

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, 72-78 York Road, Eastwood, ROTHERHAM, South Yorkshire, S65 1PW

**Pharmacy reference:** 1039240

**Type of pharmacy:** Community

**Date of inspection:** 18/07/2019

## Pharmacy context

This pharmacy is on a quiet residential street. It is next door to a GP surgery and close to the centre of town. The pharmacy sells over-the-counter medicines and it dispenses NHS and private prescriptions. It offers advice about the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartmental compliance packs, designed to help people remember to take their medicines. And it delivers medicines to people's 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 identifies and manages the risks associated with its services. It advertises how people can provide feedback about its services. And it responds appropriately to the feedback it receives. The pharmacy keeps people's private information secure and it informs people of the systems it has in place for doing this. Pharmacy team members act openly and honestly by sharing information when mistakes happen. And they engage in some shared learning processes to help reduce identified risks. Pharmacy team members have the skills required to respond to safeguarding concerns. The pharmacy generally keeps all records it must by law. But some gaps in these records occasionally result in incomplete audit trails.

### Inspector's evidence

The pharmacy had a set of up to date standard operating procedures (SOPs). These included responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. The superintendent pharmacist's team reviewed these on a two-year cycle. The SOPs set out the roles and responsibilities of staff. And training records confirmed most staff had signed the SOPs to show they had read and understood them. A sample of SOPs checked found one member of the team had not signed all relevant RP SOPs. The team were observed completing tasks in accordance with dispensing SOPs throughout the inspection. A member of the team explained what tasks could and couldn't be completed if the RP took absence from the premises. There was a notice up which the team could refer to if in any doubt about the tasks that could be completed during this time.

The dispensary had limited space provided across two work benches. The pharmacy was holding some baskets containing part assembled prescriptions at floor level in the dispensary. A discussion took place about the risks of holding baskets in this way and alternative storage arrangements for the baskets was explored. The pharmacy team demonstrated how they used the rest of the workspace effectively to manage risks during the dispensing process. Separate areas on work benches were used for labelling, assembly and final accuracy checking. And high-risk dispensing activities, such as assembling multi-compartmental compliance packs were completed in a quiet area to the side of the dispensary. This limited the risk of distraction during the dispensing process.

Pharmacy team members took ownership of their mistakes by discussing them with the pharmacist at the time they occurred. The pharmacist entered the details of these near-misses on a record. Reporting was consistent with peaks when new members of the team were introduced in training roles. But records did not generally contain many additional comments such as contributory factors or learning following the near-miss. Pharmacy team members explained they did discuss trends in near-misses as a team and during their appraisals. But they were not aware of any regular formal reviews taking place. They had acted to separate some 'look alike and sound alike' (LASA) medicines in the dispensary. And the pharmacy team demonstrated how it responded to shared learning opportunities. For example, it had segregated some antipsychotic medicines from other stock following information relating to the high-risk of dispensing error between these medicines and others.

The pharmacy had an incident reporting procedure in place. Pharmacy team members completed reports through an electronic template which reported them to the pharmacy's superintendent's team.

The RP on duty was a locum pharmacist. She explained clearly how she would act to follow the incident reporting process by investigating a concern, apologising and correcting any mistake reported to her. Although she had not used the incident reporting process before, she was aware where she could seek support from to ensure she documented details of a reported incident. The pharmacy's regional lead was visiting the pharmacy at the time of inspection, she supported the team in demonstrating incident reporting records. The pharmacy used the reports to detail learning and improvement actions following mistakes. For example, a concern involving a CD had led to additional checking steps during the dispensing process.

The pharmacy had a complaints procedure in place. And it provided details of how people could leave feedback or raise a concern about the pharmacy through a notice in the public area and through its practice leaflet. A member of the team explained how she would manage a complaint and understood how to escalate concerns if required. Pharmacy team members had worked to review stock levels in the dispensary to ensure they had suitable quantities of medicines regularly prescribed in stock. They had acted to do this following feedback through their annual 'Community Pharmacy Patient Questionnaire'. The pharmacy published the results of this questionnaire for people using the pharmacy to see.

The pharmacy had up to date indemnity insurance arrangements in place. The RP notice contained the correct details of the RP on duty. Entries in the responsible pharmacist record generally complied with legal requirements, one missed sign-out time was seen in the sample of the record examined. The sample of the controlled drug (CD) register examined was generally compliant with legal requirements. But the pharmacy did not always enter the address of the wholesaler when entering receipt of a CD. The register was maintained with running balances and solid dose formulations were checked monthly against physical stock. The pharmacy generally checked methadone balances weekly. A physical balance check of Mezolar 37.5 microgram/hour patches complied with the balance in the register. The pharmacy maintained a CD destruction register for patient returned medicines. And the team entered returns in the register on the date of receipt. The pharmacy kept records for private prescriptions and emergency supplies within its Prescription Only Medicine register. Entries examined in the register met legal requirements. The pharmacy retained completed certificates of conformity for unlicensed medicines with full audit trails completed to show who unlicensed medicines had been supplied to.

The pharmacy displayed details of how it protected people's private information. This display included a privacy notice and a safeguarding information leaflet. Pharmacy team members had completed additional learning following the introduction of the General Data Protection Regulation (GDPR). They had signed information governance procedures and they demonstrated how they worked to ensure people's information was kept safe. The pharmacy had submitted its annual NHS information governance toolkit. The pharmacy team disposed of confidential waste by using a cross shredder.

The pharmacy had procedures and information relating to safeguarding vulnerable people in place. Pharmacy team members had completed level one learning in safeguarding. The pharmacist manager and the RP on duty had completed level two learning on the subject. Pharmacy team members could explain how they would recognise and report a safeguarding concern. The pharmacy team discussed how they would share concerns relating to a deterioration in somebody's health and wellbeing with surgery teams. For example, if people forgot to collect their medicines. The team also tracked prescriptions they received for the multi-compartmental compliance pack service. This allowed them to raise any concerns with surgery teams if people had forgotten to order their prescriptions.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough skilled and knowledgeable people working to provide its services and to manage its workload effectively. It has some systems in place for supporting the learning needs of its team members through ongoing training and structured appraisals. The pharmacy promotes how its team members can provide feedback and they are given the opportunity to implement their ideas. Pharmacy team members engage in regular conversations relating to risk management and safety. But they do not always record the key outcomes of these discussions. This means members of the team not on duty at the time a discussion takes place may miss out on some opportunities to share learning.

### Inspector's evidence

On duty at the time of the inspection was the RP (a locum pharmacist) and two qualified dispensers. One of the dispensers was a pharmacy student. The pharmacy also employed a full-time pharmacist manager, the delivery driver, another qualified dispenser, a trainee dispenser and another pharmacy student. The pharmacy was recruiting to a part-time vacancy in the team following a member of the team recently leaving. Pharmacy team members confirmed there was some flexibility within the team to work additional hours, particularly during school holiday periods when the two pharmacy students supported the pharmacy.

Pharmacy team members were encouraged to complete regular learning to support them in their roles. This generally took the form of e-learning modules. But they did not receive protected training time during working hours to complete this learning. Pharmacy team members confirmed they could take some time during quieter periods if it was available. They expressed that they felt supported in their roles and could ask for support with learning if needed. Pharmacy team members did engage in a formal appraisal process. They reported receiving a one-to-one review with their manager every few months.

The pharmacy team were observed greeting people as they approached the medicine counter. Staff were friendly and engaged people in conversation about their health and wellbeing. Pharmacy team members were aware of targets in place to support them in delivering services. They explained the manager would feedback progress made after dialling in to weekly conference calls with the regional lead. Pharmacy team members demonstrated how they supported pharmacists in delivering services through identifying eligible people during the dispensing process. The RP on duty explained that specific targets had not been discussed with her. She stated she happy to undertake services and was observed to be well supported by the team.

The pharmacy team shared information through daily informal discussions about workload, reading newsletters and engaging in team briefings about patient safety. Pharmacy team members confirmed they were encouraged to participate in these discussions. But the pharmacy didn't regularly record details of patient safety briefings to encourage reflection and review of the actions discussed. The pharmacy had a whistleblowing policy in place. Pharmacy team members regularly provided feedback and contributed ideas to encourage safe and effective working. They explained they were encouraged to implement their ideas and were confident in doing so. For example, a member of the team had labelled baskets on the dispensary workbench designed to help ensure daily record keeping tasks were kept up to date.



## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and secure. It provides a professional environment for the delivery of its services. The pharmacy's consultation room is accessible to people wanting a private conversation with a member of the team.

### Inspector's evidence

The pharmacy was clean and secure. Work benches in the dispensary were clear of clutter. Pharmacy team members reported maintenance and IT issues to the pharmacy's head office. And they confirmed that timely action was taken to respond to these types of concerns. There were no outstanding maintenance issues found during the inspection. The pharmacy had heating, and lighting was bright. A back door leading to the side of the dispensary was secured by a metal gate. This allowed the team to keep the door open during summer months to increase ventilation. Electric fans were available and in use in the dispensary. Antibacterial soap and paper towels were available close to designated hand washing sinks.

The public area was large and open plan. It presented a professional image to those using the pharmacy's services. The pharmacy had a consultation room. This was clutter free and clean. It was sign-posted and offered a suitable space for holding confidential conversations with people. The RP was observed using the room with people accessing the pharmacy's services.

The dispensary was a sufficient size for the level of activity taking place. Further space for storing equipment and medicines was available in a good size store room off the dispensary. This room was clean and well maintained. Staff facilities were provided at the rear of the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy promotes the services it offers and takes appropriate steps to make sure people can access these services. The pharmacy works effectively to manage the risks associated with providing its services. It has records and systems in place to make sure people get the right medicines at the right time. The pharmacy obtains its medicines from reputable sources. And it stores and manages them appropriately to help make sure they are safe to use. It has some systems in place to provide assurance that its medicines are fit for purpose.

### Inspector's evidence

The pharmacy was accessed from street level through a push/pull door. Pharmacy team members explained how they would go to the door to assist people who may struggle to push the door open. Designated onsite parking was available next door to the pharmacy. The pharmacy advertised details of its opening times and services clearly. It was advertising a change to its prescription delivery service at the time of inspection. A pharmacy team member was observed signposting a member of the public to another healthcare provider following a request for a service which the pharmacy did not provide. Pharmacy team members demonstrated a small area at the medicine counter which was used to promote healthy living campaigns. They explained there were plans in place to move this area closer to the seated waiting area and demonstrated a table which had been set up for this purpose next to the waiting area. The team explained that some healthy living campaigns achieved more engagement than others. For example, a recent children's oral health campaign with interactive tooth brushing charts had been popular.

Pharmacy team members felt they engaged well with people who visited the pharmacy and shared examples of feedback they had received. For example, people had returned to see the regular pharmacist to thank him for intervening when they had presented with symptoms which had required additional investigation and diagnosis. The team expressed how the intervention of the pharmacist on these occasions had led to quick access to treatment. The pharmacy had up to date protocols in place to support the delivery of its services, such as the supply of nicotine replacement therapy products against NHS vouchers.

The pharmacy team were aware of the risks associated with the supply of high-risk medicines. They demonstrated how prescriptions for medicines such as warfarin, methotrexate, lithium and valproate would be identified and brought to the attention of the pharmacist. Although pharmacy team members were not aware if any details of the verbal counselling and monitoring checks completed by the pharmacist were recorded onto people's medication records. The RP could not locate any valproate pregnancy prevention plan (PPP) warning cards. This meant there could be a risk of people in the high-risk target group not being supplied with the full information about their medicine as required.

The pharmacy used a planner to monitor the receipt of prescriptions for people receiving their medicines in multi-compartmental compliance packs. Individual profile sheets were in place for each person on the service. And changes to people's medication regimens were clearly documented on profile sheets. A sample of assembled packs contained full dispensing audit trails. And the pharmacy supplied patient information leaflets at the beginning of each four-week cycle of packs. But the



pharmacy did not always provide descriptions of the medicines inside the packs. A discussion took place about the benefits of consistently providing up-to-date and clear descriptions of medicines inside the packs, to help people identify their medicines.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped inform workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. The team used the prescription throughout the dispensing process when the medicine was later supplied. It maintained delivery audit trails for the prescription delivery service and people signed to confirm they had received their medicine. All delivery sheets were single use which reduced the risk of accidentally sharing a person's private information with another individual.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members demonstrated some awareness of the aims of the Falsified Medicines Directive (FMD). They had completed some training relating to FMD and were aware systems were being tested in a small number of pilot pharmacies within the company. The pharmacy received drug alerts through email. The pharmacy team printed and recorded checks of the alerts. And these were kept for reference purposes.

The pharmacy stored Pharmacy (P) medicines behind the medicine counter. This meant the RP had supervision of sales taking place and was able to intervene if necessary. The pharmacy stored medicines in the dispensary in an organised manner and within their original packaging. The pharmacy team followed a date checking rota to help manage stock and it recorded details of the date checks it completed. Short dated medicines were identified. The team annotated details of opening dates on bottles of liquid medicines. No out-of-date medicines were found during random checks of dispensary stock. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

The pharmacy held CDs in a secure cabinet. The cabinet was at its storage capacity. But CDs inside were easy to find and generally stored in an orderly manner. There was designated space for storing patient returns, and out-of-date CDs. Assembled CDs were held in clear bags with details of the prescription's expiry date annotated on the attached prescription. Pharmacy team members could explain the validity requirements of a CD prescription and demonstrated how CD prescriptions were highlighted to prompt additional checks during the dispensing process. The pharmacy's fridge was clean and stock inside was stored in an organised manner. Temperature records confirmed that the fridge was operating between two and eight degrees Celsius as required.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy team has access to all the equipment it needs for providing its services. It monitors this equipment to ensure it is safe to use and fit for purpose.

### Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. The company intranet and the internet provided the team with further information. Computers were password protected and computer monitors faced into the dispensary. Pharmacy team members had working NHS smart cards. The pharmacy stored assembled bags of medicines to the side of the dispensary. This protected people's private information against unauthorised view. The pharmacy team members used cordless telephone handsets when speaking to people over the telephone. This meant they could move out of ear-shot of the public area when having confidential conversations with people over the telephone.

Clean, crown stamped measuring cylinders were in place. The pharmacy used separate cylinders for measuring methadone. The pharmacy had clean counting equipment for tablets and capsules, and this included a separate triangle for use with cytotoxic medicines. Pharmacy team members assembled medicines into single-use multi-compartmental compliance packs and gloves were accessible to staff assembling these packs. The pharmacy regularly monitored its equipment. For example, the blood pressure machine was annotated with a sticker confirming the date of its next routine monitoring check. And electrical equipment was subject to portable appliance testing.

### 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.