

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 1 Morris Central Shop Park,
Wem, SHREWSBURY, Shropshire, SY4 5NY

Pharmacy reference: 1036046

Type of pharmacy: Community

Date of inspection: 11/04/2019

Pharmacy context

The pharmacy is located next to a supermarket, on a small shopping complex near to the centre of a busy market town. The pharmacy sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It supplies weekly compliance aid packs for people to use in their own homes and provides a limited medication delivery service to people who are housebound. The pharmacy provides other services including Medicine Use Reviews (MURs), as well as blood pressure testing and weight management. Substance misuse treatment and a needle exchange service are also both available.

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

Overall the pharmacy manages risks appropriately. It keeps the records it needs to by law and ensures that it keeps people's information private. Pharmacy team members follow written procedures to ensure that they complete tasks safely. They record and review their mistakes to reduce risks in the future. And they receive training so that they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had some processes in place to help to identify and manage risk. Records of near misses were maintained. Entries were primarily recorded by the pharmacist and were reviewed each month to identify any patterns or trends. A record of the review was made and feedback was provided to team members individually and through general team discussion. Pharmacy team members discussed the separation of medications, including amlodipine and amitriptyline and 40mg and 80mg strengths of gliclazide, in response to previous incidents. The locum pharmacist was aware of a system which was in place to report the details of dispensing incidents. The locum pharmacist had not previously used the system, but said that he would discuss any reported incidents with the store manager or area manager. The locum pharmacist also discussed the questions that he would ask to ascertain the details surrounding any dispensing incidents. Evidence was available to demonstrate that previous incidents had been reported in line with company procedures.

Pharmacy standard operating procedures (SOPs) had been recently updated and were available in an electronic format. Pharmacy team members were working through the procedures which were relevant to their roles. Once complete a sign-off sheet was in use to confirm their understanding and acknowledgement.

Pharmacy team members were aware of their responsibilities and wore uniforms and name badges which stated their roles. A trainee dispenser was able to discuss the activities which could and could not take place in the absence of the responsible pharmacist (RP).

People using pharmacy services could provide feedback verbally to team members and also in writing, through a company complaint procedure. The details of the procedure were published in a practice leaflet. A member of the team discussed how a complaint had been investigated where it had been suggested that the pharmacy had closed earlier than it should have one weekend. The pharmacy also participated in the annual NHS Community Pharmacy Patient Questionnaire (CPPQ), and a feedback poster in the consultation room appeared generally positive.

Insurance arrangements were in place. The correct RP notice was conspicuously displayed. The RP log was maintained electronically and appeared in order. Controlled Drugs (CD) registers were maintained in a paper format and appeared in order. Running balances were maintained and a regular stock balance audit was conducted. Patient returned CDs were recorded in a designated register and destruction was signed and witnessed. There were some returned CDs which had not been recorded.

Private prescription and emergency supply records appeared in order and specials procurement records detailed an audit trail from source to supply. In-date information governance procedures were in place

and the pharmacy team completed training each year. Team members present discussed how privacy and confidentiality within the pharmacy was protected, this included storing prescriptions which were awaiting collection out of public view. Confidential waste was segregated from general waste and was shredded on the premises. Team members were in possession of their own NHS Smartcards and appropriate use and storage was observed on the day.

The pharmacy team completed safeguarding training and additional information resources were available for reference. A trainee dispenser discussed some of the types of concerns that may be identified within the pharmacy and said that concerns would be directed to the pharmacist in charge. A reporting flow-chart was available as were the contact details of local safeguarding agencies.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together and support one another to make professional decisions. They are comfortable in raising concerns and providing feedback and complete ongoing training to keep their knowledge and skills up to date.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of a locum pharmacist, two trained dispensers and a trainee dispenser. The pharmacy had recently experienced some staffing shortages and the trainee dispenser was working increased hours to provide some additional cover. The environment appeared busy, but team members said that they felt they had managed well through the difficulties and all prescriptions were still being supplied to time. Leave within the pharmacy was usually planned in advance and restrictions were in place as to the number of team members who could be absent, in order to help manage the workload.

The sale of medication in the pharmacy was discussed. A trainee dispenser highlighted the WWHAM style questions that would be asked to help ensure that sales were safe and appropriate. Appropriate sales were observed during the inspection and referrals were seen to be made for people who were on regular medication, so that checks for interactions could be made. The trainee dispenser highlighted some high-risk medications and showed the inspector an over-the-counter (OTC) intervention book where concerns regarding people frequently requesting medicines were logged, as well as the details of interventions and advice that had been provided.

The team members present were trained for the roles in which they were working. Certificates were displayed in the dispensary. The trainee dispenser was enrolled on an accredited training programme and was completing work under the supervision of the pharmacist. Protected training time was being provided to enable coursework to be completed and regular reviews were held between the trainee dispenser and pharmacist to assess progress. Additional training was provided to the team through an e-learning system. Team members tried to complete training during work hours as some had difficulty in accessing the system from home. The team said that the regular pharmacist was supportive of this. A log of completed training was maintained and regular informal reviews took place with the pharmacist, to ensure learning needs were identified and met.

An open dialogue was observed amongst the team during the inspection. The team were happy to raise issues and feedback amongst one another and were happy to approach the regular pharmacist. The locum pharmacist spoke highly of the pharmacy team and said that the team were supportive of one another and of him in his capacity of locum pharmacist. The team were aware of a whistleblowing policy in place to facilitate anonymous concerns and believed that this was accessible through the company intranet system.

The locum pharmacist said that he was usually advised of any targets by team members on the day. The way in which people suitable for services were identified was discussed. The locum pharmacist said that he would not carry out a service unless it was clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a secure and professional environment for healthcare services. But limited space impacts on organisation in some areas.

Inspector's evidence

The premises appeared well maintained and in a good state of repair. Maintenance issues were escalated through head office and the pharmacy team carried out daily cleaning duties. The premises appeared generally clean on the day.

The retail area was well presented and stocked a range of suitable goods for sale. Chairs were available for use by those less able to stand. An enclosed consultation room was available and was clearly signposted. Access to the room from the retail area was controlled by pharmacy staff. The room was compact in size, but had a desk, seating and computer in place to facilitate private and confidential discussions.

Access to the dispensary was restricted. The dispensary was compact with limited space for dispensing. Two computer terminals were in place and a separate section was reserved at the end of the workbench for accuracy checking. When at full staffing capacity, a make-shift work bench using empty tote boxes was sometimes used as an extra space to dispense. Medicines were stored in drawers and on shelving units. A sink was available for the preparation of medicines.

Limited additional storage space was available to the rear of the dispensary, as was a staff WC which was equipped with appropriate handwashing materials. This area was also used as storage for things such as archived paperwork. The area was congested with a few items being stored on the floor. There was adequate lighting throughout the premises and the temperature appeared appropriate for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages services safely and makes them available to people with different needs. But pharmacy team members may not always make enough checks with some higher risk medicines. This increases the risk that they may make supplies after the prescription has expired, and so they may no longer be appropriate. The pharmacy obtains medicines from reputable sources and carries out some checks to show that medicines are suitable for supply.

Inspector's evidence

The pharmacy had a step-free entry to the front. The manual door was visible from the medicine counter, to ensure that people requiring assistance with entry could be identified. Adjustments could be made to make sure that services were available to those with disabilities. This included the production of large print labels for people with visual impairment and a hearing loop device.

Services available at the pharmacy were advertised in a practice leaflet. Other promotional displays were also in place. The pharmacy team had an awareness of other services and healthcare providers in the local area and had some contact details available. The pharmacy had recently been recording the details of referrals to other services, such as walk-in centres.

Prescriptions were segregated in baskets during dispensing, to keep them separate and reduce the risk of medicines being mixed up. Baskets were colour coded to enable urgent prescriptions to be prioritised. Prescriptions for fridge medications and CDs were dispensed using clear bags to enable an additional check upon handout. An audit trail for dispensing and checking was maintained on dispensing labels.

A range of stickers were available to highlight prescriptions. A 'Pharmacist' sticker was used to identify prescriptions on which the pharmacist wished to provide additional counselling or gain further information. In some instances, this was said to include prescriptions for high-risk medicines. Where possible, records of monitoring for readings such as INR levels were recorded. One example was seen where the last INR recorded on the system was dated 2017.

Prescriptions for CDs were also highlighted. This did not include schedule 3 and 4 prescriptions, which are not subject to safe custody requirements and examples supporting this were seen on the day.

The pharmacy kept an audit trail of repeat prescription requests sent off to the GP surgery, but did not always cross check the list to identify unreturned prescriptions. Signatures were obtained to confirm the delivery of medication. A card was left for any person not in at the time of delivery and medications were returned to the pharmacy. Medications for the weekly compliance aid packs were organised on a four-week system by a pharmacy technician. Packs were dispensed at an off-site location. Consent forms for this were signed and kept as a record.

Audit trails were maintained as part of needle exchange supplies and sharps returns bins were available for use. Team members had not all received a hepatitis b vaccination. A trainee dispenser, who

demonstrated an awareness of the service and how it ran highlighted needle stick injury guidelines which were displayed. The pharmacy offered blood pressure testing and members of the team had received training for this. Guidance sheets were available to check readings against and the measurement recording system also encouraged team members to take additional action, where necessary.

Stock medications were obtained from licensed wholesalers and specials from a specials manufacturer. The pharmacy had recently received new scanners to enable checks as part of the European Falsified Medicine Directive (FMD) to be carried out and the team were familiar with new legislation. The pharmacy was not yet fully compliant with FMD requirements.

Stock medications were stored within their original packaging and were arranged in an organised manner. There was clear segregation between internal and external liquids. A date checking system was in place. Medications which were due to expire within the next 1-2 months were highlighted. No out of date medications were identified from random samples. Out of date and returned medicines were stored in DOOP bins. Hazardous waste guidelines were available, but the pharmacy did not have a cytotoxic waste bin available to segregate medicines for appropriate disposal.

The pharmacy fridge was equipped with a maximum/minimum thermometer. The temperature was checked and recorded each day and was within the recommended temperature range. CDs were stored appropriately, with returned and out-of-date CDs clearly marked. A CD discrepancy was identified from a random balance check on the day.

Alerts for faulty medicines and medical devices were received electronically. A recent class four alert for chloramphenicol eye drops, released in the days prior to the inspection had not yet been read. This was printed on the day. An audit trail was maintained for actioned alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to deliver services safely.

Inspector's evidence

A range of crown-stamped glass measures were available for measuring liquids. Clear markings were in place to identify those for use with controlled drugs only. Counting triangles and capsules counters were also in place and appeared in order and the blood pressure testing machine had been tested to ensure its suitability for use.

Access to reference materials was available, as was intranet access to enable some further research. Electrical equipment underwent PAT testing and computer systems in the pharmacy were password protected. Screens were located out of view to protect privacy. Access to a cordless phone was available, so that conversations could take place in private.

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.