General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Maythorne Close, Sutton Hill, TELFORD, Shropshire, TF7 4DH

Pharmacy reference: 1036064

Type of pharmacy: Community

Date of inspection: 28/09/2022

Pharmacy context

The pharmacy is situated next door to a GP medical centre, in a residential area of Telford, Shropshire. The pharmacy premises are accessible for people, with adequate space in the retail area. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. It has a consultation room available for private conversations. And some prescriptions are dispensed off-site at a hub pharmacy.

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	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
		1.7	Good practice	All members of the pharmacy team receive regular training and assessment to make sure they know how to protect confidential information.
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	4.2	Good practice	The pharmacy effectively supports people taking high-risk medicines by making extra checks and providing counselling.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy manages the risks associated with its services and protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again. The pharmacy keeps the records required by law.

Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided, with sign off records showing that members of the pharmacy team had read and accepted them. Team members completed online training modules to demonstrate they had read and understood each SOP. Roles and responsibilities of staff were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties.

Dispensing errors were reported on the computer system and learning points were included. Near miss incidents were recorded on a log and were discussed with the pharmacy team member at the time they occurred. The near miss records were regularly reviewed for trends and patterns, with the outcome of the review fed back to the pharmacy team. The pharmacy team provided examples of how they had learnt from near miss incidents or dispensing errors. For example, different formulations of Epilim had been separated because of near miss incidents with this medicine.

A complaints procedure was in place. And copies of a practice leaflet explaining the complaints process were present in the retail area. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose, but she would refer to head office if necessary. The company had professional indemnity insurance in place. The correct responsible pharmacist notice was displayed conspicuously. The responsible pharmacist (RP) record, emergency supply record, private prescription record, unlicensed medicines (specials) record, and the CD register were in order. CD running balances were kept and audited regularly. A balance check of a random CD was carried out and was found to be correct. Patient returned CDs were recorded appropriately.

The pharmacy team shredded confidential waste and confidential information was kept out of sight of the public. The pharmacy team completed information governance training when they commenced their employment and then received refresher training and assessment on an annual basis. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. A privacy notice was displayed, and a practice leaflet was present, with both explaining how the pharmacy used patient's personal data. The pharmacy team had read the safeguarding policy, and the pharmacist had completed level 2 safeguarding training. There were details of local safeguarding contacts available.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy generally has enough staff to manage its workload safely. And the team members are comfortable about providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement. And the team has access to ongoing training.

Inspector's evidence

There was a pharmacist pharmacy manager, a pharmacy technician and two dispensers on duty. The pharmacy team worked well together in a busy environment and managed the workload adequately. The pharmacist explained that when either the accuracy checking pharmacy technician (ACPT) or pharmacy technician were on leave, it left herself with one other team member working together each afternoon, as the dispensers only worked part-time. The pharmacy technician said she felt it was more difficult to manage the workload each afternoon when only herself and the pharmacist were working and said some tasks such as processing prescription claims were delayed due to workload pressures. This meant there were times when the pharmacy operated with a minimum number of trained staff, which may compromise effective service provision.

The pharmacy team participated in ongoing training using an e-learning platform. The team members had completed influenza vaccination training recently. A member of the pharmacy team explained that training was completed when the workload permitted.

The pharmacy team were aware of a whistle blowing policy in place and knew how to report concerns about a member of the team if needed. Details outlining the policy were available for the team to refer to. The pharmacy team members received an appraisal with the pharmacy manager every 6 months. They said that the pharmacy manager was approachable, supportive and they were more than happy to ask her questions when needed.

A member of the pharmacy team covering the medicines counter was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as Nurofen Plus which she would refer to the pharmacist for advice. The pharmacist explained that various professional service targets were in place and at times workload pressures made it more challenging to meet these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. It has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and tidy. It had a waiting area. The temperature in the pharmacy was controlled by heating units. Lighting was adequate. The pharmacy team cleaned the floor, dispensing benches and sinks regularly, and a record was kept.

The premises were maintained in an adequate state of repair. Maintenance problems were reported to a facilities management company. The pharmacy team had use of a WC with wash hand basin and antibacterial hand wash. The consultation room was uncluttered and clean in appearance. This was kept locked until access was required.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to most people, and they are well managed, so people receive their medicines safely. The pharmacy takes extra care when supplying some higher-risk medicines. It sources and stores medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including people with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the retail area. The opening hours were displayed on the wall outside. The pharmacy had a prescription retrieval area where assembled prescriptions awaiting collection were stored tidily on hanging rails. Schedule 2, 3 and 4 CD prescriptions were highlighted with a CD sticker attached to the assembled prescription bag, to act as a prompt for team members to add the CD and to check the date on the prescription before handing out. In order to differentiate from schedule 2 CDs, schedule 3 or 4 CD prescriptions had a letter written on the CD sticker referring to the name of the medicine. For example, "P" for pregabalin.

A dispenser explained that prescriptions for warfarin, methotrexate and lithium were highlighted to allow the pharmacist to provide counselling at the point of collection. The pharmacist demonstrated that INR results for warfarin patients were routinely obtained to help ensure appropriate monitoring took place. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. An audit of valproate had been carried out and three patients who met the risk criteria had been identified. All of which had pregnancy prevention plans (PPP) in place. The pharmacy had patient information resources to supply with valproate.

The workflow in the pharmacy was organised into separate areas with dispensing bench space and a designated checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing. A member of the pharmacy team explained the process for delivering prescriptions to people. Patients were expected to sign the delivery record book for receipt of their prescription medicines. If nobody was available to accept a delivery a note was left, and the medicines were returned to the pharmacy.

The pharmacy sent some people's repeat prescriptions to be dispensed offsite at a hub. The pharmacist provided a detailed explanation and demonstration of how this service worked in practice. Once the prescription was received from the GP it was clinically checked by the pharmacist and accuracy checked by the ACPT. The accuracy check involved checking that the prescription data had been correctly inputted before it was sent to the hub. An audit trail for these tasks was kept on the computer. Each stage of the process was clearly defined, and the pharmacy team were able to track this. If a prescription request was sent to the hub from the pharmacy on a Monday it was assembled and received back in the pharmacy on a Wednesday. The pharmacy team informed people of the timescales and turnaround times for their repeat prescriptions to be dispensed offsite and if necessary, prescriptions were dispensed locally by the branch. Once the assembled prescription was received back from the hub, it was matched up with the respective prescription form and placed in the retrieval area. Fridge medicines and CDs were dispensed locally by the pharmacy and not the hub.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperature was being recorded daily. Patient returned medicines were stored tidily in clinical DOOP bins.

The medication stock had been divided up into sections for date checking purposes, with different sections date checked periodically. Short-dated medicines were highlighted. No out-of-date stock medicines were present from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles. Alerts and recalls were received via email from the NHS and head office. These were read, acted on by a member of the pharmacy team, and a record of these was present.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. It is used in a way that protects privacy. And the electrical equipment is regularly tested to make sure it is safe.

Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information. For example, Medicines Complete. Copies of the BNF and BNFc were present. Any problems with equipment were reported to the head office. All electrical equipment appeared to be in working order. According to the PAT test stickers attached, the electrical equipment had been PAT tested in October 2021.

There was a selection of liquid measures with British Standard and Crown marks. Designated measures were used for methadone. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. Computers were password protected and screens were positioned so that they weren't visible from the public areas. A cordless telephone was present, and it was used to hold private conversations with people when needed.

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.