General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, 5 Broad Lane, Dalton, HUDDERSFIELD, West Yorkshire, HD5 9BU

**Pharmacy reference:** 1039586

**Type of pharmacy:** Community

**Date of inspection:** 08/08/2019

## Pharmacy context

This is a community pharmacy on a parade of shops in the village of Dalton, Huddersfield. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It also dispenses private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. And it offers services including emergency hormonal contraception, medicines use reviews (MURs), flu vaccinations, a substance misuse service and the NHS New Medicines Service (NMS). It also supplies medicines in multi-compartmental compliance packs to people living in their own 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 | 1.2 | Good practice | The team is good at recording and learning from near miss errors. And they learn from what happens in other pharmacies. They take appropriate action to make sure errors are not repeated. |
| | | 1.8 | Good practice | All the team members complete specific training, so they are well equipped to protect the welfare of vulnerable adults and children. And they proactively use their training and skills to raise concerns when necessary |
| **2. Staff** | Standards met | 2.2 | Good practice | The pharmacy is good at supporting its team members to ensure their knowledge and skills are up to date. It achieves this by providing its team members with a structured training programme and regular appraisals of their performance. The team members tailor their training to help them achieve personal goals. |
| | | 2.4 | Good practice | The pharmacy team members openly discuss how to improve their ways of working. And they talk as a team about why mistakes happen, and how they can make improvements. They identify and address their learning needs. And support each other to achieve their goals. |
| **3. Premises** | Standards met | N/A | N/A | N/A |
| **4. Services, including medicines management** | Standards met | 4.1 | Good practice | The pharmacy is good at promoting, and engaging people in its healthcare campaigns. The team proactively speak with people who visit the pharmacy to help them improve their health. |
| **5. Equipment and facilities** | Standards met | N/A | N/A | N/A |

## Principle 1 - Governance ✔ Standards met

### Summary findings

The pharmacy has suitable processes and written procedures to protect the safety and wellbeing of people who access its services. It keeps the records it must have by law and keeps people's private information safe. The team members are good at recording and learning from errors that happen during dispensing. And they take appropriate action to make sure the errors are not repeated. All the team members complete specific training, so they are well equipped to protect the welfare of vulnerable adults and children. And they proactively use their training and skills to raise concerns when necessary.

### Inspector's evidence

The pharmacy had an open plan retail area which led directly into the dispensary. It had a private consultation room to the side of the pharmacy counter. The responsible pharmacist used the bench closest to the pharmacy counter to do final checks on prescriptions. This helped her supervise and oversee sales of over-the-counter medicines and conversations between team members and people using the pharmacy.

The pharmacy had a set of standard operating procedures (SOPs). And these were held electronically. The SOPs included activities such as taking in prescriptions and general dispensing. The team was seen working in accordance with the SOPs. The superintendent pharmacist's office reviewed each SOP every two years. This ensured that they were up to date. The next recorded due date was February 2021. The pharmacy defined the roles of the pharmacy team members in each SOP. A matrix named 'who needs to read which SOP' showed who was responsible for performing each task. The team members said they would ask the pharmacist if there was a task they were unsure about. Or felt unable to deal with. Records were available which showed that all team members had read the SOPs that were relevant to their role. The regular pharmacist counter signed the records to confirm the team member was competent in working in accordance with the SOPs.

The pharmacy had a process to report and record near miss errors that were spotted during dispensing. The pharmacist typically spotted the error and then informed the dispenser that they had made an error. The dispenser made a record of the error onto a near miss log. The records contained details such as the date of the error and the team members involved. The team members had recently discussed the importance of entering their errors straight away to make sure they did not forget to do so, and they took responsibility for their errors. The records contained details of why the error had happened. The logs were analysed each month for any trends and patterns. And the team members discussed the findings in a monthly meeting. The pharmacy had a process to record dispensing errors that had been given out to people. It recorded these incidents electronically. A copy of the report was sent to the superintendent pharmacist's office for analysis and kept in the pharmacy for future reference. The report detailed learning and improvement actions following mistakes. The team had recently decided to implement a third and final accuracy check for all controlled drugs. This was after the team had been made aware of a potential quantity error.

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. A team member explained how she would manage a complaint and understood how to escalate concerns if required. The pharmacy collected feedback from people through an annual survey. The team kept a report of any

concerns or complaints that were made. And each team member was required to sign the report to indicate that they had understood the agreed action plan. The team members explained they had recently held a team meeting to discuss ways of improving the way they handle complaints from people. This included the team members being reminded to be more sympathetic towards people if things go wrong. For example, if a person's prescription was not dispensed by an agreed time.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist notice displayed the correct details of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept complete records of private prescription and emergency supplies. The pharmacy kept the certificates of conformity of special supplies. And they were completed correctly as required by the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacy kept controlled drugs (CDs) registers. They were in order including completed headers, and entries made in chronological order. The pharmacy checked the running balances against physical stock each week. The running balance of a random CD was checked, and it matched the physical stock. The pharmacy kept complete records of CDs returned by people to the pharmacy.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bin to avoid a mix up with general waste. The confidential waste was destroyed periodically. The pharmacy explained how they stored and protected people's information via a poster displayed in the retail area. The team members understood the importance of keeping people's information secure. And they had all signed the information governance policies. The pharmacy had submitted its annual NHS information governance toolkit.

All the team members had completed training on safeguarding vulnerable adults and children via the online training system. And the regular pharmacist, the accuracy checking technician and a pharmacy technician had completed additional training via the Centre for Pharmacy Postgraduate Education. The team members gave several examples of symptoms that would raise their concerns. And they said they would discuss their concerns with the pharmacist on duty, at the earliest opportunity. Several safeguarding guidance documents were affixed to a dispensary wall. These included guidance from the Royal Pharmaceutical Society on reporting concerns about adults and children. The team had recently raised concerns it had about a person's mental health.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy has enough team members to manage the services it provides. The team members openly discuss how to improve ways of working. And they learn from what happens in other pharmacies. The pharmacy is good at supporting its team members to keep their knowledge and skills up to date. It achieves this by providing its team members with a structured training programme and regular appraisals of their performance. The team members tailor their training to help achieve their personal goals. And they feel comfortable to raise professional concerns when necessary.

### Inspector's evidence

At the time of the inspection, the team members present were a part-time regular pharmacist, a part-time and a full-time pharmacy assistant, a full-time pharmacy technician and a part-time counter assistant. The pharmacy also employed a part-time pharmacy assistant who was not present during the inspection. The pharmacy's regional lead was visiting the pharmacy at the time of the inspection. The team members did not take time off in the few weeks before Christmas. As this was the pharmacy's busiest period. The pharmacy could call on the help of team members from other local Rowlands branches to cover planned and unplanned absences.

The pharmacist on duty supervised the team members. And they involved the pharmacist in offering advice to people who were purchasing over-the-counter products for various minor ailments. They carried out tasks and managed their workload in a competent manner. And they asked appropriate questions when selling medicines that could only be sold under the supervision of a pharmacist. The team members accurately described the tasks that they could and could not perform in the pharmacist's absence.

The team members were able to access the online training system to help them keep their knowledge and skills up to date. They received training modules to complete every month. Many of the modules were mandatory to complete. And the team members received set time during the working day to allow them to complete the modules without interruption. They received around an hour a month. The team members were also able to voluntarily choose a module if they felt the need to learn about a specific healthcare related topic, or needed help carrying out a certain process. A team member had recently completed training on children's health. The team member felt it was important to complete this training as the pharmacy was located close to three schools and many parents of young children regularly visited the pharmacy for healthcare advice.

The pharmacy had an annual performance appraisal process in place. The appraisals were an opportunity for the team members to discuss what parts of their roles they felt they enjoyed and which parts they felt they wanted to improve. They were also able to give feedback on how to improve the pharmacy's services. And discuss their personal development. A team member said she wanted to expand on her knowledge of over-the-counter medicines and was given comprehensive support to help her achieve her goal.

The team held monthly formal meetings and discussed topics such as company news, targets and patient safety. If a team member was not present during the discussions, they were updated the next time they attended for work. The team members openly and honestly discussed any mistakes they had

made while dispensing and discussed how they could prevent the mistakes from happening again. The team members had recently discussed 'look alike and sound alike' (LASA) medicines in the dispensary to prevent them being mixed up when they were dispensing. An example was the separation of pantoprazole and paroxetine. The pharmacy was regularly sent a newsletter from the company's head office. It included company news and described dispensing incidents that happened in other pharmacies. The team members discussed these incidents and thought of ways they could help prevent these incidents happening in their own day-to-day practice. The team demonstrated how they had separated olanzapine from other 'O' medicines after they were made aware of an error where a person had received olanzapine by mistake.

The team members were able to discuss any professional concerns with the manager or with the company head office. The pharmacy had a whistleblowing policy. So, the team could raise a concern anonymously. The pharmacy set several targets for its team to achieve. These included services and prescription volume. The team members were not put under any pressure to achieve the targets.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the health services provided. And, it has a room where people can speak to pharmacy team members privately.

### Inspector's evidence

The pharmacy was clean and portrayed a highly professional image. The benches in the dispensary were kept tidy throughout the inspection. Floor spaces were clear with no trip hazards evident. There was a clean, well-maintained sink in the dispensary for medicines preparation and staff use. There was a WC which had a sink with hot and cold running water and other facilities for hand washing. The pharmacy had a sound-proofed consultation room which contained adequate seating facilities. The room was smart and professional in appearance. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy promotes the services it provides and takes appropriate steps to make sure people can access these services. The pharmacy is good at promoting healthcare campaigns and is proactive in engaging with people who visit the pharmacy to help them improve their health. The pharmacy has suitable procedures for the team members to follow when they dispense medicines into multi-compartmental compliance packs. The pharmacy sources its medicines from licenced suppliers. And it generally stores and manages it medicines appropriately. The team members take steps to identify people taking high-risk medicines and they give people additional advice when necessary.

### Inspector's evidence

The pharmacy was accessible from a step to the entrance door. The pharmacy did not have a ramp. So, people who used wheelchairs would not be able to easily access the premises. But a bell was affixed next to the entrance door. And people could use it to attract the attention of the team, if they needed help. The team members had access to the company intranet. Which they used to signpost people requiring a service that the team did not offer. The pharmacy advertised its services and opening hours in the front window. Seating was provided for people waiting for prescriptions. The pharmacy kept a wide range of healthcare related leaflets in both the consultation room and the retail area. People could self-select the leaflets and take them away. The leaflets covered various conditions such as asthma and sexual health. A television monitor was in the retail area. It promoted various over-the-counter products.

The pharmacy was accredited as a healthy living pharmacy. There was a healthy living zone in the retail area. The zone displayed information about a healthcare campaign. The pharmacy was required to engage with several mandatory NHS campaigns throughout the year. But the team also held voluntary campaigns. For example, the team had organised a display to raise awareness of world breastfeeding week between August 1 and 7. The display gave information on ‘signs that your baby is well attached’ and ‘signs your baby is getting enough milk’. The team also attached tear off slips to the zone, which had the web address of NHS guidance on breastfeeding. The team members said they always went out to help people who were seen looking at the display. And they gave them the opportunity to ask any questions and offered the use of the consultation room if they wanted to talk in private.

The team members regularly used various stickers that they could 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 controlled drug that needed handing out at the same time. The team members signed the dispensing labels to indicate who had dispensed and checked the medication. And so, a robust audit trail was in place. The dispensary had a manageable workflow with separate areas for the team members to undertake the dispensing and checking parts of the dispensing process. Baskets were available to hold prescriptions and medicines. This helped the team stop people’s prescriptions from getting mixed up. The team had a robust process to highlight the expiry date of CD prescriptions awaiting collection in the retrieval area. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person. And one kept with the original prescription for reference when dispensing and checking the remaining quantity. The team attempted to complete the owing the next day. The pharmacy kept records of the delivery of medicines from the pharmacy to people. The records included a signature of receipt. And so, there was

an audit trail that could be used to solve any queries. A note was posted to people when a delivery could not be completed. The note advised them to contact the pharmacy.

The pharmacy often dispensed high-risk medicines for people such as warfarin. The pharmacist often gave the person additional advice if there was a need to do so. But details of these conversations were not recorded on people's medication records. So, the pharmacy could not demonstrate how often these checks took place. INR levels were always assessed in the pharmacy. The team were aware of the pregnancy prevention programme for people who were prescribed valproate. The team said they were aware of the risks. And they demonstrated the advice they would give people in a hypothetical situation. The pharmacy had received a support pack for the programme which contained additional literature that the team could handout to people who met the criteria of the programme. The team had completed an audit to see if any of its regular patients were prescribed valproate. And met the requirements of the programme. No affected people were identified. The team members were conscious that they didn't affix dispensing labels over warning alerts on original packs of valproate.

The pharmacy supplied medicines in multi-compartmental compliance packs for people living in their own homes. And the pharmacy supplied the packs to people on either a weekly or monthly basis. The team members were responsible for ordering the person's prescription. And they did this around a week in advance. And then they cross-referenced the prescription with a master sheet to ensure it was accurate. The team members queried any discrepancies with the person's prescriber. The team members recorded details of any changes, such as dosage increases and decreases, on the master sheets. The packs had backing sheets with dispensing labels attached. And the sheets contained information to help people visually identify the medicines. The team routinely provided patient information leaflets with the packs.

Pharmacy only medicines were stored behind the pharmacy counter. The storage arrangement prevented people from self-selecting these medicines. Every three months, the pharmacy team members checked the expiry dates of its medicines to make sure none had expired. And records were seen. The pharmacy used stickers to highlight stock that was within six months of expiring. Some short-dated stickers were seen on the dispensary shelves. No out-of-date medicines were found following a random check. The team members recorded the date liquid medicines were opened on the pack. So, they could check they were in date and safe to supply. The team was not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). The team had not received training on how to follow the directive. The pharmacy had FMD software and scanners installed. The pharmacy was expected to be compliant by 18 August 2019. Drug alerts were received via email to the pharmacy and actioned. The alerts were printed and stored in a folder. And the team kept a record of the action it had taken. The pharmacy used digital thermometers to record fridge temperatures each day. A sample of the records were looked at. And they were within the correct range.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy's equipment is clean and safe, and the pharmacy uses it appropriately to protect people's confidentiality.

### Inspector's evidence

The pharmacy had copies of the BNF and the BNF for children for the team to use. And the team had access to the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. The team used tweezers and rollers to dispense multi-compartmental compliance packs. The fridges used to store medicines were of an appropriate size. And the medicines inside were organised in an orderly manner. All the electrical equipment was due for portable appliance testing in August 2020.

Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't seen by people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the 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. |