

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 7 Church Green West,
REDDITCH, Worcestershire, B97 4DU

Pharmacy reference: 1038868

Type of pharmacy: Community

Date of inspection: 06/10/2021

Pharmacy context

This is a community pharmacy located in the centre of Redditch, Worcestershire. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. It also offers the New Medicine Service (NMS), local deliveries and seasonal flu vaccinations. The inspection took place during the COVID-19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 is operating safely. It has appropriate systems in place to identify and manage the risks associated with its services. This includes the risks from COVID-19. Team members understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And the pharmacy largely maintains its records as it should.

Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs). The SOPs provided guidance for the team to carry out tasks correctly and staff had signed them to verify that they had been read. Team members knew their roles and responsibilities. They had designated tasks. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had systems in place to identify and manage risks associated with its services. This included limiting the spread of infection from COVID-19. The premises had been modified (see Principle 3). The Responsible Pharmacist (RP) explained that two people at a time could enter the premises at any time previously before restrictions had been lifted. A poster was on display asking people to wear a mask upon entering. The team had been provided with personal protective equipment (PPE) and staff were wearing masks at the time of the inspection. The team had been vaccinated against coronavirus. Hand sanitisers were present for them to use. The pharmacy was cleaned regularly. This included wiping down touch points and surfaces. Risk assessments for COVID-19, including occupational ones for the team had been completed.

Once prescriptions had been assembled, the RP usually carried out the final accuracy-check but the accuracy checking technician (ACT) could also assist with this. For the latter, the RP clinically checked the prescription first before it was assembled by other staff. The clinical check was marked on the pharmacy system. This helped identify that this stage had been completed. The ACT was not involved in any other dispensing process other than the final check, and there was an SOP to cover this process.

The team's near miss mistakes were routinely recorded, they were informed at the time and the error rectified. The near miss mistakes were reviewed every month by the RP and discussed with staff. Medicines that had been commonly involved were highlighted and separated. This included separating Coracten and olanzapine. However, for the latter, the drawer contained different strengths of the same medicine without being effectively divided and the packaging was very similar. This increased the risk of mistakes happening. In addition, quite often the team had stated 'changed' only within the comments section of the records and more meaningful insight into the cause of the mistake could have been recorded. The ACT was aware of this and these points were discussed at the time. The pharmacy had a complaints policy and the RP's process for handling incidents was in line with this.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. They could recognise signs of concern and knew who to refer to in the event of a concern. The RP and ACT had been trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were mostly compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. The RP record, records about emergency supplies, supplies of unlicensed medicines in general and records verifying that fridge temperatures had remained within the required range had all been appropriately completed. However, incorrect details about prescribers had sometimes been documented within the electronic private prescription register. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team is appropriately trained. Team members work well together. And the pharmacy provides them with ongoing training material. This helps keep the team's knowledge and skills current.

Inspector's evidence

At the inspection, the pharmacy team included the RP who was the regular pharmacist, an ACT, a trained dispensing assistant and a medicines counter assistant (MCA). The latter had previously worked at the pharmacy for many years before retiring but had very recently returned to work part-time. In total, the pharmacy had six members of staff who worked a mixture of full and part-time. Team members had set jobs and roles but were trained to cover each other. They were observed to work well together. The pharmacy was up to date with the workload and had enough staff to manage its volume of dispensing. Staff covered each other as contingency.

The pharmacy's team members knew which activities could take place in the absence of the RP and they referred appropriately. Counter staff asked relevant questions before selling over-the-counter medicines or products. The staff said that they liked working at the pharmacy, they felt supported by the RP and felt confident in raising any concerns they may have. Regular discussions and team meetings took place. Individual team members' performance was monitored and they received annual performance reviews. The staff were provided with resources for ongoing training through the company's online learning platform. They were given time to complete this at work. They also explained that there were opportunities available for further development.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to deliver healthcare services. The pharmacy has kept some of the measures introduced to help reduce the spread of COVID-19 inside its premises. And it has a suitable space where confidential conversations or services can take place.

Inspector's evidence

The pharmacy's retail space was spacious and professional in appearance. The pharmacy was well ventilated and clean, but it could have been tidier as the dispensary floor required sweeping. The dispensary was also large and had enough space to carry out dispensing tasks safely. There were designated workstations for different activities to take place. A signposted consultation room was present in the retail space. This was of a suitable size for its intended purpose. But it couldn't be locked. The room contained a waste bin with clinical waste and a sharps bin. The former was by the entrance. This was discussed at the time. The premises had been adapted to help with the pandemic. A screen had been placed in front of the medicines counter and the RP explained that the chairs had been removed previously to create extra space in the retail space. Some of the chairs had been returned when restrictions lifted, but the retail area was still large enough for people to keep their distance from one another if required.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. The pharmacy's team members ensure that their services are accessible to people with different needs. The pharmacy obtains its medicines from reputable sources, it generally stores and manages them appropriately. And it keeps the appropriate records to verify how its services are being run. But team members don't always record enough information about people who receive higher-risk medicines. This makes it difficult for them to show that they provide people with appropriate advice when these medicines are supplied.

Inspector's evidence

The pharmacy had a step at its front entrance. This limited people with wheelchairs from easily accessing the premises, but staff explained that they served people at the door. There was also a doorbell here to alert the team when someone needed assistance. The pharmacy had clear, open space inside the retail area which could assist people with restricted mobility to easily use its services. A few chairs were present for people to wait for their prescriptions if needed. The pharmacy's opening hours were listed on the front door and it had a selection of leaflets on display promoting health.

The pharmacy offered the NMS by telephone and in person. The RP had effectively identified people experiencing side effects through this service and their medication had been changed accordingly. The team had not received any referrals for the Discharge Medicines Service (DMS) at the time of the inspection. People's discharge information was received from hospitals, from people themselves or by staff requesting this from the surgery. The RP had been administering the flu vaccine when stock was available. This was by appointments or on a walk-in basis. He was appropriately trained on vaccination techniques and resuscitation in the event of an emergency. Suitable equipment was present such as a sharps bin and adrenaline in the event of a severe reaction to the vaccine. This helped to ensure that the service was provided safely. The service specification and patient group direction (PGD) to authorise this were readily accessible and had been signed by the RP.

Most people were provided multi-compartment compliance packs in the form of a pouch-based system. They were dispensed off-site at the company's hub and delivered to the pharmacy once assembled. People requiring the compliance packs had been identified as having difficulty in managing their medicines. Staff explained that the process involved obtaining people's consent after explaining how the system worked, which medicines could be included in the pouch, how they were opened to access the medicines and sample boxes were shown as well as supplied. The team ordered prescriptions on behalf of people. They identified any changes that may have been made, updated their records to reflect this, obtained hospital discharge information and queried with the prescriber if required. Appropriate records had been maintained to verify this. Once the prescription had been labelled on the pharmacy system, a clinical check had taken place and then marked as accuracy checked on the system by the RP, the details were submitted to the company's hub for assembly. Prescriptions were matched to the delivery once received.

Staff also prepared some people's compliance packs (as blister packs) on-site if pouches were unsuitable and after this was considered necessary. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. They were not left unsealed overnight after they had been prepared. Descriptions of the medicines inside the compliance packs

were provided and patient information leaflets (PILs) were routinely supplied. Separate prescriptions were obtained for CDs, fridge or 'when required' items and higher-risk medicines so that they could be supplied separately.

The pharmacy provided a delivery service and the team kept records about this service. People's signatures were obtained upon receipt. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section and a designated space was used to assemble and store compliance packs. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail. Dispensed fridge and CD medicines were stored within clear bags. This helped to easily identify the contents upon hand-out. Staff were aware of risks associated with valproates and they had identified people at risk, who had been supplied this medicine in the past. People were counselled accordingly, and educational material could be provided upon supply. The team identified people prescribed higher-risk medicines and relevant parameters such as blood test results were asked about, but the details were not always recorded.

The pharmacy used licensed wholesalers such as Phoenix, AAH and Alliance Healthcare to obtain medicines and medical devices. CDs were stored under safe custody. Medicines stored in the dispensary, however, could have been stored in a more organised way. The team date-checked medicines for expiry regularly and kept records of when this had been carried out. Short-dated medicines were identified. No date-expired or mixed batches of medicines were seen. Medicines returned for disposal, were accepted by staff, and stored within designated containers. Drug alerts were received by email and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. It keeps its equipment suitably clean. And the team ensures they are used appropriately to protect people's private information.

Inspector's evidence

The pharmacy's equipment and facilities included current versions of reference sources, a range of clean, standardised conical measures for liquid medicines, counting triangles, legally compliant CD cabinets and appropriately operating pharmacy fridges. The latter could be locked. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. Lockers were available to store the team's personal belongings. Confidential information was shredded. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Staff used their own NHS smart cards to access electronic prescriptions and stored them securely overnight.

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.