

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Earlsheaton Medical Centre,
252; Wakefield Road, Earlsheaton, DEWSBURY, West Yorkshire,
WF12 8AH

Pharmacy reference: 1084628

Type of pharmacy: Community

Date of inspection: 11/04/2019

Pharmacy context

This is a community pharmacy inside a GP health centre. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It also dispenses private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. It also supplies medicines in multi-compartmental compliance packs to people living in their own homes. And administers flu vaccinations.

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 has adequate processes and written procedures available for the team to use. This protects the safety, welfare and wellbeing of people using its services. And it keeps the records it must by law. The pharmacy advertises how people can provide feedback and raise concerns about its services. And it keeps people's private information safe. The pharmacy has adequate processes readily available to its team members, to help protect the welfare of vulnerable people. The pharmacy's team members record errors that happen with dispensing. And they discuss their learning. But, they don't always record all the details of why errors happen. So, they may miss out on learning opportunities.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). These provided the team with information on how to perform tasks supporting the delivery of services. The SOPs covered procedures such as taking in prescriptions and dispensing. The team members were seen working in accordance with the SOPs. The pharmacy kept the SOPs in a ring binder. But this was an archived set and was overdue its review (January 2019). The pharmacy supplied the team members with a new set of SOPs which were up to date and the team were working through. The team had to complete working through them by the end of May 2019.

The pharmacy had a process in place to report and record errors that were made while dispensing. The pharmacist typically spotted the error and then let the team member know that they had made an error. But the pharmacist did not give specific details of the error. This helped the team member's learning. The team member then recorded details of the error on to a log. The records included the time and date of the error. But the team didn't regularly record the causes of the errors. The errors were analysed at the end of each month by a team member. The team member was required to spot any patterns or recurring themes within that month. The team said that they had made several errors involving medicines that looked or sounded like other medicines. Examples of improvements following the analysis of the errors included the segregation of Salamol and Ventolin inhalers. And 'high alert' stickers being affixed to dispensary shelves next to Spiriva and Spiriva Respimat inhalers. The pharmacy recorded details of dispensing incidents electronically. The team printed off the record for future reference. The team had not had any incidents over the last few months.

The pharmacy had leaflets in the retail area which contained information on how to make a complaint. The pharmacy organised an annual survey to establish what people thought about the service they received. And the team provided people with 'how did we do?' leaflets. People were incentivised to complete a form with the chance to win £50 shopping vouchers. The team said that the time people had to wait to be served was the most common negative comment they received. The team said they now ensured they gave more realistic waiting times for prescriptions to be dispensed. And they made sure people were acknowledged as soon as they were seen at the retail counter.

Appropriate professional indemnity insurance facilities were in place.

The responsible pharmacist notice displayed the correct details of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements.

A sample of controlled drug (CD) registers were looked at and were found to be in order including completed headers, and entries were being made in chronological order. Running balances were maintained. And they were checked every week. A random CD item was balance checked and verified with the running balance in the register (Matrifen 100mcg patches X 4). A CD destruction register for patient returned medicines was correctly completed. The pharmacy correctly retained records of private prescription and emergency supplies.

The team held records containing personal identifiable information in staff only areas of the pharmacy. Confidential waste was placed into a separate bin to avoid a mix up with general waste. The confidential waste was destroyed periodically. Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were adequately positioned to ensure confidential information wasn't on view to the public. The computers were password protected. All the team members had signed confidentiality agreements.

The regular pharmacist had completed NVQ Level 2 training on safeguarding the welfare of vulnerable people. The team had policy available to them which guided them on how to manage and report a concern. All the team members had read the policy. But they did not have a list of key, local safeguarding contact details available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs people with the right skills to undertake the tasks within their role. And they share information and their learning from their errors in an open and honest environment. The pharmacy team members are adequately supported to complete training. And this helps them improve their knowledge and skills. They also receive regular appraisals. Which helps them discuss their performance and give feedback to improve the service.

Inspector's evidence

The full-time regular pharmacist was on duty at the time of the inspection. He was supported by two part-time pharmacy assistants. Two part-time dispensing assistants, a counter assistant and a deliver driver also worked in the pharmacy but weren't present at the time of the inspection. The pharmacist was also the pharmacy manager. And organised the team rotas. The team members were not permitted to plan absences in December. This was to ensure there was no disruption to service around Christmas and the new year. Absences were covered by the other team members working overtime. The pharmacy could borrow staff from other branches if they required emergency cover.

The pharmacist supervised the team members. And they involved the pharmacist in offering advice to people who were purchasing over-the-counter products for various minor ailments. They carried out tasks and managed their workload in a competent manner. And they asked appropriate questions when selling medicines that could only be sold under the supervision of a pharmacist. The team was aware of what could and could not happen in the pharmacist's absence.

The pharmacy provided training to the team, through an online training portal. The portal consisted of a library of compulsory modules and assessments. These covered topics from all aspects of the pharmacy. Including medical conditions, health and safety, law and ethics and over-the-counter products. The team members could voluntarily choose a module to work through if they felt their knowledge in an area of their work needed improvement. The team members had recently completed a mandatory module based on skin care. A team member showed a sample of their training record. It showed that they were completing training on a regular basis. The team said that they struggled to get time to complete training during their working day. And so, they completed most of their training at home. The team said that this helped them train without any distractions.

The pharmacy organised monthly team meetings. The team talked about dispensing accuracy, any concerns they may have, gave feedback and discussed how they could improve their service. The team said that they had recently discussed how they should ensure that they are double checking addresses with people who came to collect their medicines. The team said that this ensured that they were always supplying the correct medicines to the correct person. The team were given a monthly 'professional standards bulletin' newsletter. The most recent newsletter described an error involving quetiapine and olanzapine, which happened in another branch. The team discussed the error and decided to segregate the medicines. They said that this reduced the risk of the error occurring in their branch.

The team members received annual performance reviews. The appraisal was in the form of a one-to-one conversation with the pharmacy manager. They were given the opportunity to give feedback on

how to improve the pharmacy's service, discuss various aspects of their performance, including what they had done well, what could be improved, and any learning needs they had identified. The team described how they would raise professional concerns. A whistleblowing policy was in place. So, the team members could raise a concern anonymously.

The pharmacist was set targets for services such as medicine use reviews (MURs) and the NHS new medicines service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and is adequately maintained. The pharmacy has facilities in place, which allows people to have private conversations.

Inspector's evidence

The pharmacy was professional in its appearance. And was generally clean, hygienic and well maintained. Floor spaces were clear with no trip hazards evident. There was clean, well maintained sink in the dispensary used for medicines preparation and staff use. There was a WC which provided a sink with hot and cold running water and other facilities for hand washing. The area was free of clutter. The pharmacy had a signposted and sound proofed consultation room which contained adequate seating facilities. The room was smart and professional in appearance.

Temperature was comfortable throughout inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy advertises the services available to people. And it makes them accessible. It manages its services well with effective processes. The pharmacy team take extra care when they supply high-risk medicines to people. And they provide advice and information to help people take their medicines safely. The pharmacy has adequate processes in place to ensure that the medicines they supply to people are fit for purpose. But it doesn't comply with the recently implemented falsified medicines directive. And so, it can't evidence that all its medicines are fit for purpose.

Inspector's evidence

The pharmacy could be accessed from the health centre car park. Which led to a push/pull door. The services on offer, and opening times were advertised in the front window. Seating was provided for people waiting for prescriptions. Large print labels were provided on request. The team members had access to the internet. Which they used to signpost people requiring a service that the team did not offer. A wide range of healthcare related leaflets were available for people to select and take away. Disabled car parking spaces were available. The pharmacy had a hearing loop. The pharmacist was observed helping several patients in Urdu and Punjabi.

Alert stickers were attached to prescriptions to alert the team to issues on hand out. For example, interactions or the presence of a fridge or a controlled drug that needed to be added to the bag. An audit trail was in place for dispensed medication using dispensed by and checked by signatures on labels. The dispensary had a manageable workflow with separate, areas for the team members to undertake the dispensing and checking parts of the dispensing process. Baskets were available to hold prescriptions and medicines. This helped the team to stop people's prescriptions from getting mixed up. The team used different coloured baskets to indicate urgency and which prescriptions required delivery. The pharmacy had a procedure in place to highlight dispensed controlled drugs, that did not require safe custody. This helped the team ensure that the medicine could not be supplied to people after the prescription had expired. The pharmacy used clear bags to store dispensed fridge and CD items. Which allowed the team to do a further check of the item against the prescription. And by the person during the hand out process.

The team identified people who were prescribed high-risk medication such as warfarin. And they were given additional verbal counselling by the pharmacist. The details of these conversations were recorded on people's medication records. INR levels were assessed. The team were aware of the pregnancy prevention programme for people who were prescribed valproate. The team said that they were aware of the risks. And they demonstrated the advice they would give people in a hypothetical situation. The team previously had access to leaflets and alert cards which were about the programme. And they gave these to any people who would benefit from information about the programme. But they had ran out of their supply. The team said that they would contact their head office. The pharmacy team had completed an audit to identify any people that met the criteria of the programme. And found no affected people.

People could request multi-compartmental compliance packs. And these were supplied to people on either a weekly or monthly basis. The team were responsible for ordering the person's prescription. And they did this around a week in advance, so it had ample time to manage any queries. And then the

prescription was cross-referenced with a master sheet to ensure it was accurate. The team queried any discrepancies with the person's prescriber. The team always checked with people if they required any items that they didn't supply in the packs. The team recorded details of any changes, such as dosage increases/decreases, on the master sheets. The team supplied the packs with backing sheets which contained dispensing labels. And information which would help people visually identify the medicines. The team supplied patient information leaflets with the packs each month.

The pharmacy kept records of the delivery of medicines from the pharmacy to people. The records included a signature of receipt. A separate delivery sheet was used for controlled drugs. A note was posted to people when a delivery could not be completed. The note advised them to contact the pharmacy.

Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person. And one kept with the original prescription for reference when dispensing and checking the remaining quantity. The team attempted to complete the owing the next day.

The pharmacy stored pharmacy only medicines behind the retail counter. These medicines could only be sold in a pharmacy, and under the supervision of a pharmacist. The storage arrangement prevented people from self-selecting these medicines.

The team checked the expiry dates of the stock every 3 months. And the team kept records of the activity. The team used stickers to highlight medicines that were expiring in the next 6 months. The team recorded the date the pack was opened on liquid medicines. This allowed them to identify medicines that had a short-shelf life once they had been opened. And check that they were fit for purpose and safe to supply to people. A split pack of warfarin 3mg was looked at. The pack contained two foil strips of the medicine. Both strips had different expiry dates compared with the expiry date noted on the box. This could cause confusion for team members when they are date checking stock.

The team were not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). No software, scanners or an SOP were available to assist the team to comply with the directive. The team had not received any training on how to follow the directive.

Fridge temperatures were recorded daily using a digital thermometer. A sample of the records were looked at. And the temperatures were always within the correct range.

The pharmacy obtained medicines from several reputable sources. Drug alerts were received via email to the pharmacy and actioned immediately. The alerts were printed and stored in a folder. An alert for the recall of chloramphenicol eye drops was seen.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The equipment and facilities the pharmacy uses in the delivery of services are clean, safe and protect people's confidentiality.

Inspector's evidence

References sources were in place. And the team had access to the internet as an additional resource. The resources included hard copies of the current issues of the British National Formulary (BNF) and the BNF for Children.

The pharmacy used a range of CE quality marked measuring cylinders. And separate ones for dispensing methadone. And these were clearly marked, which helped temporary staff such as locum pharmacists. Tweezers and rollers were available to assist in the dispensing of multi-compartmental compliance packs.

Two controlled drug cabinets were in place and secured. The fridge used to store medicines was of an appropriate size. Medicines were organised in an orderly manner.

A blood pressure monitor was used. It was calibrated each year. Electrical equipment was safety tested each year. The next test was scheduled for May 2019.

The computers were password protected and access to peoples' records were restricted by the NHS smart card system. Cordless phones assisted in undertaking confidential 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.