

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 227 Banbury Road,
Summertown, OXFORD, Oxfordshire, OX2 7HQ

Pharmacy reference: 1035938

Type of pharmacy: Community

Date of inspection: 29/05/2019

Pharmacy context

The pharmacy is located in a parade of businesses in a residential area towards central Oxford. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection and delivery, emergency hormonal contraception (EHC) and seasonal flu vaccination. The pharmacy has healthy living pharmacy status.

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	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
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's working practices are safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy manages risk well and keeps people's information safely. The pharmacy asks its customers for their views. The pharmacy has written procedures which tell staff how to complete tasks safely. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand their role in protecting vulnerable people.

Inspector's evidence

Near misses were recorded, reviewed and actions taken to prevent a repeat near miss were completed for each incident. Patient safety reviews (PSR) were completed and filed in the patient safety folder along with drug alerts. Trends had been identified in picking errors for eye drops with similar names including travoprost and travoprost with timolol.

'Look alike, sound alike' (LASA) medicines such as amlodipine and amitriptyline had been separated on the dispensary shelves to reduce picking errors. The same medicines available in tablets and capsules (for instance ramipril) had been separated and highlighted to minimise picking errors. A note had been added to the patient medication record (PMR) of patients taking ramipril tablets. Actions taken had resulted in a reduction in near misses with ramipril.

Workflow: baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated and medicines were picked from reading the prescription. Interactions were highlighted to the pharmacist. There were separate dispensing and checking areas. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines.

There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For 'manufacturer cannot supply' items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

Multi-compartment compliance aids were prepared on a rolling basis for a number of patients according to a matrix. The pharmacy managed prescription re-ordering on behalf of patients. Some people were supplied a compliance aid weekly or monthly depending on their circumstances or the nature of the medication.

The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a compliance aid. Patient notes were recorded on a card in a wallet. These notes were in the process of being transcribed to A4 sized records in preparation for

transferring to a new system of managing multi-compartment compliance aid supply of medication. Patient medication profiles (PMPs) were retained in a folder and included medicines in the compliance aid and medicines not included in the compliance aid. PMPs included a visual aid of where to place medicines in the compliance aid so they were taken at the correct time. There was a discussion about ensuring compliance aids were prepared using the newer patient medication profile which were clearer than the older post card system.

Labelling included a description to identify individual medicines and patient information leaflets (PILs) were supplied with each set of compliance aids. High-risk medicines such as alendronate were supplied separately from the compliance aid. Controlled drugs (CDs) were supplied in compliance aids if necessary and these compliance aids were stored in the CD cabinet. The dates of CD prescriptions were managed to ensure supply within 28 day validity of the prescription. Sodium valproate was supplied in a compliance aid after it had been removed from its foil packaging. One compliance aid was prepared and supplied at a time to manage stability of the medication.

The practice leaflet was on display and included details of how to comment or complain. The annual patient questionnaire had been conducted and had resulted in positive feedback. Staff were currently up to date with training in standard operating procedures (SOPs). A new set were available on line for staff training. The delivery SOP had been printed for the driver. The medicines counter assistant (MCA) said she would not give out a prescription or sell a P medicine if the pharmacist were not on the premises. The MCA was observed asking WWHAM questions prior to selling Voltarol Gel. Interactions were highlighted to the pharmacist when dispensing labels were generated.

To protect patients receiving services, there was professional indemnity insurance in place provided by Numark expiring 31 Mar 2020. The responsible pharmacist notice was on display and the responsible pharmacist log was completed.

Records for private prescriptions, emergency and special supplies were generally complete although the date of supply had not always been recorded for emergency supply. Patient group directions (PGDs) for supply of trimethoprim to treat simple urinary tract infection and EHC were valid.

The CD registers were generally complete and the balance of CDs was audited regularly. A random check of actual stock of two strengths of a CD reconciled with the recorded balance in the CD registers. Footnotes correcting entries were not always signed and dated. Records for receipt of CDs included invoice number and name of supplier but not the address. Patient returned CDs were recorded in the destruction register for patient returned CDs.

Staff had signed confidentiality agreements and were aware of procedures regarding information governance (IG) and General Data Protection Regulation (GDPR). GDPR information was also on display in the pharmacy. The Data Security and Protection toolkit had been completed. 'Safeguarding your information' and NHS leaflets 'Your data matters to us' were displayed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS Smart cards.

Staff had undertaken safeguarding and dementia friends training and the pharmacist was accredited at level 2 in safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload within the pharmacy and works well together. The team members are supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

Inspector's evidence

Staff comprised: one regular full-time pharmacist, one part-time regular pharmacist, relief pharmacist cover for two Saturdays per month, one full-time trainee dispenser accredited as MCA, two part-time MCAs and three part time delivery drivers who were shared with another branch of the pharmacy. There was a vacancy for a part-time MCA. The pharmacist had asked for staff support the following week because one MCA would be on annual leave.

Staff were provided ongoing training by head office on Moodle. Training topics had included Viagra Connect, eye health, footcare, oral health and blood pressure. A quiz at the end of the topic was completed to test staff knowledge. The MCA said she studied in the consultation room.

Staff performance and development was monitored through annual appraisal. Staff felt able to provide feedback and had suggested that if there were additional staff cover more services such as blood pressure monitoring could be offered to the public. Staff had discussed how to organise workflow for dealing with dispensing prescriptions. There was a whistleblowing policy. Targets and incentives were set but staff did not believe patient safety and wellbeing was adversely affected.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for the provision of its services.

Inspector's evidence

The premises were generally clean and tidy. Dispensary benches were clean and clear. The dispensary sink required treatment to remove limescale. The lavatory was clean and handwashing equipment was provided.

The consultation room was not locked when not in use. There were health related leaflets on display. Patient privacy was protected. There was sufficient lighting and air conditioning.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely. The pharmacy does not always keep a record when checking that medicines are safe for people to take. So it may not be able to show appropriate counselling was provided to protect patient safety. The pharmacy team makes sure that it stores medicines securely and at the correct temperature so that those medicines supplied are safe and effective.

Inspector's evidence

There was wheelchair access and staff went to the door to assist people with mobility aids. Large font labels could be printed to assist visually impaired patients. There was a hearing loop to assist people with impaired hearing. Patients were signposted to other local services including doctor or dentist and there were health related leaflets to give to people. Interventions were recorded not always on the PMR although recorded manually. There was a discussion about recording interventions on the PMR.

The pharmacy had healthy living pharmacy status and two healthy living champions. Audits and health campaigns had been conducted. Public awareness had been increased through health campaigns and a table display on weight management, healthy heart, blood pressure, sexual health, Stoptober and alcohol. NHS email and nhs.uk entry was current. Information regarding risks associated taking sodium valproate was displayed in the dispensary for staff reference.

During Medicines Use Review (MUR), patients taking warfarin were advised about blood test dates and their record of INR. The dose of the warfarin and the colour of tablets in relation to strength of warfarin was explained. Advice was given about side effects of bruising and bleeding. Advice was given about other medicines such as aspirin and diet containing green vegetables or cranberry which could affect INR. Patients taking methotrexate were reminded of the weekly dose and taking folic acid on a different day. Advice was given to visit the doctor if sore throat or fever developed. People taking levothyroxine were reminded to attend for regular blood tests.

Falsified medicines directive (FMD) hardware and software were not fully operational at the time of the visit. Prescriptions awaiting collection containing fridge items were highlighted so the fridge item was added. Prescriptions for CDs including schedule 4 CDs were highlighted and the date was checked for 28 day validity prior to handing out to the patient. Uncollected prescriptions were cleared from retrieval monthly. Prescriptions were returned to the spine.

Medicines and medical devices were delivered outside the pharmacy. A daily drop sheet was prepared and medicines were not handed over unless the patient signed the delivery record book to accept the delivery. There was a note to leave so people could arrange a new delivery following a failed delivery.

Medicines and medical devices were obtained from Alliance, AAH and Phoenix. Floor areas were clear,

and stock was neatly stored on the dispensary shelves. Stock was date-checked and recorded. No date-expired medicines were found in a random check. Medicines were generally stored in original manufacturer's packaging. There were de-blistered tablets of a CD in labelled containers which the pharmacist explained had been removed from a multi-compartment compliance aid. Setting them aside in the CD cabinet for destruction was discussed. Fridge items were stored in the medical fridge. Waste medicines were stored separately from other stock. There was a container to collect inhalers for recycling.

Supplies of medicines via PGD were reported on PharmOutcomes. Drug alerts were actioned on receipt, annotated and filed in the patient safety folder.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

Current reference sources included BNF and Drug Tariff. There was a range of clean British standard glass measures to measure liquids. The medical fridge was in good working order. Minimum and maximum temperatures were monitored daily and found to be within range, 2 to 8 degrees Celsius. The blood pressure monitor was due for replacement.

Staff had signed confidentiality agreements and were aware of procedures regarding information governance (IG) and General Data Protection Regulation (GDPR). GDPR information was also on display in the pharmacy. The Data Security and Protection toolkit had been completed. 'Safeguarding your information' and NHS leaflets 'Your data matters to us' were displayed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS Smart cards.

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.