

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 7-9 Teme Street, TENBURY
WELLS, Worcestershire, WR15 8BB

Pharmacy reference: 1038886

Type of pharmacy: Community

Date of inspection: 24/09/2019

Pharmacy context

This is a busy community pharmacy in the centre of the small town of Tenbury Wells. Many people using the pharmacy are elderly. The pharmacy dispenses NHS and private prescriptions and sells over-the-counter medicines. They supply medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines. The pharmacy does flu and travel vaccinations and provides medicines to protect people against malaria.

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	Good practice	2.3	Good practice	The pharmacy team are knowledgeable and know when to ask for help.
		2.4	Good practice	The team are encouraged to keep their skills up to date and do this in work time. Those team members in training are well supported and allocated extra dedicated learning time.
		2.5	Good practice	All the members work well together as a team and they are well supported by their manager. They are comfortable about providing feedback to her to improve services and this is acted on.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy team are good at identifying those people who should talk to the pharmacist and they intervene if they are worried about anyone.
5. Equipment and facilities	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. But, they could learn more from mistakes to prevent them from happening again. The team ask customers for their views and use this feedback to improve services. They keep the up-to-date records they must by law. The pharmacy is appropriately insured to protect people if things go wrong. The pharmacy team keep people's private information safe and they know how to protect vulnerable people.

Inspector's evidence

The pharmacy team identified and managed most risks. All dispensing errors and incidents were recorded, reviewed and appropriately managed. A root cause analysis was done. There had been a recent hand-out error with patients of the same name. Because of this, the last part of the post code of the person's address was now checked and initialled to show that this had been thoroughly checked. Near misses were recorded but insufficient information was documented to allow any useful analysis, such as, a near miss where Vesicare tablets was on the prescription but Viscotears was picked. No learning specific points or actions taken to reduce the likelihood of similar recurrences were recorded. However, general trends were identified. The log was reviewed each month. In July 2019, it had been documented that most of the errors were with 'look alike and sound alike' drugs. The staff had been told to review their procedures for the dispensing of these drugs. Prominent alert labels were placed on the shelf-edges of where high-risk drugs were stored, such as, olanzapine. Company-wide issues were also identified by the Superintendent's Office.

The dispensing areas were organised and tidy. There was a front area with a labelling computer and checking bench and two rear assembly areas. Almost all of the prescriptions for domiciliary patients receiving their medicines in compliance aids were assembled off-site, at Runcorn, in individual 'PilPouches'.

Coloured baskets were used and distinguished the prescriptions for patients who were waiting, those calling back, repeat prescriptions for collection, those for delivery and those with items owed. There was a clear audit trail of the dispensing process and all the 'dispensed by and checked by' boxes on the labels examined had been initialled.

Up-to-date, signed and relevant standard operating procedures (SOPs), including SOPs for services provided under patient group directions, were in place and these were reviewed every two years, or sooner, if necessary, by the Superintendent Pharmacist. The roles and responsibilities were set out in the SOPs and the staff were clear about their roles. The company's sales protocol was displayed. In addition, red cards were placed in the storage positions of those items, such as Voltarol and Lamisil, that should be referred to the pharmacist before they were sold. All requests for the sale of veterinary medicines were referred to the pharmacist and a dedicated book was filled in with the batch numbers of the product supplied and the person buying the product.

The staff were clear about the complaints procedure and reported that feedback on all concerns was actively encouraged. The pharmacy did an annual customer satisfaction survey. In the 2018 survey, 100% of customers who completed were satisfied with the service from the pharmacy. There had been some feedback about them having various items in stock. Because of this, the pharmacy kept specific brands of medicines and other items especially for their customers.

Public liability and indemnity insurance provided by Numark and valid until 31 March 2020 was in place. The Responsible Pharmacist log, controlled drug (CD) records, including patient-returns, private prescription records, emergency supply records, specials records, fridge temperature records and date checking records were all in order.

There was an information governance procedure and the staff had also recently completed training on the new data protection regulations. The computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Confidential waste paper information was shredded daily. No conversations, in a normal speaking voice, could be overheard in the consultation room.

The staff understood safeguarding issues and had completed the company's e-Learning on the safeguarding of both children and vulnerable adults. The pharmacist and technicians had also completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. The procedures to follow, the Royal Pharmaceutical Guidance and local telephone numbers to escalate any safeguarding concerns, relating to both children and adults, were displayed. All the staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough staff to safely manage its workload. They are knowledgeable and know when to ask for help. The team are encouraged to keep their skills up to date and do this in work time. Those team members in training are well supported and allocated extra dedicated learning time. All the members work well together as a team and they are well supported by their manager. They are comfortable about providing feedback to her to improve services and this is acted on.

Inspector's evidence

The pharmacy was a busy pharmacy in the centre of the small town of Tenbury. The current staffing profile was one pharmacist, the manager, one full-time NVQ3 qualified accuracy checking technician (ACT) (not seen – on holiday), three full-time NVQ2 qualified dispensers, one of whom was a NVQ3 trainee and one of whom was the store supervisor, three part-time NVQ2 qualified dispensers and one full-time NVQ2 trainee dispenser. A part-time dispenser and a full-time ACT were on maternity leave. The ACT, who was on maternity leave, had been replaced with the trainee dispenser. It was envisaged that the trainee would be trained at the branch and when the ACT returned to work, would be deployed as a relief dispenser. All the staff covered the medicine counter.

The part-time staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one member of the dispensary staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix and some help was available from relief dispensers in the company, if necessary.

The staff were well qualified and clearly worked well together as a team. They were clear about their roles, asked appropriate questions and knew when to ask for help. Staff performance was monitored, reviewed and discussed informally throughout the year. There was an annual performance appraisal where any learning needs could be identified. Review dates would be set to achieve this. It had been identified that the trainee dispenser needed to concentrate on the 'red flag' counter items that should be referred to the pharmacist before they were sold to customers.

The staff were encouraged with learning and development and completed regular monthly e-Learning. The staff said that they spent about 60 minutes each month of protected time learning. Staff enrolled on accredited courses, such as the NVQ3 technician's course, were allocated a further 30 minutes each day for learning, at the end of their lunch period. There was a clear training log for all the staff. The trainee technician said that she was very well supported by the pharmacist manager and all the staff reported that they were supported to learn from errors. The pharmacist said that all learning was documented on her continuing professional development (CPD) records.

The staff knew how to raise a concern and reported that this was encouraged and acted on. The trainee technician had recently raised that there was no shortcut for the labelling of Laxido sachets. Because to this, the pharmacist had created a suitable shortcut. Also, items owed to patients were now placed in coloured baskets in a dedicated area after the staff raised issues with their procedures for dealing with items owed to patients. There were weekly staff meetings and the staff all said that they felt able to raise any issues. All the staff were aware of the company's whistle-blowing policy.

The pharmacist reported that she was set overall targets, such as 400 annual Medicines Use Reviews

(MURs). She said that she only did clinically appropriate reviews and did not feel unduly pressured by the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional. The design of the pharmacy is suitable for its activities. The work areas are tidy and organised. There is good signposting to the consultation room so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The pharmacy was well laid out and presented a professional image. The dispensing benches were organised and uncluttered. The floors were clear. The premises were clean and well maintained.

The consultation room was spacious and well signposted. It contained a computer, a sink and two chairs. Conversations in the consultation room, in a normal speaking voice, could not be overheard. The pharmacy computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

There was air conditioning and the temperature in the pharmacy was below 25 degrees centigrade. There was good lighting throughout. Most items for sale were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a good range of services. Most people can access its services. But, some people with specific mobility needs may have difficulty entering the pharmacy. The services are effectively managed to make sure that they are provided safely. The pharmacy team make sure that people have the information they need to use their medicines safely and effectively. They are good at identifying those people who should talk to the pharmacist and they intervene if they are worried about anyone. The pharmacy gets its medicines from appropriate sources. and, the team make sure that people only get devices and medicines that are safe. The medicines are stored and disposed of safely. But, there are a lot out-of-date controlled medicines that need to be destroyed. These are occupying valuable storage space that is legally required for these medicines.

Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room. But, whilst there was a bell on the front door for their use, this was not signposted. There was no access to Google translate on the pharmacy computers for use by non-English speakers. The pharmacy could print large labels for sight-impaired patients.

Advanced and enhanced NHS services offered by the pharmacy were Medicines Use Reviews (MURs), New Medicine Service, emergency hormonal contraception (EHC), supervised consumption of methadone and buprenorphine (but currently no patients) and seasonal flu vaccinations. The latter was provided under a private agreement as were travel vaccines and malaria prophylaxis. The services were well displayed and the staff were aware of the services offered.

The pharmacist had completed suitable training for the provision of the vaccination services including face to face training on injection technique, needle stick injuries and anaphylaxis. She had also completed suitable training for the provision of the free NHS EHC service and training for the provision of malaria prophylaxis under a private agreement. She consulted the 'fit-for-travel' website prior to giving any travel vaccines or anti-malaria medicines.

Several domiciliary patients received their medicines in individual PilPouches. These were assembled off site at Runcorn. Two patients had conventional compliance aids, one of whom was vulnerable, and, the other, who had a complicated regime for the treatment of Parkinson's disease. All the prescriptions that were assembled at Runcorn were clinically checked prior to being scanned and sent off site. There was one weekly and four monthly folders for these patients where all the relevant information such as hospital discharge sheets and changes in dose were kept. A colour-coded calendar was used for the ordering and assembly process. Only the prescriptions for patients who were stable on their medicines were sent to Runcorn for assembly and the prescriptions were carefully checked for any issues prior to this. All the patients who received their medicines in the pouches had been trained on their use. High-risk items, such as warfarin and sodium valproate were not pouched. These were sent separately.

There was a good audit trail for all items ordered on behalf of patients by the pharmacy and for all items dispensed by the pharmacy. Interventions were seen to be recorded on the patient's prescription medication record. Green 'see the pharmacist' stickers were used for all patients that needed counselling. The pharmacist routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. INR levels were recorded. She was seen to counsel most 'walk-in' patients, such as one

prescribed co-amoxiclav. The pharmacist reported that she routinely counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were packed in clear bags and these were checked with the patient on hand-out. All the staff were aware of the new sodium valproate guidance.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients. Potential non-adherence or other issues were identified at labelling and ordering. Any patients giving rise to concerns were targeted for counselling. The pharmacist reported that many of her regular patients were Type II diabetics and she frequently gave them advice about diet and exercise. Any patients asking for sugar free medicines were asked if they were diabetic and if so, referred to the pharmacist. The pharmacy had a dedicated, well screened area for the hand-out of prescriptions and counselling. On the counter in this area were a number of leaflets, such as 'Eat better' and 'Understanding your weight'.

Medicines and medical devices were obtained from AAH, Phoenix and Alliance Healthcare. Specials were obtained from Phoenix Specials. Invoices for all these suppliers were available. The pharmacy had no scanner to check for falsified medicines as required by the Falsified Medicines Directive (FMD) and the staff had not received any training on this. CDs were stored tidily in accordance with the regulations and access to the cabinets was appropriate. But, there were many out-of-date CDs which were occupying the whole of one cabinet. If the pharmacy received any patient-returned CDs, they would have to destroy them straight away because there would be no space to store them. The pharmacist said that she would contact her head office about getting these destroyed. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with electronic records. Date checking procedures were in place with signatures recording who had undertaken the task. Bins were available for waste and used. There was a separate bin for cytotoxic and cytostatic substances and a list of such substances that should be treated as hazardous for waste purposes.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts were received electronically, printed off and the stock checked. They were signed and dated by the person checking the alert. Any required actions were recorded. The pharmacy had received a patient level alert on 26 July 2019 for Vimpat 100mg. They had one person prescribed this who was contacted. The patient had none of the affected batches and this was recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. And, the team members make sure that they are clean and fit for purpose.

Inspector's evidence

The pharmacy had several British Standard crown-stamped conical measures (10 - 250ml) There were four tablet-counting triangles, one of which was kept specifically for cytotoxic substances and one capsule counter. These were clean were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 76 and the 2018/2019 Children's BNF. There was limited access to the internet.

The fridges were in good working order and maximum/minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential waste information was shredded. The door was always closed when the consultation room was in use and no conversations, in a normal voice, could be overheard.

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.