General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Meadow Way, AYLESBURY, Buckinghamshire, HP20 1XB

Pharmacy reference: 1076013

Type of pharmacy: Community

Date of inspection: 05/08/2019

Pharmacy context

This is a community pharmacy located within a residential area and adjacent to a GP surgery as well as a convenience store in Aylesbury, Buckinghamshire. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS) and seasonal flu vaccinations. And, it supplies multi-compartment compliance aids to people if they find it difficult to manage their medicines.

Overall inspection outcome

✔ **Standards met**

Required Action: Improvement Action Plan

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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 is managing some of the risks associated with its services in an adequate manner. It has a set of instructions to help with this, but members of the pharmacy team are unable to show that they have read them. This could mean that they are unclear on the pharmacy's most up-to-date procedures. Pharmacy team members deal with their mistakes responsibly, but they are not always recording enough detail for them to learn from their mistakes and prevent them happening again. And, the pharmacy doesn't always keep all of its records in accordance with the law.

Inspector's evidence

This was a busy pharmacy and at times long queues of people were waiting to be served. This was managed appropriately by the trainee staff present although they were slightly behind with the workload at the point of inspection (see Principle 2). Every workspace in the dispensary was initially cluttered (see Principle 3), some parts were cleared by the staff so that there was enough workspace to dispense medicines safely.

There were designated areas for prescriptions to be processed, this included the back section for repeat prescriptions, the front bench for walk-in prescriptions and one section was designated for assembling multi-compartment compliance aids. The latter was particularly disorganised (see Principle 3). The responsible pharmacist (RP) conducted the final check for accuracy in a segregated section on the front workbench.

The RP recorded the team's near misses and reviewed them every month by documenting relevant details. The RP explained that medicines that were similar or involved in errors were segregated on the shelf and highlighted. However, there were gaps seen in the reports under the 'additional comments' section where details about the cause of near misses and learning points had not been filled in routinely. This was highlighted at the last inspection. There was also limited information recorded in the monthly review sheets, this included no date to identify which month the review corresponded to and only points such as 'similar medicines' documented with the action taken for future practice as 'double-check'. In addition, medicines inside drawers were stored in a haphazard way (see principle 4). According to the RP, team meetings were held every week to discuss these details.

Incidents were handled by the RP and his process was in line with the company's expectations. There was a notice on display to inform people about the pharmacy's complaints process. The pharmacy had been inspected in the last six months and during this time frame, according to the RP there had been no incidents.

Staff shredded confidential waste, there was no confidential material left within areas that were accessible to the public and sensitive details on dispensed prescriptions awaiting collection could not be seen from the front counter. Summary Care Records were accessed for queries and consent was obtained verbally from people for this. However, two members of staff had left their NHS smart cards in two different computer slots when they were not present at the pharmacy. Once highlighted, the cards were removed. Ensuring NHS smart cards were routinely stored securely when not in use was discussed at the time.

There were only trainee members of staff present during the inspection working alongside the RP. They

were unable to help safeguard vulnerable people as they held little or no knowledge about this subject and were unable to identify signs of concern. The RP stated that the team had read relevant information about this and he was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). He was advised to ensure the team's knoweldge was refreshed. There were also no local contact details present or policy information readily accessible. Evidence was received that this, along with the staff sign-off sheet was located following the inspection.

The pharmacy held a range of electronic standard operating procedures (SOPs) to support the safe provision of services. The SOPs were implemented in 2019, roles and responsibilities of team members were defined within them, staff referred appropriately to the RP and they knew which activities were permissible by law, in the absence of the RP. The correct RP notice was on display and this provided details of the pharmacist in charge of operational activities. However, the trainee members of staff were unclear on some of the pharmacy’s processes when questioned, there was no sign-off sheet to demonstrate that they had read and signed the SOPs and one member of staff said that she had lost her book for this. The RP stated that this was work in progress for the team.

A sample of registers seen for controlled drugs (CDs), most emergency supplies and records of private prescriptions were in the main, held in accordance with statutory requirements. Balances for CDs were seen to be checked and recorded every two months. On selecting a random selection of CDs held, their quantities corresponded to the balance stated in the registers. The minimum and maximum temperatures of the fridge were routinely monitored to ensure that medicines requiring cold storage were appropriately stored. Records were maintained to verify this. The pharmacy’s professional indemnity insurance arrangements were through Numark and this was due for renewal after 31 March 2020.

There were occasional missing entries within the RP record where pharmacists had failed to record the time that their responsibility ceased. Some records for emergency supplies were made with incomplete details about the nature of the emergency (such as ‘run’ only). Prescriber details were missing from records of unlicensed medicines.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy provides services using a team with different skills and experience. But, the pharmacy does not always have enough trained staff on duty to manage all of their workload safely. This can affect how well the pharmacy cares for people and the advice that it gives.

Inspector's evidence

Staff present during the inspection consisted of a regular employed pharmacist who was also the manager, two trainee dispensing assistants, one of whom was full-time and a trainee medicines counter assistant (MCA). The three members of staff present were enrolled onto accredited training for Buttercups appropriate to their roles. Other staff included two part-time delivery drivers, a part-time accuracy checking technician (ACT) who was briefly seen at the start of the inspection but very promptly left as her shift had finished. There was also another part-time trained dispensing assistant who had worked until 1pm on the day of the inspection and was responsible for assembling compliance aids and two part-time dispensing assistants who were on annual leave. Of the latter, one was a trainee and enrolled onto accredited training appropriate to their role. Some of the team's certificates of qualifications obtained were seen.

Staff were somewhat struggling to manage the workload at the point of inspection. They were two days behind with the workload and were observed looking in several different areas trying to locate people's prescriptions when they arrived to collect them. The RP explained that the pharmacy was currently recruiting for a pharmacy technician. The pharmacy had previously been provided with double cover one day a week with a second pharmacist and this had helped him to keep up to date. However, this had stopped for the past few weeks or the cover had become sporadic and the RP was unsure why. The inspector was told that it was busier in the afternoons and the RP was observed trying to manage a busy pharmacy and workload with three members of staff who were still in training and were not fully aware of all the pharmacy's processes, as described under the various principles. Evidence was received that this situation was being reviewed by the company's human resources team and the area manager and it was subsequently being managed.

The RP also explained that he had implemented measures where normally only one member of staff could take annual leave at a time. On the day of the inspection, the leave taken by two members of staff had been pre-authorised at the start of the staff's employment. Staff from the superintendent's office had also been to the pharmacy within the last few weeks to conduct an audit, according to the RP, the pharmacy achieved 80% compliance and was working towards improving this. In addition, the pharmacy was due to implement an off-site dispensing service where repeat prescriptions and assembly of compliance aids would be completed at a hub and sent back to the pharmacy for collection. The area manager was due to come into the pharmacy to discuss this situation with the team. Some guidance information about this was seen.

Staff present were not wearing name badges, the trainee counter staff asked some questions to determine suitability before selling medicines over the counter, she held some of knowledge of these medicines and checked with the RP appropriately. This included knowledge of medicines that were prone to abuse, requests for unusual quantities were monitored and referred to the RP.

Staff in training explained that they completed course material at home, none of the trainee staff

present were aware of any training resources or online modules provided by the company but they described being mentored by trained members of the team. The inspector was told that there were no team meetings held but staff were regularly informed about updates and given instruction from the RP or ACT. The RP described a target to complete 30 MURs per month, this was described as manageable with no pressure applied to complete them.

Principle 3 - Premises ✔ Standards met

Summary findings

In general, the pharmacy's premises are suitable to ensure the effective delivery of its services. But, the pharmacy is sometimes kept in an untidy manner. This increases the risk of mistakes happening.

Inspector's evidence

The premises consisted of a spacious retail area and a large dispensary. The former was well presented, professional in appearance and bright. There was enough work space for dispensing activity to take place safely, but every section of the dispensary was cluttered. This included the section where the RP conducted the final accuracy-check and where compliance aids were prepared. There were compliance aids left open in this area with no medicines inside them, random folders and paperwork in the central island and the stock used for this section was stored in a disorganised manner (see Principle 4). The RP stated that the trained staff responsible for this area had finished their shift at 1pm, the inspection took place in the afternoon and it was clear that staff had not cleared up after themselves. The RP was advised to ensure all members of the team cleared their workstations before they finished their shifts in future. Evidence was received that the dispensary had been cleared and the stock subsequently tidied.

Most of the dispensed prescriptions awaiting collection were stored appropriately but there was an overspill with some stored on the floor in totes. Pharmacy (P) medicines were stored behind the front medicines counter, staff were always within the vicinity and there was a barrier that could be pulled across to prevent unauthorised access into this area or self-selection of these medicines. There was a signposted consultation room, located to one side of the front counter where confidential conversations and services could take place. The room was of an adequate size for the services provided. One of the seats was stained and detracted somewhat from the professional use of the room. The entrance from the retail space was unlocked and the room contained confidential information in a folder that had been left here. As soon as this was highlighted, the RP removed the folder and he was instructed to ensure no confidential information was accessible going forward.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy obtains its medicines from reputable suppliers. Team members can make appropriate adjustments to ensure that the pharmacy's services are accessible to everyone. And, in general, most of the pharmacy's services are delivered in a satisfactory manner. But, the pharmacy doesn't always store medicines in a suitable way. This increases the chance of mistakes happening. Team members don't always identify, make relevant checks or record information when people receive higher-risk medicines. This makes it difficult for them to show that appropriate advice has been provided upon supply. And, they sometimes leave filled compliance aids unsealed overnight, which can add extra risk to the process.

Inspector's evidence

People could enter the pharmacy at street level through a wide double door, there was clear open space and wide aisles inside the pharmacy and this enabled easy access for people with wheelchairs. Staff described using written communication for people who were partially deaf, physically assisting or verbally communicating details who were visually impaired and speaking clearly for people whose first language was not English. There were several seats available for people waiting for prescriptions and some car parking spaces outside the pharmacy.

In addition to the Essential Services, the pharmacy provided MURs, the NMS, administered influenza vaccinations during the season and supplied around 120 people with their medicines inside compliance aids. The RP explained that he liaised with the person's GP initially, to set up the latter and people's suitability for this was assessed. Prescriptions were ordered by the pharmacy and cross-checked against people's individual records. If changes were identified, there were some documented details on records about this, however the record did not include full details (such as who they spoke to about the situation and sometimes the year the record was made was missing). Descriptions of the medicines provided inside the aids were listed and Patient information Leaflets (PILs) were routinely supplied. Mid-cycle changes involved retrieving the old compliance aids and supplying people with new ones. Compliance aids were sometimes left unsealed overnight, there were 24 packs seen stored in the back section in this way at the inspection. Evidence was received that this practice had been reviewed and was no longer taking place.

The pharmacy provided a delivery service and audit trails to show where deliveries occurred were maintained. CDs and fridge items were highlighted and checked prior to delivery. The driver obtained people's signatures when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

Staff were aware of the risks associated with valproates, these medicines were stored inside a separate drawer to help highlight the risks. There was literature available to provide to people upon supply. An audit was completed to identify females at risk who were supplied valproate previously from the pharmacy, they were contacted and counselled accordingly. However, the pharmacy did not routinely identify prescriptions for people prescribed higher-risk medicines. Trainee staff were unaware that checks should be made for people prescribed these medicines or that prescriptions should be brought to the attention of the pharmacist before hand-out and relevant parameters were not routinely asked about or details recorded. This included information about blood test results, such as the International

Normalised ratio (INR) for people prescribed warfarin.

During the dispensing process, the team used baskets to keep prescriptions and items separate, the baskets were colour co-ordinated to help highlight priority and the different types of prescriptions. Staff used a dispensing audit trail from a facility on generated labels and this helped to identify their involvement in the different processes.

The inspector was told by trainee dispensing staff that they were not printing interactions when they processed prescriptions. When interactions flashed up on the pharmacy system, they did not bring them to the attention of the RP. This meant that there was a risk that relevant clinical checks were not occurring, and this situation was discussed with the team at the time.

Dispensed prescriptions awaiting collection were mostly stored with prescriptions attached to bags. Staff stated that fridge and CD items (Schedules 2-3) were highlighted with stickers. Clear bags were used to store assembled fridge items, and this helped assist in identifying their contents upon hand-out. A cyclical calendar system was in place for uncollected items, these were identified and removed every four to five weeks. However, not all dispensed bags for CDs were routinely identified, prescriptions for gabapentin were seen stored without stickers and trainee staff were unable to identify that this was a CD or had a 28-day prescription expiry. Schedule 4 CDs were also not routinely identified. The trainee counter staff thought that prescriptions were only valid for three weeks.

Licensed wholesalers such as Phoenix, AAH and Alliance Healthcare were used to obtain medicines, medical devices and unlicensed medicines. Unlicensed medicines were obtained from the former. Some of the staff were aware of the EU Falsified Medicines Directive (FMD), they described seeing an update about this from the company, but the pharmacy was not yet complying with the process at the point of inspection.

Staff date-checked stock for expiry every few months and highlighted the expiry date to help identify short-dated medicines. There were no date-expired medicines seen and an up-to-date schedule was in place to demonstrate this process. CDs in general, were stored under safe custody, the key to the cabinet was maintained in a manner that prevented unauthorised access during the day as well as overnight and medicines were stored appropriately in the fridge. Staff received drug alerts by email, they checked stock, and acted as necessary. However, the last documented records to demonstrate the process were from April/June 2019.

Some medicines in the dispensary were stored in an organised manner, but this was not routinely occurring in some instances. The area where medicines were stored for compliance aids was disorganised with loose blisters present. There was also one unlabelled bottle containing de-blistered tablets. This had been placed inside the original manufacturer's outer packaging. There were some poorly labelled containers present in the main drawers and some of the drawers randomly checked had some stock mixed in amongst other stock in a haphazard way. This included for example, different types of calcium-based medicines were all stored together in one section, different strengths of Lamictal were jumbled up inside another section, Isotard was in with ranitidine and pravastatin was in with ranitidine.

Medicines brought back for disposal were accepted by the team and the pharmacy held appropriate containers for this. However, some trainee members of staff did not know and could not identify the use for the different types of receptacles. There was no list available for them to identify hazardous and cytotoxic medicines and the staff were unaware that these medicines required segregating. The inspector was also told by trainee counter staff that they previously used to refer people to the adjacent GP surgery if they required sharps to be disposed of, and they were now accepting sharps. A receptacle was shown where they had accepted loose sharps from people and placed them inside here.

According to the RP, the staff should have been following the previous process and he thought that the loose sharps were from the seasonal influenza vaccination service. Returned CDs were brought to the attention of the RP and details were documented in a CD returns register prior to storage and destruction.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services.

Inspector's evidence

There was a range of equipment available for staff to use when providing services. This included current versions of reference sources, crown stamped, conical measures for liquid medicines as well as counting triangles and a separate triangle for cytotoxic medicines. However, the counting triangles and conical measures required cleaning as there was tablet residue on the former which meant that cross contamination was possible, and some lime scale observed on the latter.

The dispensary sink used to reconstitute medicines also required cleaning from the build-up of lime scale, the RP explained that they did clean this and that there was a cleaning rota in place. This was cleaned following the inspection. There was hot and cold running water and lockers available for the team to store their personal belongings.

The pharmacy fridges were maintained at appropriate temperatures for the storage of medicines and the CD cabinets were secured in line with legal requirements. Computer terminals were positioned in a manner that prevented unauthorised access and a shredder was available to dispose of confidential waste.

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.