General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Penwortham Health Centre, Cop Lane, Penwortham, PRESTON, Lancashire, PR1 0SR

Pharmacy reference: 1033801

Type of pharmacy: Community

Date of inspection: 09/03/2020

Pharmacy context

This is a community pharmacy attached to a medical centre. It is situated in the residential area of Penwortham, south-west of Preston city centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, a minor ailment service and emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time.

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	Good practice	2.2	Good practice	Members of the pharmacy team complete regular training 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. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs), some of which were last issued in March 2015 and had a stated date of review in March 2017. So they may not always reflect current practice. Members of 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). An example of an error involved the incorrect supply of hydrogen peroxide liquid instead of potassium citrate solution. The pharmacist had investigated the error and discussed their findings with the pharmacy team. Near miss incidents were recorded on a paper log. Members of the pharmacy team explained that the pharmacist manager would review the near miss records to identify possible trends. A near miss review sheet was used to record any actions which had been taken. But 'no action taken' had been recorded for the last two months. So some learning opportunities may be missed. Members of the pharmacy team provided examples of errors which had been discussed and the action which had been taken. For example, moving levothyroxine onto a separate shelf to help prevent picking errors. The head office circulated a memo to share learning between pharmacies. Amongst other topics they covered common errors and professional matters. Members of the pharmacy team were required to sign the memo to confirm they had read it.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what her responsibilities were and was 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 which was explained in the practice leaflet. Any complaints were recorded to be followed up by the pharmacist manager or the head office. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked monthly. Two random balances were checked, and both were found to be accurate. A patient returned CD register was available, but there were a number of returned CDs present which had not been recorded. So the pharmacy may not always be able to show what should be present.

An information governance (IG) policy was available. The pharmacy team had completed IG training and each member had signed a confidentiality agreement. When questioned, a dispenser was able to describe how confidential waste was segregated using the on-site shredder. The pharmacy's privacy notice was on display in the retail area.

Safeguarding procedures were available. Members of the pharmacy team had completed safeguarding e-learning and pharmacy professionals had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Good practice

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete regular training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist manager and four dispensers. All members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist and two to three dispensers. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

The pharmacy provided the 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.

A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines that were liable to abuse that she felt were inappropriate, and refer people to the pharmacist if needed. The locum pharmacist said he felt able to exercise his professional judgement and this was respected by the pharmacist manager and members of the pharmacy team. The dispenser said she felt a good level of support from the pharmacist and felt able to ask for further help if she needed it.

Appraisals were conducted annually by the pharmacist manager. A dispenser said she felt that the appraisal process was a good chance to receive feedback and she felt able to speak about any of her own concerns. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. The pharmacy was set targets for services such as MURs and NMS. The locum pharmacist said he 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 and access to it was restricted by the position of the counter. The temperature was controlled by the use of 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, and adequate lighting. 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 recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition.

Inspector's evidence

Access to the pharmacy was level and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered and information was also available on the 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 elsewhere using a signposting folder. The pharmacy opening hours were displayed 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. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were kept on a shelf using an alphabetical 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 was a risk that these medicines could be supplied after the prescription had expired. Some high-risk medicines (such as warfarin, lithium and methotrexate) were currently being flagged to help identify them as part of an audit the pharmacy was completing. But they were not routinely highlighted. So the pharmacy team were not always aware when they were being handed out in order to check that the supply was 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. Members of the pharmacy team said the pharmacist had spoken to patients who were at risk and made sure they were aware about the pregnancy prevention programme. And this had been recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacist would complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication

descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

Some prescriptions were dispensed at an automated hub as part of the company's MediPAC service. Details were electronically transcribed from the prescriptions and the information was then transmitted to the hub where the medicines were assembled. Some items could not be dispensed at the hub, in which case the system would alert the pharmacy when the information was transcribed. Once all the prescriptions had been transcribed the pharmacist was required to complete the accuracy check to make sure the information was correct, and this was auditable. But there was no audit trail of who had transcribed the information. This meant it was difficult to identify who was involved in this stage of the process to help them learn from any mistakes. Dispensed medicines were received back from the hub within 48 hours, packed in a sealed crate that clearly identified what it contained. Medicines received from the hub were packed in sealed bags for each individual person's prescription, with the patient's name and address on the front. These were not accuracy checked by the pharmacy unless they opened the bag, in which case the responsibility for the final accuracy check transferred to the pharmacy rather than the hub. When the dispensed medicines were received in branch they were matched up against the prescription form, and any other bags from the MediPAC hub or medicines dispensed at the pharmacy. Prescriptions dispensed into compliance aids and at the hub were clinically checked by the pharmacist the first time they were dispensed and then every 6 months; or if there was a change in medication or circumstances. Otherwise repeat prescriptions were not normally clinically checked, which means some opportunities for intervention could be overlooked.

The pharmacy provided a flu vaccination service using a patient group direction (PGD). A current PGD was available to view alongside a declaration of competence to confirm the pharmacist had the necessary training to provide the service. Records of vaccinations were kept and the patient's GP surgery was informed that they had been vaccinated.

Prescriptions for dressings and ostomy supplies were sent to be dispensed by an external appliance contractor. The pharmacy team said that they did not obtain consent from the patient for the prescription to be dispensed by another contractor. So people may not always have been aware that their personal information was being shared. Medicines were obtained from licensed wholesalers, and any unlicensed medicines were 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 checks of medicines. Stock was date checked on a 3-month basis. 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 cabinets, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been within the required 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 from the head office and MHRA. 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

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

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, electrical equipment had last been PAT tested in December 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. Equipment was kept clean.

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.