General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 17-19 Broad Lane, Southdene, Kirkby, LIVERPOOL, Merseyside, L32 6QA

Pharmacy reference: 1034427

Type of pharmacy: Community

Date of inspection: 24/04/2019

Pharmacy context

This is a community pharmacy located on a parade of shops. It is situated in the residential area of Southdene in Kirkby, Merseyside. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over the counter medicines. It also provides a range of services such as seasonal flu vaccinations, a minor ailment service and emergency hormonal contraception. A number of people receive their medicines inside multi-compartment compliance aids.

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	1.2	Good practice	The pharmacy team records things that go wrong and reviews them to help identify learning and reduce the chance of the same mistake happening again.
		1.7	Good practice	People who work in the pharmacy are given training about the safe handling and storage of data. This helps to make sure that they know how to keep private information safe.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team complete regular training modules to learn new skills and 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 to help make sure the pharmacy provides services safely and effectively. It records things that go wrong and reviews them to help identify learning and reduce the chance of the same mistake happening again. People who work in the pharmacy are given training about the safe handling and storage of data. This helps to make sure that they know how to keep private information safe. They are also trained in safeguarding vulnerable adults and children. And know the possible signs of concern to report.

Inspector's evidence

There was an electronic set of Standard Operating Procedures (SOPs) which had recently been updated by the company. The pharmacy team were in the process of reading the updated SOPs. The pharmacy manager had completed an audit against the GPhC's standards for registered premises and a significant number of areas of improvement had been identified. An action plan had been created and included steps such as ensuring the correct RP notice was on display and the pharmacy team reading the safeguarding policy.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). The most recent error involved a selection error between Amitriptyline 50mg and 10mg tablets. The pharmacist investigated the error and actions taken to help reduce the risk of further errors included designating roles of different tasks each day to help cope with the workload and/or distractions.

Near misses were recorded on a paper log and were reviewed monthly by the pharmacist. The pharmacist would highlight mistakes to staff at the point of accuracy check and staff were asked to rectify their own errors. The most recent review identified a shortage of staff had contributed to a number of errors. Actions taken from the monthly review included segregating stock, such as Warfarin 5mg tablets away from other strengths, and highlighting common look alike sound alike picking errors.

The company shared learning between pharmacies via email and monthly newsletters. Amongst other topics they covered common errors. The pharmacy team said the manager would discuss the information when it was received and compare it to their practice. Action was taken to prevent a similar error occurring in the pharmacy by moving Glimepiride to the Z section of the alphabet; away from other similarly named medicines.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The dispenser was able to describe what their responsibilities were and was also clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore a standard uniform and had badges identifying their name and role. The responsible pharmacist (RP) had their notice displayed prominently.

The pharmacy had a complaints procedure and it was described in the practice leaflet. It advised customers how to make direct contact with the pharmacy or with the company’s head office. Complaints were recorded on a standardised form and sent to the head office to be followed up.

A current certificate of professional indemnity insurance was provided by the company prior to

inspection. 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. Patient returned CDs were recorded in a separate register. An information governance (IG) policy was available in a folder. The pharmacy team received annual IG training and had confidentiality agreements in their contracts. When questioned, the dispenser was able to correctly explain how she would use the shredder to destroy confidential information. Generic leaflets were on display in the retail area to inform people about how the pharmacy handles and stores data.

Safeguarding procedures were available and the pharmacy team had safeguarding training. The pharmacist said he had completed the CPPE 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. Members of the pharmacy team complete regular training modules to learn new skills and keep their knowledge up to date. They get regular feedback from their manager to discuss how they can improve.

Inspector's evidence

The pharmacy team included a pharmacist manager, six dispensers – one of whom was in training, and a driver. The pharmacy team were adequately trained or in accredited training programmes. The normal staffing level was a pharmacist plus three dispensers. A fourth dispenser worked in the morning on a Tuesday, Wednesday and Friday.

There was a high footfall into the pharmacy which caused a lot of distraction for the staff who were dispensing, but the volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

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 to ensure ongoing training was up to date. Staff said they were given time to complete training.

The dispenser gave an example of how she would sell a Pharmacy Only cough medicine using the WWHAM questioning technique, refuse co-codamol sales she felt were inappropriate and refer to the pharmacist if needed.

The locum pharmacist said he felt able to exercise his professional judgement and this was respected by the company and the pharmacy team. The dispenser said she received a good level of support from the pharmacy team, and felt able to ask for further help if she needed it.

Appraisals were conducted by the pharmacy manager. A dispenser said she would complete a pre-appraisal form before discussing with the manager her performance, training requirements and areas for improvement. She felt that the appraisal process was a good chance to receive feedback on her work.

The staff held informal team meetings about the workload and if there were any errors or complaints. Records of these were not kept. Staff were aware of the whistle blowing policy in place and said that they would be comfortable to escalate any concerns to the head office. There were targets set for services such as MURs and NMS. But 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 allow private conversations.

Inspector's evidence

The pharmacy was clean and tidy. Staff would clean as part of their roles. The premises appeared adequately maintained. Staff were able to log a maintenance issue with the head office. The size of the dispensary was sufficient for the workload. A sink and washing facilities were 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 the position of the counter.

The temperature was controlled in the pharmacy by the use of electric heaters and fans. 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 desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to most people. And they are suitably managed to help make sure that they are provided safely. The pharmacy gets its medicines from reputable sources, manages them safely and carries out regular checks to help make sure that all its medicines are in good condition.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. The consultation room was wheelchair friendly and the PMR system was capable of producing large print font.

A poster and 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. There were local restrictions in the area which prevented the pharmacy from ordering prescriptions on behalf of the patient.

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

Some medicines were dispensed off-site at the company's NuPak automated dispensing pharmacy. Prescriptions are clinically checked by the pharmacist at their first dispensing. They are also clinically checked when there is a change in medication or an update regarding the patient's circumstances. In the event of no changes in the patient's medicines or circumstances, the pharmacist would be required to complete a clinical check every 6 months. When prescriptions are not clinically checked at the point of each dispensing, there is a risk that some important information may be overlooked. During the initial phase of the service, the information sent to the NuPak pharmacy was validated by a team in the head office to ensure accuracy before dispensing. The pharmacist was required to overview 125 submissions without error before the information was sent directly to the dispensing robot. This tally was reset to zero in the event of an error being made. Packs were sent to the pharmacy with patient information on, their location of dispensing and a security seal. Patient information leaflets (PILs) were supplied alongside the packs.

Dispensed by and checked by boxes were initialled on medication labels to provide an audit trail. Dispensing baskets were used for segregating individual patient 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.

Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection

shelf using an alphabetical retrieval system. Prescriptions were retained and stickers were used to clearly identify prescriptions when fridge or CD safe storage items needed to be added. Upon handout staff were seen to confirm the patient's name and address.

Fridge and CD items awaiting collection were stored in clear bags so that the patient and the pharmacist could confirm the correct item was dispensed as an additional checking step. Staff said they would show the patient their insulin to ensure it was correct. Schedule 3 and 4 CDs stored on collection shelves were highlighted to indicate their presence so that staff could check prescription validity at the time of supply.

High risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. The staff said they would check INR and record this on the patient's PMR but other medicines were not routinely checked. This means the pharmacist may not know the medicines are being supplied. So they may miss counselling opportunities to help ensure the supply remains suitable for the patient.

The staff were aware of the risks associated with Valproate type medicines. The pharmacy team said they would always provide a leaflet to patients and they had completed an audit to identify any people in the at risk group. A record of counselling was made on the patient's PMR and this was also recorded on the audit sheet.

The pharmacy was not yet compliant with the safety features of the falsified medicine directive (FMD). Equipment to perform the safety checks was present but was not yet being used. The staff were aware of FMD requirements and that it was due to be implemented by the company soon.

Stock was date checked on a three-month rotating cycle. A date checking matrix was signed by staff and shelving was cleaned as part of the process. Short dated stock was highlighted using a highlighter pen. 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 with a minimum and maximum thermometer each. The minimum and maximum temperature was being recorded daily and records showed it had been in range for the last 3 months.

Patient returned medication was segregated from current stock in DOOP bins located away from the dispensary. Drug alerts were received electronically 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 team has 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 medicine information on the BNF, BNFc and drug tariff resources.

All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had been PAT tested in September 2018.

There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. 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 in the services provided by the pharmacy; 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.