

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, Milnrow Health Centre,  
Stonefield Street, Milnrow, ROCHDALE, Lancashire, OL16 4HZ

**Pharmacy reference:** 1033886

**Type of pharmacy:** Community

**Date of inspection:** 27/06/2019

## Pharmacy context

This is a community pharmacy situated alongside two health centres, serving the local population. It mainly prepares NHS prescription medicines and orders repeat prescriptions on behalf of people. It also prepares medicines in weekly multi-compartment compliance aids to help make sure people take them safely and it offers a home delivery service. The pharmacy also provides other NHS services such as Medicines Use Reviews (MURs) and flu vaccinations.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally manages its risks well. The pharmacy team follows written instructions to help make sure it provides safe services. The team records and reviews its mistakes so that it can learn from them. It keeps people's information secure. And the team understands its role in protecting and supporting vulnerable people.

### Inspector's evidence

The pharmacy had written procedures issued in March 2019 and scheduled for review in two years. These covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CD). The RP, who was also the manager since November 2018, explained that all the staff had read the procedures that were relevant to them, but still needed to sign records to confirm that they had done so.

The pharmacy team members discussed and recorded mistakes they identified when dispensing medicines. And it addressed each mistake in isolation. But the staff often did not include the reason why they thought each error happened. The RP, who was the manager, had only recently started to review the records, and did not always involve the rest of the team. So, it could be harder for the pharmacy to identify trends and mitigate risks in the dispensing process and it could miss learning opportunities. A dispenser and checker initialled dispensing labels to provide an audit trail. This assisted in investigating and managing risk in relation to near miss or dispensing incidents. And it provided some transparency around who was responsible for dispensing each medication.

The team received positive feedback across several areas in its recent satisfaction survey of people who used its services. A publicly displayed notice explained how patients could make a complaint and the team had read the pharmacy's complaint procedures, so it could effectively respond to them.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP, private prescriptions and CD transactions. It also maintained its records for CD destructions, MURs and flu vaccinations. And the team kept records of its special medications that it had supplied to patients.

The RP said that the pharmacy rarely supplied medicines under the emergency supply regulations as the local surgeries usually issued a prescription quickly if required urgently. So, the pharmacy did not have any recent entries for emergency medication supplies that people had requested.

Records indicated that staff had read and understood the pharmacy's detailed data protection policies, which included the GDPR principles. The pharmacy had completed a data protection audit in 2019. Staff securely stored and destroyed confidential material. And they used passwords to protect access to electronic patient data. Staff members sometimes used a colleague's security card to access patient information. So, there was a small risk that it could be unclear who had accessed this information.

The RP, ACT and one of the dispensers had level two safeguarding accreditation. And the remaining staff had level one accreditation. The team had also completed the dementia friends training. The pharmacy had its own safeguarding procedures.

The RP explained that the pharmacy had assessed whether any of its people who had their medication in multi-compartment compliance aids needed their medication limited to seven days per supply, which could avoid them becoming confused. However, it did not make records of these assessments, so it may not have the information to support its decision. The pharmacy had consulted the GP and carers about people who exhibited signs of confusion with cognitive impairment issues. However, it did not keep records of these events.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide safe services. And the team members have the skills and experience needed for their roles. Each team member has a performance review and completes relevant training on time, so their skills and knowledge are up to date.

### Inspector's evidence

The staff present were the RP, a full-time accredited checking technician (ACT), two dispensers and a medicines counter assistant (MCA). The pharmacy had two further dispensers and all its staff were experienced.

The pharmacy had been allocated enough staffing resources to comfortably manage the workload. So, the team usually had people's repeat medicines, including those it dispensed in multi-compartment compliance aids, ready for when they needed them. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services, which helped to reduce staff workload pressure. The pharmacy had a low footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve patients. It only allowed one team member to take planned leave at any one time. And staff increased their working hours to provide cover while one of their colleagues took leave. So, the pharmacy effectively maintained services during staff leave.

Staff worked well both independently and collectively. And they used their initiative to get on with their assigned roles and did not need constant management or supervision. One of the dispensers spent all their working hours dispensing compliance aids and the ACT accuracy-checked them. And all the team were trained and participated in dispensing compliance aids. Staff had increased their working hours to cover a dispenser who had recently left. So, the pharmacy maintained delivering its services.

Staff each had an appraisal in the last year and said they were up to date with the pharmacy's mandatory training. However, they did not have protected study time, so usually completed training outside of their working hours.

The pharmacy had targets for the number of MURs it completed. The RP said that the MUR the target was achievable and they could manage the competing MUR and dispensing workloads. For example, staff would only offer the service when the dispensing workload allowed. They also said that the pharmacist usually took between eight to 25 minutes on each MUR consultation depending on their complexity and did them in the pharmacy's consultation room. So, they conducted them in an appropriate time and place and the target did not affect how well they provided the service.

The pharmacy obtained people's written consent to provide the MUR and flu vaccination services. And it recorded that it had obtained people's verbal consent for the prescription ordering and electronic prescription services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, safe, and secure enough for the pharmacy's services. And it has a private consultation room, so members of the public can have confidential conversations.

### Inspector's evidence

The premises' cleanliness was appropriate for the services provided and staff could secure it to prevent unauthorised access. It had a limited amount of space for the scale on which the pharmacy provided its dispensing services. However, staff used it effectively, so they could maintain these services. Staff said that the pharmacy's head office had acknowledged the premises' limitations and were addressing it.

The consultation room offered the privacy necessary to enable confidential discussion. But its availability was not prominently advertised, so people may not always be aware of this facility.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices generally help make sure people receive safe services. It gets its medicines from licensed suppliers and it generally manages its medicines well to make sure they are in good condition, so are suitable to supply.

### Inspector's evidence

The pharmacy opened 8.30am to 6pm Monday to Friday. It had a step-free entrance and the team could see people entering the premises. So, the pharmacy's services were easily accessible.

The team prompted patients to confirm the repeat medications they required. This helped it limit medication wastage. And it made records of these requests, so it could effectively deal with queries if needed. Some of the staff advised people to order their prescriptions three days before they needed their medication, which gave the pharmacy only one day to dispense them. In reality, the pharmacy usually took two days to prepare medication. So, many people who presented at the pharmacy had to wait for their medication to be dispensed. The local surgeries allowed the pharmacy to order prescriptions five days before they were due. So, the pharmacy sometimes created workload pressure on itself that could be avoided.

The pharmacy had written procedures issued in February 2019 for dispensing higher-risk medicines that covered anti-coagulants, methotrexate and lithium, which the RP said the staff had read. And they said that they had trained the staff on dispensing valproate, but the pharmacy did not have a corresponding written procedure that referenced dispensing valproate. The pharmacy had completed two valproate audits in the last year and identified the people who could be in the at-risk category. And the RP recalled counselling and handing them the MHRA approved valproate guidance booklet.

The pharmacy consistently checked that people on anti-coagulants, methotrexate and lithium had a regular blood tests and kept corresponding records. It also regularly counselled these people on their dose, potential side-effects and interactions. The RP also counselled people on safely using and disposing of fentanyl patches when the pharmacy received their first prescription. However, the pharmacy did not counsel people on fentanyl patches who had their medication delivered. So, these people may not get all the information they need.

The pharmacy had a written procedure for dispensing medicines in compliance aids that was issued in March 2017. The procedure was due for review in March 2019. However, the RP did not know if it had been reviewed as they could not locate an updated version on the pharmacy's electronic database of procedures. The pharmacy's superintendent office subsequently clarified where staff could access the updated procedures on the database, and said it was due for review in November 2019.

The pharmacy team scheduled when to order compliance aid patients' prescriptions. So, it could supply patient's medication in good time. The team kept a record of each patient's current medication that also stated the time of day they were to take them. This helped it effectively query differences between the record and prescriptions with the GP surgery, and reduced the risk of it overlooking medication changes. The pharmacy also kept detailed communications about medication queries or changes for

compliance pack patients. So, it had a record that helped make sure these patients received the correct medicines.

Records indicated that a pharmacist pharmaceutically assessed each prescription for people who used the compliance aid service when their medication changed or every six months, depending on which came sooner. So, the pharmacy helped to make sure these people's medicines were safe and appropriate for them. The team labelled each compliance aid with a description of each medicine inside it, which helped patients and carers to identify each medicine.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored all of them in a suitable and organised manner. It had the hardware to comply with the Falsified Medicines Directive (FMD) and staff had been briefed on the importance of FMD, and it being required by law. However, the company were still trialling the pharmacy's system for complying with FMD.

The pharmacy properly segregated its date-expired and patient-returned CDs. And the pharmacy had destruction kits for destroying CDs. The team suitably stored medicines that needed to be refrigerated and it monitored the refrigeration storage temperatures. Records indicated that the pharmacy monitored medicine stock expiry dates over the long-term. So, it made sure patients received medication before its expiry date. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and recorded the action that it had taken. And the pharmacy disposed of its obsolete medicines away from medicines stock. So, it reduced the risk of supplying its medicines that might be unsuitable.

The pharmacy team used an alphabetical system to store bags of dispensed medication. So, staff could efficiently retrieve patient's medicines when needed. The RP said that the team regularly checked the CD prescription issue date for dispensed CDs awaiting collection regularly at least once a month and at the time of supply. So, the pharmacy made sure it only supplied CDs when it had a valid prescription. Records showed that the pharmacy had a secure medication home delivery service. The pharmacists recorded their details in the CD register for each CD they supplied. So, the pharmacy had an audit trail that identified the supplying pharmacist, including for CDs that it delivered.

The pharmacy had records that clarified when it should have compliance aid people's medicines ready for collection or delivery and when they started to use a fresh compliance aid. This helped to make sure it supplied medication in good time.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities that it needs to provide its services effectively.

### Inspector's evidence

The pharmacy team kept the dispensary sink clean. And it had hot and cold running water and an antibacterial hand-sanitiser, so had the facilities to make sure they did not contaminate medicines it handled. The team had a range of clean measures, including separate ones for CDs. So, it could accurately measure and give patients their prescribed volume of medicine. The team had access to the latest paperback versions of the BNF and cBNF and RP accessed online. So, they could refer to the latest clinical information for patients.

The team had facilities that protected patient confidentiality. It viewed electronic patient information on screens not visible from public areas and regularly backed up patient data on its PMR system. So, the pharmacy secured patients' electronic information and could retrieve their data if the PMR system failed. The team also had a consultation room to enable confidential discussion with patients. And it had facilities to store bags of dispensed medicines and their related prescriptions away from public view.

### 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.