General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Keppoch Road, INVERNESS, Inverness-Shire, IV2 7LL

Pharmacy reference: 1042154

Type of pharmacy: Community

Date of inspection: 03/04/2019

Pharmacy context

The pharmacy is on a parade of shops on the outskirts of Inverness. It provides a range of services to the Inverness area. And dispenses NHS prescriptions. The pharmacy supplies medicines in multi-compartment medicine devices to support people. And offers a delivery service to housebound and vulnerable people.

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	1.7	Good practice	The pharmacy has good information governance arrangements. The pharmacy team completes regular training and has the skills to keep confidential information safe.
		1.8	Good practice	The pharmacy has good safeguarding arrangements in place. And the pharmacy team has the knowledge to identify the signs and symptoms of abuse and neglect. The pharmacy team acts to make sure they protect and support vulnerable people.
2. Staff	Standards met	2.2	Good practice	The pharmacy team members receive feedback through appraisals. They are encouraged and supported to develop in their roles. And complete regular training to keep up to date.
		2.5	Good practice	The pharmacy encourages the pharmacy team to provide feedback and improve services. And it supports the team to raise concerns.
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 completes training and works to professional standards. They provide safe services and look after people. The pharmacy keeps records of mistakes when they happen. And the pharmacist carries out checks to make sure the pharmacy is running safely. The pharmacy team discuss the need for safety improvements. And there is ongoing service improvement. The pharmacy keeps the records it needs to by law. It understands its role in protecting vulnerable people. And it undertakes regular training to keep confidential information safe. People using the pharmacy can raise concerns. And staff know to follow the company's complaints handling procedure. This means that staff listen to people and put things right when they can.

Inspector's evidence

The responsible pharmacist notice was visible from the waiting area. And displayed the name and registration number of the pharmacist on duty. The pharmacy team signed to confirm they followed standard operating procedures. The procedures defined the pharmacy processes and staff responsibilities. Staff signed prescriptions to show they had completed a dispensing task. This included clinical checking, assembly and accuracy checking. The accredited checking technician had read and signed the final accuracy checking procedure. And knew only to check prescriptions that the pharmacist had authorised.

The pharmacist and accuracy checking technician checked prescriptions. And gave feedback to dispensers when they failed to identify their own errors. The dispensers and accuracy checkers recorded near-misses. But did not always record the root cause. And did not always identify improvement action. The pharmacy used two separate near-miss books. One for multi-compartment medicine devices dispensing and the other for everything else. The accuracy checking technician reviewed the near-miss records each month. And produced a report to keep the pharmacy team updated. The accuracy checking technician spoke to the pharmacy team in small groups. And this was due to the number of part-time workers. The pharmacy displayed the report on a notice board. And the pharmacy team kept themselves up to date.

A sample near-miss report for November 2018 showed labelling errors as an area of concern. But, there was no information about improvement action. The pharmacy team were proactive and highlighted look alike and sound alike medicines. For example, the pharmacy had separated chloramphenicol eye ointment and carbomer eye gel. And this managed the risk of selection errors.

The pharmacist managed the incident reporting process. And the Rowlands professional and regulatory affairs manager provided evidence of change when incidents had happened. This was after the inspection.

A complaints policy ensured that staff handled complaints in a consistent manner. This increased the likelihood of the pharmacy team being able to resolve issues. And managed the need for people to escalate complaints. A notice informed people about the complaints process and provided contact details. It also invited any feedback that people may have.

The pharmacy maintained the legal pharmacy records it needed to by law. The pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy team kept the controlled drug registers up to date. They checked and verified the balance of controlled drugs on a rolling basis over one month. The pharmacy recorded controlled drugs that people returned for destruction. The staff destroyed the controlled drugs on a regular basis. And recorded their names once completed. A sample of private prescriptions were up to date and met legal requirements. A sample of specials records were up to date. The staff recorded the name of the person who had received the product.

The pharmacists used patient group directions to improve access to medicines. The staff provided trimethoprim supplies. And the patient group direction was valid until October 2020.

The pharmacy team had completed data protection training in 2018. And had covered the general data protection regulations. The pharmacy displayed a confidentiality notice. And informed people that their personal information was safe. The pharmacy team used a shredder to dispose of confidential information. And they archived spent records for the standard retention period. The pharmacy stored prescriptions for collection out of view of the waiting area. And computer screens were not visible. The pharmacy team took calls in private using a portable phone when necessary. And used a password to restrict access to patient medication records. A Rowlands auditor had carried out an audit on the morning of the inspection. And the pharmacy had scored 94 per cent compliance with information governance requirements. The auditor had provided feedback. And had instructed staff to press escape on a computer at the counter. This managed the risk of a data breach.

The protecting vulnerable groups scheme helped to protect children and vulnerable adults. And the pharmacists had registered with the scheme.

The pharmacy team completed training on a regular basis. And staff knew to raise concerns if they saw the signs and symptoms of abuse and neglect. Staff were aware of vulnerable groups. And key contact details were available for referrals.

The staff monitored people using multi-compartment medicine devices. And contacted carers and surgery staff when devices were not collected or delivered.

Public liability and professional indemnity insurance were in place.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy monitors its staffing levels. And ensures it has the right number of pharmacy team members throughout the week. The pharmacy team members reflect on their performance. They identify and discuss their learning needs at regular review meetings. This ensures they keep up to date in their roles. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work. They can speak up and suggest service improvements. They share ideas and learnings to keep services are safe.

Inspector's evidence

The pharmacy work-load had increased. This was due to a rise in the number of multi-compartment medicine devices dispensed. And an increase in demand for services. The area manager had recognised the increased work-load. And had recruited a new member of staff to work 16 hours per week.

The pharmacy had to enrol new staff on training courses. This was due to a lack of qualified dispensers across the Inverness area. Two pharmacists worked at the pharmacy on a job-share basis. And used a diary and messaging to communicate important information. Five pharmacy technicians worked at the pharmacy. And most of the pharmacy team had worked at the pharmacy for more than 10 years. The pharmacy supported new staff in training. And provided protected learning time in the work-place to complete training activities.

The pharmacy kept staff qualifications on-site so that evidence of accreditation was available. The pharmacy employed the following staff: one full-time-equivalent responsible pharmacist (two pharmacists); one full-time pharmacy technician; one full-time accredited checking technician; two part-time pharmacy technicians; one part-time dispenser; three part-time trainee dispensers; two part-time medicines counter assistants and one driver.

The pharmacy team submitted holiday requests a year in advance. The pharmacy used a large wall planner to record leave. And allowed up to two members of staff to take leave at once. The part-time staff increased their hours when needed. And an area relief dispenser was available to provide cover.

The pharmacist attended a weekly conference call. And an area manager discussed the service targets that had been set across the area. The pharmacy had not registered the required number of people to one of its services. And this was due to a lack of engagement with the chronic medication service by prescribers. The pharmacy team did not feel undue pressure to promote services. And knew only to discuss services when the person would benefit.

The pharmacy used an annual performance review to develop the pharmacy team. For example, a pharmacy technician had agreed to review patient medication records. And to identify people using multi-compartment medicine devices. This would allow the pharmacy team to check how well people were managing their medicines. A new medicines counter assistant was being trained to provide

smoking cessation services. And to provide cover when the accredited checking technician went on maternity leave. The pharmacist delegated responsibility to staff. For example, the accredited checking technician managed the near-miss review. And another team member managed multi-compartment medicine device dispensing. And ensured that services were safe and effective.

The pharmacy provided e-learning and staff were up-to-date with company requirements. The staff provided several examples of training. For example, eye care, dementia and information governance training.

The pharmacy team raised concerns and provided suggestions for improvement. For example, they introduced a clip-board to highlight prescriptions awaiting Owings. And this made prescriptions easier to find when people arrived to collect them.

The pharmacist discussed queries with patients. And gave advice when handing out prescriptions.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean. And provide a safe, secure and professional environment for patients to receive healthcare.

Inspector's evidence

A well-kept waiting area presented a professional image to the public. And the pharmacy team maintained and cleaned the premises on a regular basis. The pharmacy provided customer seating in its waiting area. And patient information leaflets were available. A consultation room and separate hatch were available and kept professional in appearance.

The pharmacy had allocated benches for the different dispensing tasks. The pharmacy team dispensed walk-in prescriptions near to the waiting area. And dispensed multi-compartment medicine devices in a rear room. The pharmacist supervised the medicines counter from the checking bench. And could make interventions when needed.

A security alarm and shutters protected the pharmacy after hours. And panic buttons and CCTV were available. The pharmacy had effective lighting in place. And the ambient temperature provided a comfortable environment from which to provide services.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a range of services to the Inverness area. The pharmacy displays its opening times and services in the window. And has a comfortable seated waiting area. The pharmacy provides information leaflets for self-selection. And provides extra support to people to take their medicines. It carries out dispensing in an organised manner. This means that services are safe and people do not run out of their medicines. The pharmacy sources, stores and manages medicines. And updates the pharmacy team about high-risk medicines. This means that team members know when to provide people with additional information.

Inspector's evidence

The pharmacy had level access. This meant that people with mobility difficulties could access the pharmacy without restriction. The pharmacy displayed its opening hours at the front of the pharmacy. And service information was available on a monitor in the window. The pharmacy was promoting an app so that people could order new prescription. The pharmacy provided a waiting area with seating. And patient information leaflets were available for self-selection.

The pharmacy provided a delivery service. And made sure that people signed for controlled drug prescriptions to confirm receipt.

The pharmacy was modern and spacious. And the pharmacy team had organised the benches so that dispensing was safe. The pharmacy team used dispensing baskets. And kept prescriptions and medicines contained throughout the dispensing process. The pharmacy team attached labels to prescription bags to communicate important messages. For example, a label informed staff to refer to the pharmacist. And the pharmacist discussed concerns with prescribers. The hospital had admitted a patient because of blood-pressure medication they were taking. The pharmacist had contacted the doctor when the patient returned to the pharmacy. And was due to the person handing in a prescription for the same medication that led to the hospital admission.

NHS Highland were developing a care at home service. The pharmacist carried out needs assessments. And recommended multi-compartment medicine devices for people who were having difficulty taking their medicines.

The pharmacy provided multi-compartment medicine devices for around 160 people. The pharmacy team used a rear room and kept distractions to a minimum. A pharmacy technician managed the service. And another member of staff assisted. The pharmacy used trackers to manage the work-load. And ensured that people did not go without their medication. The pharmacy team made a note of prescription changes on designated record forms. And retained these in individual patient medication records. The team members supplied patient information leaflets and descriptions of medicines. And this supported people to recognise their medication.

Staff kept the pharmacy shelves and drawers neat and tidy. And purchased medicines and medical devices from recognised suppliers.

The pharmacy used clear plastic bags for controlled drugs and refrigerated items. And people confirmed they were being given the correct medication.

The pharmacy kept controlled drugs in four cabinets. And the pharmacy team kept them neat and tidy to manage the risk of selection errors. For example, staff used a separate cabinet to store multi-compartment medicine devices.

The pharmacy issued team members with a passcode. And a central office audited access. The staff carried out regular stock management activities. And highlighted short dated stock and part-packs. The staff monitored and recorded the fridge temperatures. And staff demonstrated that the temperature had been between two and eight degrees.

Staff accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. The pharmacy team acted on drug alerts and recalls. And recorded the outcome and the date they checked for affected stock. Staff had checked for stocks of irbesartan in February 2019. And had removed affected stock and returned it to head office.

The pharmacist had briefed the pharmacy team about the risks associated with valproate. And staff knew about the pregnancy protection scheme.

The pharmacy kept safety leaflets and cards. And the pharmacy team knew when to issue them. For example, to someone whom they had supplied medicine to in a multi-compartment medicine pack.

The company had not trained staff to follow the falsified medicines directive. And had not provided resources to carry out the required checks.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely.

Inspector's evidence

The pharmacy used CE quality stamped measures for measuring liquids. And counting triangles were available. The pharmacy provided blood pressure testing. And the pharmacy team had dated the equipment to confirm when the next calibration was due.

Cleaning materials were available for hard surface and equipment cleaning. And hand washing solution was also available. The pharmacy sink was clean and suitable for dispensing purposes.

Reference sources were available. For example, the current copy of the BNF and BNF for children were in use.

A consultation room and separate hatch were available. And the pharmacy protected people's privacy and dignity.

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.