

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 65 Market Street, Earlstown,
NEWTON-LE-WILLOWS, Merseyside, WA12 9BS

Pharmacy reference: 1034647

Type of pharmacy: Community

Date of inspection: 16/05/2019

Pharmacy context

This is a community pharmacy situated in an urban residential area serving the local population. Its main service is preparing NHS prescription medicines. And a large number of people receive their medicines in weekly compliance packs, to help make sure they take them safely. The pharmacy provides a home delivery service and other NHS services such as Medicine Use Reviews (MURs), a minor ailments scheme and substance misuse treatment.

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	1.7	Good practice	Each pharmacy team member receives regular training on protecting people's information. And the pharmacy regularly checks how it protects information.
2. Staff	Standards met	2.1	Good practice	The pharmacy's staff profile and skill mix enable the workload to be managed effectively, so people receive their medicines on time.
		2.2	Good practice	Members of the pharmacy team have the qualifications and experience for their roles or are working effectively towards it. And staff regularly complete relevant training. So, they keep their skills and 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 has written instructions that help the team provide safe services and it keeps the records required by law. And the team generally manages risks and learns from its mistakes. The pharmacy team is effective at protecting people's information. And team members know how to protect vulnerable people.

Inspector's evidence

The pharmacy had written procedures that were either issued in March 2015 or July 2016, but overdue their review scheduled for either March 2017 or July 2018. These covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and handling controlled drugs (CDs). The pharmacy's superintendent office subsequently said that it had reviewed all the procedures. And it had electronically issued all of them to the pharmacy earlier in 2019. It also said that it would review them in January 2021.

The pharmacy team members discussed and recorded mistakes they identified while dispensing medicines. And they acted to address each mistake in isolation. But the team often did not record reasons why it had made an error. And the RP, who was the manager, was the sole team member involved in monthly reviews. So, it was harder for it to identify trends and mitigate risks in the dispensing process. The RP said they would include the review on the monthly team meeting agenda in future.

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 pharmacy team received positive feedback in the last patient satisfaction survey from August 2018. Publicly displayed leaflets explained how patients could feedback or make complaints. The pharmacy had a complaint handling procedure, but the team had not read it. The manager said he would arrange for staff to read and sign it and they knew to refer all complaints to him.

The pharmacy maintained the records required by law for controlled drug (CD) transactions and the Responsible Pharmacist (RP). It also maintained records for specials medications. Staff signed to declare that they had read and understood the pharmacy's detailed data protection policies. And the manager said that staff had completed GDPR training. The team securely destroyed confidential waste and made sure people could not see information on bags of prescription medicines from public areas. The pharmacy completed Information Governance (IG) audits in 2016 and 2019.

The RP said they were level 2 safeguarding accredited and staff had completed formal safeguarding training. The pharmacy had tried finding the local safeguarding agency's contact details and their procedures. But so far had been unsuccessful.

The pharmacy recently introduced a different type of compliance pack and had changed patients to this from a previous system. The RP said they had consulted each relevant patient before changing the

system, to make sure they were comfortable using it. And nearly all of them were now using the system without any known problems. However, the pharmacy had not assessed whether community compliance pack patients should receive their medication in seven- or twenty-eight-day intervals for several years. So, it could be unclear why it was safe for some patients to receive twenty-eight days' medication in each supply. The delivery drivers had a positive rapport with patients who could be vulnerable. So were well positioned to raise concerns. Staff said the pharmacy had not had any safeguarding issues in the last twenty-four months.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff and a skill mix to match. And the team works well together. So it can provide safe and efficient services. Each team member has a performance review and completes relevant training on time, so gaps in their skills and knowledge are identified and addressed.

Inspector's evidence

The staff present were the RP who was also the full-time manager employed several years, a full-time and a part-time dispenser both of who were experienced, and a full-time trainee dispenser employed nearly twelve months. The other staff included three experienced part-time dispensers and a part-time Medicine Counter Assistant (MCA) employed since January 2019. The pharmacy shared the delivery driver with two other local Rowlands pharmacies.

The pharmacy had enough staff to comfortably manage the workload. It consistently supplied compliance pack medicines in good time, three days before patients required them. And it dispensed repeat medicines via the electronic prescription service (EPS) around two days before it expected patients needed them. The team did not feel any significant pressure dispense medicines in these time-frames. The pharmacy had a second pharmacist for two days each month when it prepared care home patient's compliance packs. There were notable breaks between patients presenting. So, the team avoided sustained periods of increased workload pressure and it promptly served patients. The pharmacy could cover staff on planned leave, which helped to maintain service efficiency.

Two dispensers primarily provided the compliance pack dispensing service to care home and assisted living patients. And, most of the dispensers participated in preparing methadone instalments. So staff took on additional roles and responsibilities that were within their capability. The RP said that a head office team annually audited care home's and assisted living establishment's medicine management. The team occasionally provided informal feedback to the RP but did not provide a formal record of their findings. So, the pharmacy may not know all the areas that it could support carers to improve their service.

The trainee dispenser started a dual MCA and dispenser training course on time shortly after commencing employment. Having completed the MCA section of the course, they started the dispenser section around four months ago. The trainee said their training was progressing well. And the whole team supported their development. However, they did not have protected in-work study time. The trainee said that so far there had been enough time during work-time to maintain their studies. But it was getting to a stage where they might need to do some studying during their own time.

Following an ACT leaving the pharmacy owners promptly agreed to enrol the experienced full-time dispenser on an NVQ level three training course. They aimed for the dispenser to become an Accredited Checking Technician. The dispenser started the course around August 2018 and had completed seven out of eighteen modules. So, they were on schedule to achieve accreditation on time within two years. The RP supported them well in progressing their training. And they had eight hours protected study time per week.

The pharmacy owners provided the pharmacy team with an e-learning training programme about their policies, procedures and services. And staff were up to date with them. Each team member had a

regular appraisal with the RP. However, most staff did not participate near miss reviews, so they could miss opportunities to learn from mistakes.

The pharmacy was set a target for the number of MURs it completed. It obtained written patient consent for the service, so could confirm the patients who wanted the service. The pharmacy received most of its prescriptions electronically and before patients presented. This meant the team could comfortably manage the competing work loads of dispensing and MUR consultations. The RP said he usually took around ten minutes to consult each patient during an MUR and did them all in the consultation room.

The RP said that he had positive discussions with the pharmacy's senior management if the MUR target was not reached. And management offered support and shared learning from other pharmacies to help meet the target.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a secure and professional environment for healthcare services.

Inspector's evidence

The level of cleanliness was appropriate for the services provided. The premises had the space necessary to allow medicines to be dispensed safely for the scale of services provided. The consultation room offered the privacy necessary to enable confidential discussion. But its availability was not prominently advertised. So, patients may not always be aware of this facility.

Principle 4 - Services ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was open Monday to Friday 9am to 6pm and half-day Saturday, meaning patients could access services across most of the week. The owner's hub pharmacy assembled the pharmacy's compliance packs for community patients. The RP said that the service ran smoothly. And they could comfortably manage the administrative part of it.

The pharmacy team scheduled when to order compliance pack patients' prescriptions. This helped it to supply patient's medication on time. It kept a record of each patient's current medication that also stated the time of day they should take them. The team queried differences between the record and prescriptions with the GP surgery before they allowed the compliance pack assembly process to proceed. So, the team reduced the risk of overlooking medication changes for patients who were more prone to it.

The pharmacy recorded communications about medication changes for compliance pack patients. However, the record was not in a structured format, so the team could miss recording important information. The manager later located the recording format that the pharmacy owners had issued that addressed this area. The pharmacy ordered prescriptions for most of the homes and assisted living establishments it serviced. However, it did not ask them to confirm the medications each patient required. So, it may not always be clear why it ordered some prescriptions.

The pharmacy assembled medications in compliance packs for patients at care homes and assisted living residences. And it supplied all compliance packs with descriptions of each medicine to help patients and carers to identify them. The pharmacy issued Medication Administration Records (MARs) to all care homes and assisted living patients. So, carers could monitor how effectively they gave medication to patients. And they could identify and address where patients missed doses. However, the pharmacy did not issue bespoke MARs for anti-coagulants, insulin, methotrexate or externally applied medications. So, records of these medicines given to patients may not contain all the information needed or be easily available.

The pharmacy had bespoke procedures for dispensing more complex medicines including for anti-coagulants, methotrexate and lithium but not fentanyl patches. The pharmacy had audited female patients prescribed valproate and identified patients who were at risk of the teratogenic effects of it. The RP had counselled them and confirmed they were on the Pregnancy Prevention Programme. The pharmacy had the MHRA approved valproate guidance booklets and cards.

The pharmacy team checked if warfarin patients had a recent INR blood test and it recorded them if they were available. And it checked if lithium patients had a recent test. However, the team did not check if methotrexate patients had a recent test.

The team counselled anti-coagulant and methotrexate patients who collected their medication so that

they got the support and information they needed. However, there were no arrangements to counsel methotrexate patients who had their medication delivered. And the RP said that in recent times the pharmacy had not counselled fentanyl patch patients on their safe use and disposal, again because most of them had their medication delivered. So some patients may not always get all the support and information they may need.

The team prioritised repeat prescriptions by sub-dividing them into those with a small, medium and large number of medicines, dispensing the large ones first and smallest last. And patients rarely presented before their prescription medication was ready. So they did not wait very long for their medication. The pharmacy dispensed methadone instalments for more than one day in divided daily doses. This supported each patient taking a precise and accurate dose. However, it delayed dispensing instalments until patients presented. So, there could be an increase in work-load pressure for a short period.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers. The RP said that the pharmacy had the hardware needed to follow the Falsified Medicines Directive (FMD). However, it was not installed. And the pharmacy had not received FMD training material or communications about becoming FMD compliant. So, its system for adhering to the FMD was not yet live, as required by law. The RP subsequently said the hardware had been installed and the pharmacy owner was trialling the system elsewhere to establish the procedure it would provide the pharmacy.

The pharmacy team permanently marked medication stock cartons to signify they were part-used, which reduced the risk of patients receiving the incorrect medication quantity. The pharmacy team stored thermo-labile medicines in a refrigerator, and consistently monitored and recorded the refrigeration storage temperatures. So, they made sure these medicines stayed fit and safe for patient use.

Records indicated that the team had checked most sections of stock once or twice during 2019, but infrequently during 2017 and 2018. So, the team had inconsistently checked medicine expiry dates over the long-term. The pharmacy team used an alphabetical system to store and retrieve bags of dispensed medication and their related prescription. So, the team could efficiently retrieve patients' medicines and prescription when they came to collect their medication.

The RP said that the staff regularly checked stored dispensed CDs awaiting collection each week. So, the pharmacy made sure it avoided supplying CDs when it was unlawful. Staff explained that the delivery driver took delivery records to one of the other local Rowlands pharmacies. So, it was unclear how securely the pharmacy delivered medicines. The pharmacy kept a daily record of the addresses that the driver was scheduled to deliver medicines. So it knew where medicines should be delivered.

The team disposed of obsolete medicines appropriately in pharmaceutical waste bins and segregated away from medicines stock, which reduced the risk of them being supplied to patients. The team took appropriate action when they received alerts for medicines suspected of not being fit for purpose. They also made records related to the action that they took.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide the services it offers.

Inspector's evidence

The pharmacy team kept the dispensary sink clean. They also had hot and cold running water and an anti-bacterial hand-sanitiser. So, they had facilities to make sure they did not contaminate medicines they handled. The team had a range of clean measures, including separate ones for methadone. So, they could accurately measure and give patients their prescribed volume of medicine.

The team had access to the latest versions of the BNF and cBNF. So, they could refer to the latest clinical information for patients. The pharmacy team had facilities that protected patient confidentiality. They viewed electronic patient information on screens not visible from public areas. The team also had a consultation room to enable confidential discussion with patients. And they 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.