

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, 57 Osler Road, Headington, OXFORD, Oxfordshire, OX3 9BH

**Pharmacy reference:** 1035964

**Type of pharmacy:** Community

**Date of inspection:** 04/06/2019

## Pharmacy context

The pharmacy is located adjacent to a health centre very close to John Radcliffe Hospital and a residential area. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy dispenses medicines in multi-compartment compliance packs (MDS blister packs) for people who have difficulty managing their medicines. Services include prescription collection and delivery, substance misuse and seasonal flu vaccination.

## 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's working practices are generally 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 team members manage risk but they do not record all the mistakes they make while dispensing medicines. So they may be missing opportunities to learn and prevent the same errors happening again. The pharmacy keeps people's information safely and it asks for their views on its services. 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 and reviewed but not consistently. Looking at records during the visit, a near miss trend was identified regarding codeine tablets and quantity. Actions which could minimise repeat similar incidents were discussed with staff and included ticking or circling the quantity on the medicine container and the dispensing label. Quetiapine and prednisolone were stored separately from other medicines to minimise picking errors.

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. 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. For prescriptions suitable for final check by the accuracy checking technician (ACT), the pharmacist clinically checked and initialled the prescription on the bottom right hand side. Interactions were highlighted to the pharmacist during labelling.

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. The ACT said she liaised with the doctors in the nearby surgery regarding alternative available medicines and amending prescriptions.

Multi-compartment compliance packs (blister packs) were prepared on for a number of patients according to a matrix. The pharmacy managed prescription re-ordering on behalf of patients. Patient notes had been transcribed to Patient Medication Profiles (PMPs) in preparation for transferring to a new system of managing multicompartment supply of medication. PMPs included a visual aid of where to place medicines in the blister so they were taken at the correct time. Each patient's medication and information such as discharge information was retained in an individual basket. Discharge letters were sent to the doctor. The doctor initiated supply of medication in a blister pack or else the pharmacy team signposted patients to the doctor to initiate the blister pack.

Labelling included a description to identify individual medicines although some descriptions could have been improved by including more detail. Patient information leaflets (PILs) were supplied with each set of blister packs. High-risk medicines such as alendronate, controlled drugs (CDs) and sodium valproate were supplied separately from the blister pack. Lansoprazole was included in blister packs but the

instruction 'to be taken before food' was highlighted on the labelling. Blister packs were re-dispensed to manage changes in medication.

There were new standard operating procedures (SOPs) available on line. The ACT said that staff training on SOPs was up to date. Staff explained that they would not give out a prescription or sell a P medicine if the pharmacist were not on the premises. Staff said they would not sell three packs of Sudafed to a member of the public and explained that they only sold one pack at a time to prevent unwanted symptoms from over use. The annual patient questionnaire had been conducted and patients had commented on waiting times.

To protect patients receiving services, there was professional indemnity insurance in place provided by Numark expiring 31 March 2020. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescriptions did not always include full prescriber details. Avoiding use of dispensing labels to record information was discussed. Some emergency supply records did not include all the required information. Special supplies were generally complete.

The CD registers were complete, and the balance of CDs was audited regularly. A random check of actual stock of three strengths of MST reconciled with the recorded balance in the CD registers. Footnotes correcting entries were not 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. The pharmacist said she had destroyed patient returned CDs recently.

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. '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 cards. Staff had undertaken safeguarding and dementia friends training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough trained staff most of the time to safely provide pharmacy services. The pharmacy team works well together and manages the workload within the pharmacy to deal with there being no pharmacist/manager. 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 part-time ACT, one full-time trainee dispenser, one part-time dispenser and one full-time medicines counter assistant (MCA) who was on extended leave (fourth week at the time of the visit). On the day of the visit there were two full-time locum dispensers at the pharmacy. The ACT said head office arrange cover. There had been no regular pharmacist/manager for 18 months' so the pharmacy relied upon locum pharmacist cover. Saturdays were covered by weekday staff. There was one staff vacancy for 19 hours.

Where possible the trainee dispenser was able to study during set aside time. Staff were provided on-going training by head office on Moodle and demonstrated their training profiles. Training topics had included health and safety, confident conversation, dementia friends, information governance and the new system for supplying medicines in multicompartement compliance pack dispensing. A quiz at the end of the topic was completed to test staff knowledge.

The ACT said that as far as she knew, staff were up to date with training. Routine tasks and training were generally completed in line with communication from head office. There had been no appraisals recently to monitor staff performance due to there being no pharmacist/manager. Staff were able to provide feedback to improve services and had suggested filing owing prescriptions in alphabetical order to make it easier to find specific prescriptions later. Repeat prescriptions and their labels were filed in baskets according to number of items so all prescriptions with one or two items were in one place, prescriptions with three to six items were in another location and seven plus items were in another place so when patients visited the pharmacy the prescription could be located and processed more quickly.

Staff said targets and incentives were not set in a way that affected patient safety. The ACT said the pharmacy team completed tasks more frequently to manage workload. Blister packs were prepared a few at a time and batches of electronically transmitted prescriptions were scanned several times a day rather than once at the end of the day. Services such as supply of malaria prophylaxis and travel vaccinations had been suspended at the time of the visit due to staffing levels.

## Principle 3 - Premises ✓ Standards met

### Summary findings

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

### Inspector's evidence

There was wide level access to the premises. The premises were generally clean but cluttered in places. The mat at the entrance required cleaning to remove debris which had blown in from outside. The lavatory was clean and handwashing equipment was available. Staff reported that the sink in the store and lavatory had an intermittent odour which may require further investigation.

The consultation room was locked when not in use and the computer screen was switched off. Patient privacy was protected and there were health related posters on display. There was sufficient lighting and ventilation.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are generally 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 large font labels could be printed to assist visually impaired patients. Patients were signposted to other local services including the doctors next door and family planning clinic. Interventions were recorded on the patient medication record (PMR) or the prescription was amended by the doctor straight away.

Patients taking warfarin were asked about blood test dates and for their record of INR which was recorded on the PMR. 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 taking over-the-counter medicines including herbal medicines. Patients were advised about diet containing green vegetables and foods containing vitamin k which could affect INR. The INR was not always recorded on the PMR. 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.

Patients taking Roaccutane were counselled about the pregnancy prevention programme (PPP) and the expiry date of the prescription (seven days after issue date). The intervention was recorded on the PMR. There was a sodium valproate information poster displayed in the dispensary. There was a folder of information including cards to distribute to patients who may become pregnant. The sodium valproate audit had been completed in Mar 2019.

The NHS email had been allocated recently. There was a summer sun care display and staff said that the health campaign display was changed monthly. There was a range of health-related leaflets for members of the public to refer to and topics included dry skin, cold sores and snoring. Uncollected prescriptions were cleared from retrieval once a month and CD prescriptions were returned to the spine or the surgery. CD prescriptions were highlighted to ensure supply within 28-day validity. There were "See pharmacist" stickers to alert staff to ask the pharmacist to provide counselling.

Falsified medicines directive (FMD) hardware and software were not fully operational at the time of the visit. Medicines and medical devices were delivered outside the pharmacy. A drop sheet was prepared and one copy remained at the pharmacy and the delivery person took a copy. A patient signature was recorded in the delivery record book upon safe delivery of the medicine. There was a failed delivery slip to leave if the patient or their representative was not at home to accept the delivery.

Medicines and medical devices were obtained from Alliance, AAH and Phoenix. Date checking of stock was in progress but not all up to date, but the pharmacist and ACT confirmed that medicines were date-checked as part of the dispensing and final checking procedures. No date-expired medicines were found in a random check. Liquid medicines were marked with the date of opening. Medicines were generally stored in original manufacturer's packaging. Cold chain items were stored in medical fridges - one for stock and one for completed prescriptions awaiting collection. Waste medicines were stored separately from other stock. Drug alerts were actioned, annotated and filed.

## 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 British standard glass measures to measure liquids including separate marked measures for methadone which required treatment to remove lime scale. The dispensary sinks required treatment to remove staining and lime scale.

The medical fridges were in good working order. Minimum and maximum temperatures were monitored daily and found to be within range 2 - 8 degrees Celsius. Pharmacy equipment was PAT tested regularly. The blood pressure monitor was not marked with a date of first use so the ACT said she would check if it were due for replacement. It was confirmed later that blood pressure monitors were calibrated annually or replaced if necessary.

Two sharps bins were located in the consultation room at the side of the pharmacist's chair. Although not directly accessible to members of the public, the potential for bio-hazard was discussed. Staff had signed confidentiality agreements and were aware of procedures regarding information governance (IG) and General Data Protection Regulation (GDPR). '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 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.