

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, 1 The Little Brittox, DEVIZES,  
Wiltshire, SN10 1AR

**Pharmacy reference:** 1038707

**Type of pharmacy:** Community

**Date of inspection:** 09/05/2019

## Pharmacy context

This is a community pharmacy located on the high street in Devizes. It serves its local population which is mostly elderly but includes some young families. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment medicine devices for people to use living in their own homes.

## 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 has written procedures to help make sure the team works safely. Pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protect people's confidential information well and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy generally maintains the records that it must keep by law. However, some records were not always completed correctly which could mean that the pharmacy is not able to show exactly what has happened if any problems arise.

### Inspector's evidence

Processes were in place for identifying and managing risks. There was a near miss log in the dispensary which was seen to be used to record near miss incidents regularly. The pharmacist reported that this was reviewed regularly and any learning points were discussed by the pharmacy team. Based on previous near misses, amitriptyline and amlodipine had been separated in the dispensary drawers.

Dispensing errors were subject to a detailed root cause analysis and these were reported to the company superintendent's office. The head office team look at the errors reported across all the pharmacies and then send the team a list of common errors which are occurring to help them watch out for common mistakes.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches.

The team used stackable containers to hold dispensed medicines to prevent mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and new ones had recently been rolled out which were being signed by staff. The healthcare team understood what their roles and responsibilities were and these were defined within the SOPs.

There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract.

A certificate of public liability and indemnity insurance from Numark was held and was valid and in date until 31st March 2020.

Records of controlled drugs (CD) and patient returned controlled drugs were seen to be retained. The address that a CD was received from was often omitted from the records. Obliterations were also seen in some registers examined. A sample of a random CD was checked for record accuracy and the balance was correct at the time of the inspection. The controlled drug balance was seen as being checked

monthly except for one CD, which was checked weekly. Patient returned and expired CDs were labelled and separated from regular CD stock.

The responsible pharmacist (RP) record was retained and was in order. The RP notice could not be easily read from the retail area of the pharmacy and the pharmacist agreed to address this.

There was one fridge in use and temperatures were recorded daily and were always within the appropriate temperature range of two to eight degrees Celsius. The stock inside the fridges was laid out in an organised fashion.

Date checking was carried out regularly and a date checking matrix was displayed in the dispensary.

The private prescription records were retained but entries often omitted the date that the prescription was dispensed and the date on the prescription. The emergency supply records were retained and were in order. The specials records were retained but entries occasionally omitted the patient's name and address and the prescriber's details.

The pharmacy team were seen to be following the company's information governance procedures during the inspection. The computer screens were all facing away from the public and were password protected. All confidential information and patient sensitive information was held securely. Confidential waste bags were used to dispose of confidential waste securely.

The pharmacy team reported that they had been trained on safeguarding children and vulnerable adults. On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. Contact details for local safeguarding advice, referral and support were available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

There were two pharmacists, one accuracy checking technicians, four dispensing assistants and one medicines counter assistant present during the inspection. They were all seen to be working well together and supporting each other. There were sufficient staff for the levels of service provided during the inspection.

The staff completed training online and had an e-learning programme to complete every month to assess their knowledge and understanding of products and services. Staff received some protected time to complete training. Staff were in the process of completing training for the introduction of the 'PilPouch' system which will replace their monitored dosage system tray dispensing service.

Staff reported that huddles were held in the morning to discuss any priorities for the day and any business updates. Monthly near miss reviews were communicated to staff to share any learning.

The staff explained that they were happy to raise any concerns they had with their area manager or superintendent's office.

There were targets in place at the pharmacy but the pharmacist explained that they did not feel any pressure to deliver these targets and would never compromise her professional judgement to achieve targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy had a retail area toward the front and a dispensary area toward the back separated by a medicines counter to allow for the preparation of prescriptions in private.

There were sinks available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines.

Medicines were stored on the shelves in a generic and alphabetical manner. The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was appropriate for the delivery of pharmacy services.

There was one consultation room in use and it was kept locked from public access. It was clean, tidy and professionally presented. Conversations from inside the room could not be overheard from outside.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

### Inspector's evidence

Access to the pharmacy was via a step and there was a bell available for people to alert staff to their presence. There was seating for patients or customers waiting for services. There was a range of leaflets available to the public about services on offer in the pharmacy. Services were clearly displayed on a ladder in the window of the pharmacy.

The pharmacy team was around two days behind on its dispensing activity at the time of the inspection. The pharmacy manager reported that this was because there had been three new staff that had started recently and it was taking time to train them.

The pharmacy team dispensed multi-compartment compliance aid devices for 170 people receiving care at home and two small care homes. One device was examined and an audit trail to demonstrate who dispensed and checked the device was complete. Descriptions of the medicines that were contained in the devices were seen to be incomplete on the device examined. The inspector proffered advice about this. Audit trails were kept to record who dispensed and checked the devices. Patient information leaflets were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. At the time of the inspection valproate patient cards were not available for use during the dispensing of valproate to all people who may become pregnant, and the inspector proffered advice about this. The pharmacist reported that she would check that that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

The pharmacy obtained medicinal stock from Phoenix, AAH and Alliance. Specials were ordered from Phoenix specials. Invoices were seen to demonstrate this.

The pharmacy was aware of the European Falsified Medicines Directive (FMD). The relevant equipment was in place and the pharmacy manager reported that Rowlands head office was in the process of rolling out the software and staff training.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and seen being used for the disposal of medicines returned by patients. There was a bin for the disposal of hazardous waste available but the inspector found chloramphenicol 0.1% eye drops in the regular designated bin for storing waste medicines and proffered advice about this.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date.

The fridge was in good working order and the stock inside was stored in an orderly manner.

MHRA alerts came to the team electronically through their intranet system. Audit trails were in use to demonstrate who had actioned these alerts, what action was taken and when.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for CD dispensing. Amber medicines bottles were seen to be capped when stored and there was a counting triangle. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge used for the storage of medicines that need to be kept in the fridge, which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range.

Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines.

The computers were all password protected and patient information was safeguarded.

### 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.