

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, 3/5 Main Street, Baillieston, GLASGOW, Lanarkshire, G69 6SG

**Pharmacy reference:** 1042435

**Type of pharmacy:** Community

**Date of inspection:** 17/06/2024

## Pharmacy context

This is a community pharmacy in a residential area in the city of Glasgow. Its main services include dispensing NHS prescriptions, including serial prescriptions and selling over-the-counter medicines. The pharmacy 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy 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) designed to help team members work safely and effectively. They included SOPs about safeguarding vulnerable people and how clinical checks should be performed on prescriptions. 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. The pharmacy employed an accuracy checking pharmacy technician (ACPT) who followed a procedure for conducting final accuracy checks and they knew only to check prescriptions that had been clinically checked and annotated by a pharmacist. 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 responsible pharmacist (RP). Team members spoken to at the time of inspection were not aware of a business continuity plan 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 and ACPT were able to help team members learn from dispensing mistakes identified within the pharmacy, known as near misses. The pharmacy kept a paper-based log 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. The pharmacy team completed a monthly safety audit to identify trends in mistakes. And they discussed and agreed actions which were put in place to manage the risk of the same or a similar mistake happening again. This included separating different strengths of the same medicine to avoid selection errors, such as co-codamol. And team members had identified a trend in quantity errors and had changed the process to count these tablets using a tablet counter to reduce the risk of error. The pharmacy had a complaints procedure and welcomed feedback. There were leaflets available on the healthcare counter that included a quick response code to allow people to submit feedback about the service they had received. 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 pharmacy 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 controlled drug (CD) registers and they checked the quantity matched the balances recorded in the registers weekly. A random check of the quantity of three CDs were correct. The pharmacy had records of CDs people had returned for safe disposal and kept contact details for the local Controlled Drugs Accountable Officer. Records of unlicensed medicines were up to date. Private prescription records held electronically were mostly complete. But there were some

entries with incorrect prescriber details.

A privacy notice was on display and team members knew how to protect people's confidential information. Confidential waste was segregated and shredded on-site. There was a safeguarding policy in place to protect vulnerable people, and team members discussed any safeguarding concerns with the RP. 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 part-time pharmacist who was the pharmacy manager, a part-time ACPT, a part-time pre-registration technician, four part-time dispensers and a part-time trainee dispenser. And a delivery driver who worked every day. Team members were experienced in their roles and were observed managing the workload well and providing support to each other as they worked. 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 courses. And continued learning and development. Team members had recently received in-person training for the introduction of a new service. The pharmacy was changing from dispensing medicines in multi-compartment compliance packs to compliance pouches for people who need help to take their medicines. Team members were given resources to allow them to provide education sessions to people who need it. This included a demonstration of what the compliance pouch looked like and how it worked. And they maintained records of people who had received education. A team member described a planned education session for the local GP practice team to keep them informed on changes within the pharmacy relating to people's prescriptions. Team members received annual appraisals with the pharmacy manager to review progress and identify any individual learning needs. Team members asked appropriate questions when selling over-the-counter medicines. And 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.

Team members had regular informal team discussions and shared suggestions to improve their ways of working. And they had regular handover discussions to ensure continuity of work as all team members worked part-time. There was a whistleblowing policy in place. And team members explained they would feel comfortable raising concerns with the RP or SI. They received regular visits from the area manager which provided an opportunity to raise and discuss any concerns. Team members were set targets from the company. They felt some of the sales targets were unrealistic but 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 was clean and provided a professional image. There was a plan for a refurbishment to the whole premises expected to begin imminently. There was a large retail area with two chairs for people waiting to be seen. This led to a healthcare counter and dispensary. Pharmacy-only medicines were stored in the retail area behind glass doors which were unlocked. But doors were marked to indicate a member of the pharmacy team would be required to select the medicines. And team members supervised the area where pharmacy-only medicines were stored to prevent unauthorised access.

The dispensary had plenty of work bench space and 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. Medicines were stored on shelves around the perimeter of the dispensary and in drawers. The dispensary had a sink with access to hot and cold water for professional use and hand washing. Team members explained there was health and safety concerns around parts of the floor in the dispensary. It had been reported and team members were aware of the risk. There was a retrieval area for storage of prescriptions awaiting collection and an area for storage of stock. Staff facilities were hygienic with access to hot water. The pharmacy had a consultation room that was clearly advertised. It was appropriate in size and fit for use. 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 service's 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 by a level entrance, and it advertised its opening hours in the window. It had a range of 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 how to access an appointment with a local midwife. The pharmacy 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 the appropriate checks to ensure they were fit for use. Team members checked medicine expiry dates as part of their daily tasks and cleaning rota. And they recorded completion of this electronically. The pharmacy used two well-organised fridges to store medicines and prescriptions awaiting collection which required cold storage. And team members recorded temperatures daily to show it remained within the recommended limits of between 2 and 8 degrees Celsius.

Team members used baskets during the dispensing process to separate people's prescriptions and prevent medicines from becoming mixed-up. And they highlighted the inclusion of a fridge line, CD and higher-risk medicines which required further counselling by attached 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. They provided the appropriate counselling to people who received valproate-containing medicines. And they kept records electronically on the patient medication record (PMR) of any advice given. The pharmacy actioned Medicines Healthcare and Regulatory Agency (MHRA) recalls on receipt and kept records electronically of action taken. It 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 service (MCR). Team members worked to an eight weekly cycle and prepared prescriptions in advance of people's expected collection date. The pharmacy maintained records of each supply 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. Team members used the company's off-site hub pharmacy for dispensing some people's prescriptions which helped manage workload within the pharmacy. They entered the prescription details electronically on the PMR and these were clinically and accuracy checked by the RP before being sent to the hub pharmacy for assembly. 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, medicines which were required to be removed from manufacturers original packaging and bulky items such as creams. Team members made people aware their prescriptions were dispensed at the hub pharmacy and there was a poster containing information about the process in the retail area. The pharmacy provided a text message service to alert people when their prescription was ready to be collected. They obtained people's consent for this service and kept paper-based records of this.

The pharmacy provided medicines to people in multi-compartment compliance packs when requested to help them take their medicines. Team members worked on a four-weekly cycle, this allowed sufficient time to resolve any issues. The pharmacy maintained a record of each individual's current medicines on a master sheet. This was checked against prescriptions received before dispensing. And team members kept records of when the packs were delivered or collected. Team members attached backing sheets to each pack with instructions for use. There were missing details from the backing sheets such as warning labels for each individual medicine and a description of what each medicine looked like. This was discussed at the time of inspection and the ACPT provided assurances this would be resolved. Patient information leaflets (PILs) were supplied monthly to ensure people had up-to-date information relating to their medicines.

The NHS Pharmacy First service was popular. This included providing medicines for minor conditions such as urinary tract infections and skin infections under a Patient Group Direction (PGD). Team members were trained to ask appropriate questions. And they used consultation forms to gather relevant information with people before they referred to the pharmacist for treatment. The pharmacy kept well organised paper-based consultation records to record treatment provided or referral decisions. And team members communicated these to people's GP to ensure their medical records were kept up to date.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Pharmacy team members have access to appropriate equipment that is fit for purpose and safe to use. 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 electronic resources to obtain up-to-date information and guidelines to support them in their roles.

The pharmacy had CE-stamped cylinders for dispensing liquid medicines. Team members 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 waiting area. Computers were password protected and positioned in a way that prevented unauthorised view. The telephone in use 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.