Aughton, ORMSKIRK, Lancashire, L39 5DZ

Pharmacy reference: 1033788

Type of pharmacy: Community

Date of inspection: 13/08/2019

Pharmacy context

This is a community pharmacy located on a parade of shops. It is situated in the residential area of Aughton, near Ormskirk. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and emergency hormonal contraception. A number of people receive their medicines in multi-compartment compliance aids.

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	1.2	Good practice	Members of the team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.
2. Staff	Standards met	2.2	Good practice	The pharmacy team complete regular learning modules to help them keep their knowledge up to date.
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. Members of the team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again. They are given training so that they know how to keep private information safe. The pharmacy keeps the records it needs to by law.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which had been recently updated by the head office. The pharmacy team had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). The most recent error involved supplying the incorrect strength of co-careldopa tablets. The pharmacist and pharmacy manager had investigated the error and taken action to help reduce the risk of further errors. This included informing the pharmacy team and segregating the location of the stock. Near miss errors were recorded on a paper log and the records were reviewed monthly by the pharmacy manager. The manager said she would consider underlying factors as part of the review and discuss it with staff each month. The pharmacist would also highlight mistakes to staff at the point of accuracy check and asked them to rectify their own errors. Examples of action taken to help prevent similar mistakes included placing a 'high risk' sticker in the dispensary location of colchicine and clonazepam. The company shared learning between pharmacies by intranet or email messages. Amongst other topics they covered common errors. The pharmacy team would discuss the information when it was received. To prevent a similar error occurring in the pharmacy, they had moved olanzapine and quetiapine away from other similar named medicines.

Roles and responsibilities of the pharmacy team were documented on a matrix. The trainee dispenser was able to describe what her responsibilities were and was also clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. This was described in the practice leaflet which advised people they could give feedback to members of the pharmacy team. Complaints were recorded to be followed up by the pharmacy manager or head office.

A current certificate of professional indemnity insurance was on display in the pharmacy. Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. The balance of Longtec 10mg MR tablets and Mezolar 50mcg patches were checked and both found to be accurate. Patient returned CDs were recorded. Records of private prescriptions, emergency supplies, and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. The pharmacy team had completed IG training and had signed confidentiality agreements. Confidential waste was segregated and destroyed using an on-site shredder. The trainee dispenser provided an example about how she would not leave confidential information on the counter to help maintain people's privacy. A leaflet provided information about how patient data was handled.

Safeguarding procedures were available and had been read by the pharmacy team. The pharmacist said she had completed level 2 safeguarding training. Contact details of the local safeguarding board were available. The dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are properly trained for the jobs they do. The pharmacy team complete regular learning modules to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist, an accuracy checking technician (ACT) – who was also the pharmacy manager, a pharmacy technician, and four dispensers – one of whom was in training. They were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist, an ACT and two other staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief staff could also be requested to provide cover.

The company provided the pharmacy team with a structured e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing that ongoing training was up to date. Staff were allowed learning time to complete training.

The trainee dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist said she felt able to exercise her professional judgement and this was respected by the pharmacy team.

The trainee dispenser said she received a good level of support from the pharmacy team and she felt able to ask for further help if she needed it. Appraisals had not been provided to members of the pharmacy team in the previous 12 months due to a pharmacy manager vacancy – which was now filled. Whilst waiting for her next appraisal, the dispenser said she felt able to discuss any concerns with the new manager. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or head office. There were targets set for services such as MURs and NMS. The pharmacist said she did not feel under pressure to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by use of a gate. The counter area was screened to help maintain privacy of conversations. The temperature was controlled by the use of electric heaters. Lighting was sufficient. The staff had access to a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from appropriate sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But the pharmacy team does not always identify people who receive higher risk medicines. So it might not always check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered. There was also information available on the company's website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients using a signposting folder. The pharmacy opening hours were displayed at the entrance of the pharmacy and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery book was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patients' prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied. When medicines were assembled at the pharmacy, the pharmacist would perform a clinical check of all prescriptions and signed the prescription form to indicate this had been completed. This would allow an accuracy checker to perform the final accuracy check.

Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 CDs were highlighted so that staff could check prescription validity at the time of supply. However; schedule 4 CDs were not. So there is a risk that these medicines could be supplied after the prescription had expired. High risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team may not be aware when they are being handed out in order to check that the supply is suitable for the patient. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The staff said the pharmacist had completed an audit and would speak to any patients who were at risk and make them aware of the pregnancy prevention programme. This would be recorded on their PMR.

Some prescriptions were dispensed by an automated hub as part of the company's off-site dispensing service (ODS). This had been commenced a few weeks ago. A sign in the retail area indicated that some prescriptions were dispensed off-site at another location. People were automatically enrolled onto the service and formal consent was not obtained. So people may not always be aware that their information is being shared in this way. Medicines were labelled electronically against the prescription. Only staff who had been specifically trained were able to label ODS prescriptions. The PMR would tell the dispenser if any item could not be dispensed at the hub. Once all the prescriptions were labelled, the pharmacist was required to complete the accuracy check on the items; which was auditable.

Prescriptions were received within 48 hours from the hub in a sealed tote that clearly identified that it contained dispensed medicines. Medicines were dispensed into sealed bags with the patient's name and address on the front. These did not need to be accuracy checked by the pharmacy unless they opened the bag, in which case the responsibility for the final accuracy check fell onto the pharmacy rather than the hub. When the dispensed medicines were received in branch they were matched up against the prescription, and any other bags from the ODS or medicines dispensed at the pharmacy.

Some medicines for people who required them in multicompartmental compliance aids were dispensed off-site at the company's NuPAC automated dispensing hub pharmacy. Prescriptions were labelled on the PMR system, and the information was transmitted to the hub. A member of the pharmacy team had yet to be ‘validated’ in order to send information directly to the robot. During this time, the information they sent was validated by a team in the head office to ensure it was accurate before dispensing. This carried on until the pharmacist at the branch was 'accredited' by reviewing 125 submissions without making any errors. Once the pharmacist was 'accredited' they were able to send the information directly to the dispensing robot at the hub. If an error was made the process was reset so that head office would review the submissions until the pharmacist had reviewed a further 125 submissions without error.

The hub used an automated robot to dispense the medicines into pouches on a roll. Each pouch contained the medicines to be taken at a specific dosage time (e.g. at breakfast), and the roll was in time and date order. The dispensed medicines were returned to the pharmacy labelled with patient information, their location of dispensing and a security seal. Patient information leaflets (PILs) were not always supplied with the medicines. This is a legal requirement and without the leaflets people may not always have all the information they might need.

Prescriptions sent to the ODS hub or the NuPAC hub were clinically checked by the branch pharmacist the first time they were dispensed and then every six months; or if there was a change in medication or circumstances. Otherwise repeat prescriptions were not normally clinically checked, which means there may be a risk that some important information could be overlooked.

The pharmacy offered blistered medication to care homes. A re-order sheet was provided to the pharmacy and it contained details about the medicines required, medicine changes and any handover notes for the pharmacy. When prescriptions were received from the GP surgery they would be compared to the re-order sheet to confirm all medicines were received back. Any queries were chased up with the GP surgery and the care home was informed. Medicines were dispensed into disposable compliance aids and a dispensing and checking signature was written onto the seal. Some compliance aids were assembled offsite and contained the required labelling requirements and dispensing audit trail. PILs were provided to the care home.

Prescriptions for dressings and ostomy supplies were sent to be dispensed by an external appliance contractor. The manager said that consent was not obtained from the patient for the prescription to be

dispensed by another contractor. So people may not always be aware that their personal information is being shared. Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine safety checks of medicines. Stock was date checked on a 12-week rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been in range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources.

All electrical equipment appeared to be in working order. According to the stickers attached, all electrical equipment had been PAT tested in June 2019. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was 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.