

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 126 Lowedges Road,
SHEFFIELD, South Yorkshire, S8 7LD

Pharmacy reference: 1039328

Type of pharmacy: Community

Date of inspection: 12/08/2021

Pharmacy context

This is a community pharmacy in a residential area of the city of Sheffield, Yorkshire. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. And it delivers medicines for some people to their homes. The inspection was completed during the COVID-19 pandemic.

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 manages the risks with its services and it effectively manages the risks with infection control during the pandemic to help keep members of the public and team members safe. It maintains the records it needs to by law and protects people's private information. Team members know how to respond to help safeguard vulnerable people. They correct the mistakes they make during dispensing and they discuss how they can prevent similar mistakes from happening again.

Inspector's evidence

The pharmacy had several procedures to help manage the risks of the services it offered during the COVID-19 pandemic. These included posters on the entrance door of the premises, encouraging people visiting the pharmacy to wear a face covering. There were two large plastic screens at the pharmacy counter which acted as a protective barrier between team members and members of the public. The pharmacy continued to display markings on the floor of the retail area to help people maintain a two-metre distance between each other. At the start of the inspection, the team members were not wearing face coverings. The inspector signposted the team to Public Health England guidance for people to continue to wear face coverings within a healthcare setting. The main part of the dispensary was relatively small and so it wasn't always possible for team members to socially distance from each other. Each team member had completed a personal COVID-19 risk assessment to help identify any ways the pharmacy could better protect the them.

The pharmacy had a set of electronic standard operating procedures (SOPs). They covered tasks such as dispensing medicines, responsible pharmacist (RP) requirements and management of controlled drugs (CDs). SOPs were reviewed every two years to make sure they were still up to date with the pharmacy's current ways of working. Within the last six weeks the team members had read each SOP relevant to their role to help refresh their knowledge and skills.

The pharmacy had a process to record and report near miss errors made by its team members during the dispensing process. The RP spotted any near miss errors, informed the dispenser of the error and asked them to rectify the mistake. There was a near miss log for the team to use to record details of any near miss errors. The log was analysed at the end of each month for any trends or patterns in the near misses. The team members held a meeting to discuss what steps they could take to help improve their dispensing process to reduce the number or types of near misses made. They had separated some medicines that had similar names to prevent picking mistakes. The team members explained that during the height of the pandemic they were not always recording each near miss spotted as they were working under pressure and didn't always have the time to do so. The pharmacy had a process to record details of any dispensing errors that had reached people. A flow chart outlining the process was displayed on a dispensary wall.

The pharmacy had a concerns and complaints procedure and it was clearly outlined for people to see via a poster affixed to a wall next to the pharmacy counter. People could raise any complaints or concerns verbally with a team member. If the matter could not be resolved by the team member, they would escalate the matter to the pharmacy's superintendent pharmacist (SI). The pharmacy completed an annual patient satisfaction survey, but it had not completed it during the pandemic. The team members explained that people who used the pharmacy were generally pleased with the service they

received and supported the team during the height of the pandemic.

The pharmacy had appropriate indemnity insurance. At the start of the inspection, the RP notice displayed the incorrect name and registration number of the RP on duty. This was changed to the correct details when they RP was made aware of the error. Entries in the RP record complied with legal requirements and the pharmacy kept up-to-date and accurate records of private prescriptions. The pharmacy's CD registers were kept according to requirements. The inspector checked the register for one CD against physical stock. The register was found to be accurate. The pharmacy held accurate records of CDs that had been correctly destroyed.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. They placed the confidential waste into a separate basket to avoid a mix up with general waste. The confidential waste was periodically destroyed through a third-party contractor. A team member confirmed she had completed information governance training as part of their employment induction process. The pharmacy had a process in place to report any breaches in confidentiality. A flow chart outlining the process was displayed on a dispensary wall. The RP had completed level 2 training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. The dispensers on duty had completed training on safeguarding through the company's internal training programme. A dispenser described hypothetical situations that would require reporting and was aware of the contact details of the local safeguarding teams.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the right qualifications and skills to safely provide the pharmacy's services. And they have opportunities to complete ongoing training. They manage the workload well and support each other as they work. They provide feedback and suggest improvements to help improve the pharmacy's service.

Inspector's evidence

At the time of the inspection, the RP was a locum pharmacist who had worked several days at the pharmacy during the COVID-19 pandemic. He was supported by two NVQ2 qualified pharmacy assistants who officially worked part-time. Both pharmacy assistants were currently working full-time hours due to some staffing pressures. Team members who were not present during the inspection included two full-time pharmacy assistants, a part-time pharmacy assistant and a full-time resident pharmacist. The pharmacist was also the pharmacy's manager. The team were observed working efficiently, without pressure and supporting each other throughout the inspection.

Team members had access to the pharmacy's online training programme. The programme consisted of a library of training modules that team members could complete to improve their knowledge and skills. Some of the modules included new SOPs and the modules usually had a short quiz for team members to complete to test their learning. Team members were given around one module a week that was mandatory for them to complete and they were often given around week to complete them. A team member could voluntarily choose a module to complete, for example, if they had identified a gap in their knowledge or if a certain topic interested them. Each team member had their own individual record of completed modules. Team members were given protected training time to complete any mandatory modules but didn't have the time during working hours to complete any modules that weren't, but they did have the option of completing them at home.

The team could raise concerns with either the resident pharmacist, the pharmacy's area manager or the pharmacy's superintendent office. The pharmacy assistants explained that the team worked with an open and honest dialogue and they were encouraged to provide feedback on ways the pharmacy could improve its services. For example, the team had discussed ways to improve a new system that had been introduced. The system was a new dispensing aid designed to help people take their medicines on time. The team had held a meeting after identifying the system was not working efficiently and taking up a lot of the team's time. To improve the process, the team decided that each team member would have a set period of time to work on the process and during this time the team member was not required to answer the pharmacy's telephone or serve people on the counter. This allowed the team member to work without any distractions. Team members agreed that the process had improved dramatically since the changes had been introduced. There was a whistleblowing policy in place to help team members report any concern anonymously. They knew how to access the policy if they needed to use it.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises generally clean, adequately maintained and secure. The team works well to keep the areas where it dispenses medicines tidy. The pharmacy has a small sound-proofed room where people can have private conversations with the pharmacy team members.

Inspector's evidence

Areas of the pharmacy that could be accessed by members of the public were modern and provided a professional image for the delivery of pharmacy services. The dispensary was clean and throughout the inspection the dispensing benches were well organised and tidy. The dispensary was of a suitable size for the volume of services the pharmacy offered. There was a small, clearly signposted consultation room that the team used to have private conversations with people. There was a sink in the dispensary and in the toilet. Hot water was available for handwashing. There was some black mould on the ceiling of the toilet. This had been an ongoing issue for the pharmacy caused by damp and was identified during the pharmacy's previous inspection in 2018. The situation had improved since then. A few days prior to the inspection, the pharmacy had hired industrial dehumidifiers to help further improve the issue. There was a storeroom at the back of the premises. It stored some containers holding medicines for destruction and other miscellaneous items. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which support people's needs and it makes these services easily accessible for people. The pharmacy manages its services well to ensure people safely receive their medicines. It sources its medicines from reputable sources and correctly manages and stores its medicines.

Inspector's evidence

People had level access into the pharmacy. The pharmacy advertised its services and opening hours in the main window. The team provided large-print labels on request to help people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer. There was a small area near the front entrance door which had a large selection of healthcare related leaflets for people to take away with them. The leaflets covered various healthcare topics such as pain relief and help with stopping smoking.

Team members used various stickers and annotated bags containing people's dispensed medicines to use as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or 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. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The baskets were of different colours to help the team efficiently manage the dispensing process. For example, red baskets were used for prescriptions for people who were waiting in the retail area and white baskets were used for prescriptions for people who wished for their medicines to be delivered to their own homes. Team members gave owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. They gave one slip to the person and kept one with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. The driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines.

Team members explained how they attached 'see pharmacist' stickers to medicine bags where the RP needed to provide the person with some additional information about their medicines. For example, if the person needed to be reminded to take their medicines with food or on an empty stomach. Team members always attached the 'see pharmacist' sticker to bags that contained warfarin. This prompted the RP to ask the person if they were having regular blood tests and if they had up-to-date INR records. The team demonstrated an example of how the RP recorded the INR record on the person's electronic medical record. Team members demonstrated their understanding of the pregnancy prevention programme for people who were prescribed valproate. They explained the questions they would ask of people who may be affected and to make sure they knew to use appropriate contraception. The pharmacy had a supply of patient cards to supply to people within the high-risk group who were prescribed valproate.

Many of the prescriptions the pharmacy received were dispensed at an offsite central hub. This was to help reduce the team's dispensing workload pressures and give them more time to offer other services. Prescriptions that were for CDs or fridge items were not suitable to be dispensed at the hub.

Prescriptions that were suitable, were entered onto an electronic system. The RP then completed a clinical and accuracy check of the information and then the information was sent to the hub to be dispensed. The medicines arrived at the pharmacy within two days. They were packaged in a clear plastic bag. The team completed a final visual check of the medicines through the bags before they were put into the pharmacy's dispensed medicines retrieval system. The pharmacy was, until recently, providing some people's medicines in multi-compartment compliance packs to help them correctly take their medicines. It had since changed to a new system where people's medicines were dispensed at the offsite hub into small pouches. Team members explained the new system was very popular and most people found the pouches easier to use than the multi-compartment compliance packs.

Pharmacy (P) medicines were stored behind the pharmacy counter and people were not able to self-select them. Team members were seen asking, people, who wanted to purchase P medicines, appropriate questions to make sure the medicine they wished to buy was suitable for the symptoms they were describing. The pharmacy had a process to check the expiry dates of its medicines every three months. No out-of-date medicines were found after a check of around 20 randomly selected medicines. The pharmacy highlighted medicines that were expiring in the next three months. The date of opening was recorded on medicines that had a short shelf life once they had been opened. The pharmacy had a medical grade fridge which it used to store medicines that needed cold storage. The team tidily stored medicines inside the fridge and they kept daily records of the fridge temperature range. A sample seen was within the correct range. The pharmacy was emailed details of any medicine alerts, for example, any recalls. A record of the action taken was recorded and stored in a folder and kept for future reference.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services. And it uses its equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It positioned the computer screens so unauthorised people did not 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. It had a wireless card terminal for contactless transactions and reduce the use of cash during the pandemic. Team members had access to personal protective equipment including face masks, visors, aprons and gloves.

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.