

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 186-188 Abercromby Street,
GLASGOW, Lanarkshire, G40 2RZ

Pharmacy reference: 1042260

Type of pharmacy: Community

Date of inspection: 10/06/2024

Pharmacy context

This is a community pharmacy in Glasgow. Its main services are dispensing NHS prescriptions, including serial prescriptions. It dispenses medicines in multi-compartment compliance packs to help people take their medicines at the right times. And it provides substance misuse services. The pharmacy team provides advice on minor ailments and medicines' use.

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 adequately identifies and manages the risks of the services it provides. Pharmacy team members record and discuss mistakes made during the dispensing process and make changes to help prevent the same or a similar mistake occurring. And they understand their role in helping to protect vulnerable people. The pharmacy keeps the records it needs to by law, and it suitably protects people's confidential information.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which were designed to help team members work safely and effectively. They included SOPs about the absence of the Responsible Pharmacist (RP) and protecting people's confidentiality. SOPs were reviewed by the Superintendent Pharmacist (SI) every two years. And team members kept paper-based records to show they had read and understood them. Notification of new or updated SOPs were communicated with team members via email. Team members described their roles and responsibilities within the pharmacy and accurately described what activities they could and couldn't undertake in the absence of the RP. And there was a business continuity plan in place to address disruption to services or unexpected closure.

A signature audit trail on medicines labels showed who dispensed and checked each medicine. This meant the RP was able to help team members learn from dispensing mistakes identified within the pharmacy, known as near misses. The pharmacy kept paper-based records of near misses and included details such as the time and date the near miss happened, and any contributing factors. Mistakes that were identified after people received their medicines, known as dispensing incidents, were recorded on an electronic system and then reviewed by the SI. A monthly safety audit was carried out on near misses and dispensing incidents by the pharmacy manager. And team members discussed these and agreed actions which were put in place to manage the risk of the same or a similar mistake happening again. This included separating stock of medicines with similar names or packaging to avoid selection errors. And separating different strengths of higher-risk medicines such as diazepam. Team members attached warning stickers to the bags of people's prescriptions awaiting collection. These stickers encouraged team members to take care when handing out prescriptions stored next to a prescription of a person with the same or similar sounding surname. This helped reduce the risk of medicines being supplied to the wrong person and protected people's confidential information. The pharmacy had a complaints procedure and welcomed feedback. Team members were trained to manage complaints and aimed to do this informally. But if they were not able to resolve the complaint, they would provide contact details for the SI.

The pharmacy had current indemnity and liability insurance. The pharmacist displayed an RP notice which was visible from the retail area, and the RP record held electronically was up to date. Team members maintained complete paper-based controlled drug (CD) registers and they checked the balances weekly. A random balance check of three CDs were correct. The pharmacy had records of CDs people had returned for safe disposal. Private prescription records were held electronically and mostly complete. But there were some minor omissions of the prescriber details. This was discussed and the RP provided assurances this would be addressed after the inspection. Records of unlicensed medicines were up to date.

A privacy notice was on display and team members knew how to protect people's confidential information. Confidential waste was separated and shredded on-site. Team members had completed online training relating to the safeguarding of vulnerable people and they discussed any safeguarding concerns with the RP. And they were able to provide examples of signs that would raise concerns and provided evidence of interventions the team had made to protect vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the necessary skills and qualifications for their roles and the services they provide. They manage their workload well and support each other as they work. And they feel comfortable raising concerns and discussing improvements to provide a more effective service.

Inspector's evidence

The pharmacy changed ownership in July 2023. Team members included a full-time pharmacist who had recently completed independent prescribing qualification training, a full-time non-pharmacist manager who was currently undertaking technician qualification training, a full-time dispenser, a part-time dispenser and two trainee dispensers, one full-time and one part-time. And a delivery driver who worked every day. Two pharmacy students worked on Saturdays. Team members were experienced in their roles and were observed providing support to each other and managing the workload well. Annual leave was planned to ensure staffing levels remained sufficient to manage the workload safely. And part-time team members provided contingency during periods of absence.

The pharmacy provided protected learning time for team members undertaking accredited training courses. And for the introduction of new services and specific continued learning and development. Team members had attended face-to-face training for services the pharmacy provided such as seasonal flu vaccinations, injection equipment provision and a palliative care service. There was a plan for team members to receive annual appraisals with the non-pharmacist manager once a year to review progress and identify any individual learning needs. Team members asked appropriate questions when selling over-the-counter medicines. And they explained how they would handle repeated requests for medicines liable to misuse such as codeine-containing medicines, by referring to the RP for supportive discussions. The pharmacy had a close working relationship with the local GP practice and team members often attended for practice visits. A team member explained they attended the GP practice to provide an education session to GP practice team members on the NHS Pharmacy First service. This improved ways of working between the pharmacy and GP practice team and reduced inappropriate referrals to the pharmacy.

Team members were encouraged to make suggestions to improve their ways of working. There was a whistleblowing policy in place. And team members explained they would feel comfortable raising concerns with the RP or SI. Team members had weekly conference calls with the Regional Manager and fellow colleagues to receive relevant updates and discuss any concerns. This also provided an opportunity for professional learning. Team members were set targets from the company. They felt these were challenging but achievable and did not feel under pressure to achieve them or felt they compromised people's safety.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and provides a professional environment suitable for the services it delivers. It has a private consultation room where people can have confidential conversations with a member of the pharmacy team if needed.

Inspector's evidence

The pharmacy premises were clean and provided a professional image. There was a well-presented retail area which led to a healthcare counter and dispensary. The dispensary was laid out in a way which allowed the pharmacist to supervise the sale of medicines and intervene in a sale where necessary. But also allowed for privacy to prevent distractions during the dispensing and checking of prescriptions. Stock was stored neatly around the perimeter of the dispensary and in drawers. The dispensary was well organised with plenty of work bench space. And had a sink with access to hot and cold water for professional use and hand washing. There was a retrieval area for storage of prescriptions awaiting collection. Staff facilities were hygienic with access to hot water. The pharmacy had a good-sized consultation room that was secure, clean and fit for use. It also had a second private area for specialist use such as substance misuse supervision. Lighting and temperature were kept to an appropriate level throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy team members manage and provide the pharmacy's services safely and effectively. And they make them accessible to people. The pharmacy suitably sources its medicines from recognised suppliers, and it stores them appropriately. And team members carry out checks to help ensure they keep medicines in good condition.

Inspector's evidence

The pharmacy had good physical access via a small step and an automated door activated by a push pad. The pharmacy advertised its opening hours in the main window. It had a range of healthcare leaflets for people to read or take away relating to different healthcare conditions. And it advertised different services available in the local community such as support to quit smoking. The pharmacy had the facilities to provide large-print labels to help people with visual impairment take their medicines safely. And they had access to a translator service for people who did not use English as their first language. It purchased medicines and medical devices from recognised suppliers and team members carried out appropriate checks to ensure they were fit for use. Team members checked medicine expiry dates as part of a staff task rota. This included several other tasks such as CD balance checks, cleaning and checking emails. The tasks were written on a large whiteboard and split into separate days of the week. Team members could easily see which tasks should be completed on specific days to ensure continuity of work. The pharmacy used one fridge to store medicines and prescriptions awaiting collection. And they recorded the fridge temperature daily to show that the temperature remained within the recommended limits of 2 and 8 degrees Celsius. The fridge was well organised with stock separated from prescriptions awaiting collection.

Team members used baskets during the dispensing process to separate people's prescriptions and prevent medicines becoming mixed-up. And they highlighted the inclusion of a fridge line, CD and higher-risk medicines which required counselling by attaching coloured stickers to the outside of the bag of the dispensed medicines. Team members were aware of the risks associated with valproate-containing medicines and the Pregnancy Prevention Programme. The pharmacy actioned Medicines Healthcare and Regulation Authority (MHRA) product recalls and safety alerts on receipt and kept records electronically of action taken. The pharmacy provided a delivery service and people signed a delivery record to acknowledge receipt of their prescription. Some people received serial prescriptions under the Medicines: Care and Review (MCR) service. Team members prepared these in advance of the expected collection date. The pharmacy maintained records of each supply of a serial prescription and expected collection dates. This allowed them to plan their workload in advance. And helped the pharmacist identify any issues with people not taking their medicines as they should. The team used an off-site hub pharmacy for dispensing people's repeat prescriptions and some serial prescriptions which helped manage workload within the pharmacy. Team members entered the prescription details electronically on the patient medication record and these were clinically checked and accuracy checked by the RP before being assembled at the hub pharmacy. The completed prescriptions were returned to the pharmacy within two working days. Some medicines were not suitable to be dispensed at the hub pharmacy, these included CDs and medicines which required to be removed from the manufacturers original packaging.

The pharmacy supplied medicines to people in multi-compartment compliance packs when requested

to help them with their medicines. Team members worked on a four-week cycle, this allowed team members sufficient time to resolve any issues. The pharmacy maintained a record of each individuals current medicines on a master sheet. This was checked against prescriptions received before dispensing. Team members attached backing sheets to each pack which included warning labels for each individual medicine, instructions for use and a description of what each medicine looked like. Patient information leaflets (PILs) were routinely supplied to ensure people had up-to-date information relating to their medicines.

The pharmacy provided a local NHS injection equipment provision service. It provided equipment, as well as advice and information on infections, wound care and other services that may be of use. Team members were trained to ask appropriate questions and gather relevant information under the supervision of the pharmacist. They kept non-identifiable information by using reference numbers on an online platform, where any concerns or notable information were then recorded. The pharmacy was part of the Community Pharmacy Palliative Care Network. The pharmacist attended specialist in-person training, and they worked under an agreed service specification and medicine list to ensure people had access to palliative care medicines and advice. They were supported by health board and local pharmacy team members. And they received regular updated information and resources to continue to provide the service safely.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Pharmacy team members have access to appropriate equipment that is fit for purpose. And team members use the equipment appropriately to protect people's confidentiality.

Inspector's evidence

The pharmacy had up-to-date written resources available which included the British National Formulary (BNF). And team members were able to access online resources and up-to-date information and guidelines to support them in their roles.

A range of equipment was available for use in the consultation room, including a blood pressure monitor. This had been recently purchased during the change of ownership with planned testing in the future to ensure it remained fit for use. The pharmacy had CE-stamped cylinders for dispensing liquid medicines. They had highlighted specific measures to be used solely for the purpose of measuring substance misuse medicines. And they used an automated dispensing pump for measuring substance misuse medicines. The RP calibrated it every morning to ensure it accurately measured the required doses.

Prescriptions awaiting collection were stored in a retrieval area and confidential information was not visible to people in the retail area. Computers were password protected and positioned in a way that prevent unauthorised view. The telephone used was not cordless. But team members were aware of the importance of protecting people's privacy when having telephone conversations.

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.