

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 150 Bank Street,
COATBRIDGE, Lanarkshire, ML5 1ET

Pharmacy reference: 1042220

Type of pharmacy: Community

Date of inspection: 14/03/2022

Pharmacy context

This pharmacy is situated in a small local shopping centre next to a small health centre. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to help people take their medicines safely. It also provides a smoking cessation service, flu vaccinations and a range of services under the Pharmacy First scheme. The inspection was undertaken 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's working practices are safe and effective. The pharmacy generally keeps the records it needs to by law so that medicines are supplied safely and legally. People who use the pharmacy can give feedback on its services. And the pharmacy team knows how to help protect the welfare of vulnerable people. Team members respond appropriately when mistakes happen during the dispensing process.

Inspector's evidence

Standard operating procedures (SOPs) were available electronically and linked to team members training accounts. Team members were provided with time to read through these and were issued with a certificate once they had completed the SOPs allocated to their role. Compliance was monitored by head office. The team had been routinely ensuring infection control measures were in place. Team members had been provided with personal protective equipment (PPE). The responsible pharmacist (RP) explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff.

The pharmacy recorded dispensing mistakes where the medicine was handed to a person (dispensing errors). Dispensing mistakes which were identified before the medicine was handed out (near misses) were recorded in a book either by the RP or the team member who had made the error. Team members were requested to identify their own mistakes and rectify these. Near misses and dispensing errors were reviewed on a monthly basis by the pharmacy manager. Any trends were shared with the team and with the RP. Dispensing errors were recorded electronically and submitted centrally. Head office shared learning from errors that had occurred at all branches as well as steps to take to avoid the error occurring again. As a result of this all branches were requested to place olanzapine in separate drawers. When carrying out reviews in the pharmacy all team members were consulted and following a review pregabalin and gabapentin had been moved.

A correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaint procedure. Where possible team members would try and resolve any issues in store. The RP described that the biggest impact on complaints had been staffing levels but this had been resolved.

Records for emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and RP records were well maintained. Private prescription records were also generally well maintained but the date the prescription had been issued and the date of supply had not been recorded on some entries. The RP gave an assurance that he would speak to the team. CDs that people had returned were recorded in a register as they were received. A random check of a CD medicine quantity complied with the balance recorded in the register. CD registers were kept electronically. CD balance checks were carried out regularly and the system prompted for balance checks to be completed if one had not been recorded.

Assembled prescriptions were stored in the dispensary and people's private information was not visible to others using the pharmacy. An information governance policy was available and team members

completed training annually. Confidential paperwork and dispensing labels were segregated and shredded.

Safeguarding was covered in the SOPs which team members had read. Team members also described watching a video. Team members were able to describe the steps they would take in the event that they had any concerns. Concerns would be reported to the Superintendent pharmacist (SI) and to the local contact.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services provided, and they do the right training for their roles. They work effectively together and are supportive of one another. The pharmacy supports its team members with ongoing training. This helps them keep their knowledge and skills up to date.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of the RP, who worked at the pharmacy one day a week, a pharmacy technician who was in the process of completing the accuracy checking training, a trained dispenser and two trainee dispensers. Team members were all trained or undergoing training. Team members were able to manage their workload during the inspection. The RP felt that there were now an adequate number of staff as two new team members had been recruited.

Individual performance and development was monitored by the pharmacy manager who held six-monthly appraisals with each of the team members. Appraisal meetings were used to set standards, review achievement of standards set previously and identify training needs. Team members were also provided with ongoing feedback. There was an opportunity for team members to progress in their roles.

The trainee dispenser counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was aware of the maximum quantities of certain medicines which could be sold over the counter.

Ongoing training for team members was completed via an online learning tool 'Moodle.' This comprised of both mandatory and optional training courses that team members could complete. Team members were provided with time at work to complete their training but most preferred to do this at home. Team members completing their formal training courses were well supported by their colleagues.

Team members discussed issues as they arose. On some occasions meetings were also held after the pharmacy closed. The pharmacy manager briefed the team if she noticed anything and team members who were not present were updated when they returned to work. Team members including the RP felt able to share feedback, suggestions and concerns and described that they felt 'listened to.' Communication from head office was received via emails and messages. The company had an online messaging forum where team members could speak out or discuss more informal topics. Team members described it as 'fun' an 'open platform' and felt that they were listened to. They said it was a non-judgemental site and felt that feedback provided there was taken on board by head office. There were no targets set for team members. They were encouraged to let people know about the different services offered by the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment to deliver its services from. And its premises are suitably clean and secure.

Inspector's evidence

The pharmacy was clean, and organised. There was ample workspace which was clear of clutter and organised. Workspace had also been allocated for certain tasks. Cleaning was carried out by team members. A clean sink was available for the preparation of medicines. Team members were observed to use face masks. Screens had also been fitted at the counter. Hand sanitiser was available for team members to use. Cleaning was carried out by team members through the course of the day and before the pharmacy closed.

The pharmacy had a clean consultation room which was easily accessible, the door leading into the room from the shopfloor was locked when not in use. The room allowed a conversation at a normal level of volume to take place inside and not be overheard.

The room temperature was adequate for the provision of pharmacy services and the safe storage of medicines. Some lights on the shop floor were flickering, this had been reported to the maintenance team and was due to be replaced. The premises were secure from unauthorised access

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. People with a range of needs can easily access the pharmacy's services.

Inspector's evidence

The pharmacy was easily accessible, there was a ramp from the carpark. Aisles were wide and allowed easy access to the medicines counter. Services were appropriately advertised to people. Team members knew what services were available locally and also used the Health Board website and described signposting people to other providers where needed. In some instances, this was recorded as part of the Pharmacy First service. The pharmacy was able to produce large print labels and a delivery service was offered to those people who were unable to access the pharmacy.

The pharmacy had an established workflow in place. Prescriptions were handed in at the counter, processed and dispensed by the dispensers and left for the pharmacists to check. It was very rare that the pharmacists had to self-check. In the event where there was a large workload one team member would label and others would dispense. Labels with messages such as 'see pharmacist' were used by team members to highlight prescriptions for counter staff where the pharmacist needed to counsel the person. Dispensed and checked by boxes were available on labels which were observed to be used. Colour coded baskets were used to separate prescriptions, preventing incorrect transfer of items between people as well as help to manage the workflow.

The RP was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. In most cases sodium valproate was dispensed in its original pack. Warning labels were used where the original pack was not used. The system prompted team members when sodium valproate was dispensed. Additional checks were carried out when people collected medicines which required ongoing monitoring.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. To help organise and manage the service each person had their own separate labelled box and folder which was used to store any prepared packs and notes. This ensured that all communication was available for all team members including pharmacists to see. The shelves had been allocated to days of the week to make it easier to manage the service. Prescriptions were compared against the person's master sheet which had an up-to-date record of all their medicines. Team members contacted the surgery with any queries. A medication change form was completed which was checked with the pharmacist before the prescription was processed. Packs were prepared by the dispensers and checked by the pharmacists. Assembled packs were labelled with product descriptions and mandatory warning. Patient information leaflets (PILs) were routinely supplied. The pharmacy worked one week in advance to ensure people's packs were ready for when they needed them.

Some people's prescriptions were dispensed at an off-site hub pharmacy but their medicines still collected from the pharmacy in the same way as before. People were able to opt-out of this if they

wanted. Prescriptions were processed in the pharmacy and the information was automatically transmitted to the hub. Dispensed prescriptions were returned in two days. Some items could not be dispensed at the hub. Labels for these were automatically printed back in the pharmacy when the remainder of the dispensed prescription was received back. Bags were scanned when they were received and the prescription was matched and attached to the bag. The pharmacy had been one of the pilot stores for this service and team members mentioned that initially they had picked up a number of near misses which had all been reported back. These had decreased and now it was very rare that an error occurred.

Some people received medicines from 'Medicines Care Review' (MCR) serial prescriptions. The pharmacy dispensed these before the due date, if the person did not collect the medication within the next three weeks a team member called them. The electronic patient medication record (PMR) was used as a dispensing record. The NHS electronic system was updated when the person collected their medication to ensure that people's Emergency Care Summaries, and information held by GPs was accurate. The pharmaceutical care needs' assessments had been completed when the person had been set up on the service.

The pharmacy followed the service specifications for NHS services. It had patient group directions (PGDs) in place for unscheduled care, the Pharmacy First service, smoking cessation, and emergency hormonal contraception (EHC). It also followed private PGDs for flu vaccinations. The pharmacy team members were trained to deliver the Pharmacy First service within their competence and under the pharmacist's supervision. They used the sale of medicines protocol and the formulary to respond to symptoms and make suggestions for treatment. They referred to the pharmacist as required.

The pharmacy provided a delivery service. Signatures were no longer obtained when medicines were delivered and this was to help infection control. The driver made a record of the date and time of delivery as well as a record of any attempted deliveries. Delivery logs were kept in the pharmacy. In the event that someone was not available medicines were returned to the pharmacy. The pharmacy attempted to deliver on one further occasion before calling the person.

Medicines were obtained from licensed wholesalers. Medicines were organised on shelves in a tidy manner. Fridge temperatures were monitored daily and recorded. Records seen showed that the temperatures were within the required range for the storage of medicines. CDs were held securely.

Expiry-date checks were carried out as per the company's policy, with sections checked each week. A barcode was scanned when the date check was completed. This was monitored centrally. It was flagged if the pharmacy was to fall behind with their date checking. No date-expired medicines were found on the shelves checked. Out- of-date and other waste medicines were kept separate from stock and generally stored securely until collected by licensed waste collectors. Drug recalls were received via messages on the intranet. A red flag came up when there were new alerts. Alerts needed to be marked on the system once they were actioned. They were also printed and filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had calibrated glass measures, and tablet counting equipment. Equipment was clean and ready for use. Separate tablet counting triangles were used for cytotoxic medicines to avoid contamination. An automated methadone dispensing system was available and used. This was calibrated each morning. A medical fridge of adequate size was available. A blood pressure monitor was used for services provided. The monitor was calibrated annually along with the weighing scales. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy.

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.