

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 158 Dykes Hall Road,
SHEFFIELD, South Yorkshire, S6 4GQ

Pharmacy reference: 1039284

Type of pharmacy: Community

Date of inspection: 06/11/2023

Pharmacy context

This community pharmacy is in a residential area of Sheffield. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. It provides some people with their medicines in multi-compartment compliance packs and provides a seasonal 'flu vaccination. And it delivers some 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
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 team members use a set of written procedures to support them in managing its services. The pharmacy helps keep people's sensitive information secure, and its team members are suitably equipped to safeguard vulnerable adults and children. The pharmacy has a process for team members to record and reflect on mistakes made during the dispensing process.

Inspector's evidence

The pharmacy had a set of comprehensive written standard operating procedures (SOPs) available to its team members. The SOPs provided the team members with information to help them complete various tasks. For example, managing controlled drugs (CDs). The SOPs had been created by the pharmacy's head office team. They had recently been revised and were due for the next review in 2025. This process ensured the SOPs were up to date and accurately reflected the pharmacy's current ways of working. Each team member had read the revised SOPs and they had signed a document to confirm this process had been completed.

The pharmacy used a paper log to record mistakes made during the dispensing process which were identified before a medicine was supplied to a person. These mistakes were known as near misses and the responsible pharmacist (RP) made each entry into the log. They recorded various details including the time and day the near miss happened, a brief description of the near miss and its severity. The log had a section for the RP to record any action the team had made to prevent a similar mistake from happening again, but this section was often left incomplete. The RP completed an analysis of the log to help them identify any patterns or trends. The RP then completed a review form which documented the findings of the analysis. This review was provided to each team member to read and understand. The review was filed for future reference. The team used an electronic reporting system to help report dispensing incidents that had reached people. Team members described the process which included a team meeting to discuss the incident and raise awareness. The report was written by the RP and then sent to the pharmacy's superintendent pharmacist (SI) team. Most recently, the team had supplied a person with the incorrect medicine. A root cause analysis showed the error had happened due to two medicines having similar sounding names. To reduce the risk of a similar incident happening again, the team decided to separate the two medicines onto different dispensary shelves. The pharmacy had a procedure to support people in raising concerns about the pharmacy. It was outlined within a notice outlined in the retail area. Any concerns or complaints were usually raised verbally with a team member. If the team member could not resolve the complaint, it was escalated to the SI team.

The pharmacy had current professional indemnity insurance. It was displaying an incorrect responsible pharmacist (RP) notice at the start of the inspection. This was rectified when the inspector notified the RP of the issue. A sample of the RP record inspected was completed correctly. The pharmacy kept records of supplies against private prescriptions. Some of these records didn't show clearly who had written the prescription. The pharmacy retained complete controlled drug (CD) registers. And of the sample checked, the team kept them in line with legal requirements. The team completed balance checks of the CDs each week. The inspector checked the balance of a randomly selected CD which was found to be correct. The pharmacy kept complete records of CDs returned to the pharmacy for destruction.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate container to avoid a mix up with general waste. The waste was periodically destroyed using a shredder. Team members understood the importance of securing people's private information. They described how they offered people the use of the pharmacy's consultation room if people felt uncomfortable discussing their health in the retail area. Each team member had completed formal training on the safeguarding of vulnerable adults and children. The pharmacy had a written procedure and the list of local safeguarding team affixed to a wall. Team members accurately described hypothetical safeguarding situations that they would feel the need to report.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a suitably skilled and experienced team to manage its workload efficiently. Team members are supported to update their knowledge and skills and they give feedback about the way the pharmacy functions to help improve service delivery.

Inspector's evidence

The RP was the pharmacy's resident pharmacist and manager. They had worked at the pharmacy for several years. During the inspection the RP was supported by three part-time pharmacy assistants. The pharmacy employed other team members who were not present during the inspection. These were an accuracy checking technician (ACT), two additional part-time pharmacy assistants and two part-time delivery drivers. Throughout the inspection, team members were observed working efficiently. Team members were supporting each other in completing various tasks. They could cover each other's absences by working additional hours if required, however team members explained this was not common as they felt they had enough team members to efficiently manage the workload. Team members didn't take leave in December as this was the pharmacy's busiest time of year.

The pharmacy had a formal training programme for its team members. This included a series of online healthcare related training modules for the team to complete. Most of the modules were mandatory for team members to complete, and they were accompanied with short quizzes designed to test team members' understanding of the subject. Team members mostly completed the modules during their working hours but some preferred to complete them at home to reduce the risk of distractions. Team members were able to voluntarily choose a module to complete if they felt they needed additional support. For example, a team member described how they refreshed their knowledge on the safeguarding of vulnerable adults and children by completing a relevant module. Team members engaged in an appraisal process which included team members being asked to complete a pre-appraisal form to record their development goals. Team members explained how they would raise any concerns with the manager and felt comfortable providing feedback to help improve the pharmacy's services. Team members had recently supported improving the way the pharmacy stored its medicines which helped reduce near misses. The team was set some targets to achieve by the pharmacy's owners. These included the number of prescriptions dispensed and retail sales. Team members felt the targets were generally achievable and were not under any significant pressure to achieve them. Team members had access to the pharmacy's whistleblowing policy, the details of which were displayed on a notice in the pharmacy's toilet.

Principle 3 - Premises ✓ Standards met

Summary findings

Overall, the premises are appropriately maintained and are suitable for the services the pharmacy provides. The pharmacy has the facilities for people to have private conversations with team members.

Inspector's evidence

The premises was generally well maintained and kept clean and hygienic. The ground floor dispensary area was small, but the team had managed the space well. Benches were kept organised with baskets containing prescriptions and medicines awaiting a final check stored in an orderly manner. The RP used a separate bench to complete final checks of prescriptions. This helped reduce the risk of mistakes being made within the dispensing process. There was a first-floor room used to dispense medicines and to store miscellaneous items. The pharmacy had sufficient space to store its medicines. Floor spaces were generally kept clear from obstruction but there were some medicines stored on the stairs. Team members gave assurances the medicines would be removed after the inspection. There was a consultation room available for people to use to have confidential conversations with team members about their health.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support people in managing their health. The services are well managed by the team, and they support people to take their medicines correctly. The team undertakes regular checks of its medicines to ensure they are fit for purpose.

Inspector's evidence

The pharmacy had level access from the street to the main entrance door. The pharmacy advertised its opening hours and its services on the main entrance door. The pharmacy had a facility to provide large-print labels to people with a visual impairment. Team members described how they supported people with a hearing impairment access the pharmacy's services. This included providing written messages to people and speaking slowly. Team members were aware of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They were aware of recently issued guidance to pharmacies to prevent supply of valproate outside of original manufacturers packaging. Team members explained they had always aimed to supply full boxes of original packs. The pharmacy had recently started providing a seasonal 'flu vaccination and COVID-19 vaccination service. Team members ensured the reminded people who were eligible for a 'flu vaccination the importance of being vaccinated.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. For example, to highlight to the RP the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. The RP annotated prescriptions when they had completed a clinical check. And the ACT annotated them when they had completed an accuracy check of the dispensed medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered a delivery service and kept records of completed deliveries.

The pharmacy offered a service to people to have their medicines dispensed in multi-compartment compliance packs. These packs were dispensed at the pharmacy's offsite hub pharmacy. Data from prescriptions were inputted onto the computer system and then checked for accuracy by the RP. Once the RP had confirmed accuracy of the data input, the data was sent to the hub pharmacy. The team retained a full audit trail of the dispensing process. The packs were delivered to the pharmacy from the hub pharmacy after three days of prescription data submission. The packs were annotated with visual descriptions of the medicines to help people identify them. However, the packs were not always supplied with patient information leaflets. And so, people were not provided with the full information about their medicines. However, people could request leaflets from the pharmacy team if required.

The pharmacy stored pharmacy-only (P) medicines directly behind the pharmacy to prevent self-selection. However, two packs of the P version of Nizoral were found stored in in the retail area. These were removed as soon as they were brought to the attention of the team. The pharmacy checked the expiry date of the pharmacy's medicines every three months and kept records of the process. No out-

of-date medicines were found following a check of approximately 20 randomly selected medicines. Team members highlighted expiring medicines using alert stickers or by marking the expiry date on the packaging using a highlighter pen. The pharmacy used two clinical-grade fridges for storing medicines that required cold storage. Two medicines were found stored outside of their original packs in the dispensary. Both packs were not annotated with the medicines batch number or expiry date. And so, there was a risk the team would not be able to action a recall or know when their medicines were due to expire. These medicines were removed from the dispensary when the inspector brought them to the attention of the team. The team checked and recorded the fridges' temperature ranges each day to ensure they were working correctly. The first-floor dispensary area was warm during the inspection. This was mainly due to the use of a fan heater. A thermometer indicated the room temperature was 26 degrees Celsius. And so, there was some risk the stability of the medicines stored in the room could be compromised. This was discussed with the team. The team gave assurances that the room temperature would be monitored daily. The team received drug alerts. Team members actioned the alerts and retained a copy with a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including copies of the British National Formulary (BNF) and BNF for children. The pharmacy used a range of CE marked measuring cylinders. There were suitable adrenaline pens, sharps bins, plasters, and swabs to support the team in delivering 'flu and COVID-19 vaccinations. The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private.

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.