General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 1 The Cobbles, Meltham, HUDDERSFIELD, West Yorkshire, HD9 5QQ

Pharmacy reference: 1086846

Type of pharmacy: Community

Date of inspection: 30/07/2019

Pharmacy context

This is a community pharmacy next to a GP surgery in the village of Meltham, Huddersfield. 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. And it offers services including emergency hormonal contraception, medicines use reviews (MURs), flu vaccinations, a substance misuse service and the NHS New Medicines Service (NMS). It also supplies medicines in multi-compartmental compliance packs to people living in their own homes.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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	2.2	Good practice	The pharmacy is good at supporting its team members to ensure their knowledge and skills are up to date. It achieves this by providing them with a structured training programme and regular appraisals of their performance. The team members tailor their training to help them achieve personal goals.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy actively promotes the services it provides to the local community to help people improve their health and wellbeing. And it takes appropriate steps to make sure people can access these services.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy has suitable processes and written procedures to protect the safety and wellbeing of people who access its services. It mostly keeps the records it must have by law and keeps people's private information safe. It is well equipped to protect the welfare of vulnerable adults and children. The pharmacy team members discuss and record any errors they make whilst dispensing to learn from them. And they take steps to make sure the errors are not repeated.

Inspector's evidence

The pharmacy had an open plan retail area which led directly into the dispensary. It had a private consultation room to the side of the pharmacy counter. The responsible pharmacist used the bench closest to the counter to do final checks on prescriptions. This helped her supervise and oversee sales of over-the-counter medicines and conversations between team members and people using the pharmacy.

The pharmacy had a set of standard operating procedures (SOPs). And these were held electronically. The pharmacy's superintendent pharmacist's office reviewed each SOP on a rolling quarterly basis. This ensured that they were up to date. The pharmacy defined the roles of the pharmacy team members in each SOP. The SOP showed who was responsible for performing each task. The team members said they would ask the pharmacist if there was a task they were unsure about. Or felt unable to deal with. Records were available which showed that all team members had read the SOPs that were relevant to their role. The regular pharmacist counter signed the records to confirm the team member was competent in working in accordance with the SOPs.

The pharmacy had a process to report and record near miss errors that were spotted during dispensing. The pharmacist typically spotted the error and then informed the dispenser that they had made an error. The dispenser made a record of the error onto a near miss log. The records contained details such as the date of the error and the team members involved. The team members had recently discussed the importance of entering their errors straight away to make sure they did not forget to do so, and they took responsibility of their errors. The records didn't contain any details of why the error had happened. And so, the team may have missed out on opportunities to learn and make improvements. The logs were analysed each month for any trends and patterns. And the team members said they discussed the findings informally when the pharmacy quiet.

The team members had separated some 'look alike and sound alike' (LASA) medicines in the dispensary to prevent them being mixed up when they were dispensing. But no examples were seen. The pharmacy had a process to record dispensing errors that had been given out to people. It recorded these incidents electronically. A copy of the report was sent to the superintendent pharmacist's office for analysis and kept in the pharmacy for future reference. The report detailed learning and improvement actions following mistakes. The pharmacy had most recently supplied a person with a lower quantity of a medicine, than what had been prescribed. The reason for the error was attributed to a locum pharmacist incorrectly marking a split pack of the medicine. The team ensured all locum pharmacists were briefed before they started their shift, on how to make split packs identifiable, so they were aware of the correct process.

The pharmacy had a complaints procedure in place. And it provided details of how people could leave

feedback or raise a concern about the pharmacy through a notice in the public area. A team member explained how she would manage a complaint and understood how to escalate concerns if required. The pharmacy collected feedback from people through an annual survey. The results of the 2016 survey were displayed in the consultation room. But the team was not aware of the most recent results. And so, the pharmacy may have missed out the opportunity to use the survey to make improvements to its service.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist notice displayed the correct details of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept complete records of private prescription and emergency supplies. The pharmacy kept the certificates of conformity of special supplies. But they were not completed correctly as required by the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacy kept controlled drugs (CDs) registers. They were in order including completed headers, and entries made in chronological order. But many of the entries were difficult to read due to poor handwriting. The pharmacy checked the running balances against physical stock each week. The running balance of Matrifen 50mcg patches was checked and it matched the physical stock. The pharmacy kept complete records of CDs returned by people to the pharmacy.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bin to avoid a mix up with general waste. The confidential waste was destroyed periodically. The pharmacy explained how they stored and protected people information via a poster displayed in the retail area. The team members understood the importance of keeping people's information secure. And they had all signed the information governance policies. The pharmacy had submitted its annual NHS information governance toolkit.

All the team members had completed training on safeguarding vulnerable adults and children via the online training system. And the regular pharmacist had completed additional training via the Centre for Pharmacy Postgraduate Education. The team members gave several examples of symptoms that would raise their concerns. And they said they would discuss their concerns with the pharmacist on duty, at the earliest opportunity. Several safeguarding guidance documents were affixed to a dispensary wall. These included a Kirklees guide to reporting a concern about a vulnerable child, and a Rowlands guide to reporting concerns about adults and children. The team members had noticed some elderly people who were forgetting to take their medicines on time. They had offered to dispense their medicines in multi-compartmental compliance packs to help them remember.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage the services it provides. They openly discuss how to improve ways of working. And they talk as a team about why mistakes happen, and how they can make improvements. The pharmacy is good at supporting its team members to ensure their knowledge and skills are up to date. It achieves this by providing them with a structured training programme and regular appraisals of performance. The team members tailor their training to help achieve personal goals. And they feel comfortable to raise professional concerns when necessary.

Inspector's evidence

At the time of the inspection, the team members present were a locum pharmacist, and two part-time pharmacy assistants. The pharmacy also employed a full-time pharmacist, and two additional pharmacy assistants. The team members did not take time off in the few weeks before Christmas. As this was the pharmacy's busiest period. The pharmacy could call on the help of team members from other local Rowlands branches to cover planned and unplanned absences.

The pharmacist on duty 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 members accurately described the tasks that they could and could not perform in the pharmacist's absence.

The team members were able to access the online training system to help them keep their knowledge and skills up to date. They received training modules to complete every month. Many of the modules were mandatory to complete. And the team members received set time during the working day to allow them to complete the modules without interruption. They received around an hour a month. The team members were also able to voluntarily choose a module if they felt the need to learn about a specific healthcare related topic, or needed help carrying out a certain process.

The pharmacy had an annual performance appraisal process in place. The appraisals were an opportunity for the team members to discuss what parts of their roles they felt they enjoyed and which parts they felt they wanted to improve. They were also able to give feedback on how to improve the pharmacy's services. And discuss their personal development. A team member said she wanted to expand on her knowledge of over-the-counter medicines and was given comprehensive support to help her achieve her goal.

The team held monthly formal meetings and discussed topics such as company news, targets and patient safety. If a team member was not present during the discussions, they were updated the next time they attended for work. The team members openly and honestly discussed any mistakes they had made while dispensing and discussed how they could prevent the mistakes from happening again.

The team members said they were able to discuss any professional concerns with the manager or with the company head office. The pharmacy had a whistleblowing policy. So, the team could raise a concern anonymously. The pharmacy set several targets for its team to achieve. These included services and prescription volume. The team members said they were not put under any pressure to achieve the

targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the health services provided. And, it has a suitable room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and portrayed a highly professional image. The benches in the dispensary were kept tidy throughout the inspection. Floor spaces were clear with no trip hazards evident. There was a clean, well-maintained sink in the dispensary for medicines preparation and staff use. There was a WC which had a sink with hot and cold running water and other facilities for hand washing. The pharmacy had a sound-proofed consultation room which contained adequate seating facilities. The room was smart and professional in appearance. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy actively promotes the services it provides to the local community to help people improve their health and wellbeing. And it takes appropriate steps to make sure people can access these services. The pharmacy sources its medicines from licenced suppliers. And it generally stores and manages it medicines appropriately. The pharmacy has adequate procedures the team members follow when they dispense medicines into multi-compartmental compliance packs. The team members take steps to identify people taking high-risk medicines. So, they can give these people advice to help take their medicines safely.

Inspector's evidence

The pharmacy was accessible from street level to the entrance door. The team members had access to the company intranet. Which they used to signpost people requiring a service that the team did not offer. The pharmacy advertised its services and opening hours in the front window. Seating was provided for people waiting for prescriptions. The pharmacy kept a wide range of healthcare related leaflets in both the consultation room and the retail area. People could self-select the leaflets and take them away. The leaflets covered various conditions such as asthma and sexual health. A television monitor was in the retail area. It promoted various over-the-counter products and showed a short video of how to treat and manage blepharitis. The pharmacy offered a head lice treatment service. The team had promoted the service to three local schools. A team member explained that the service was often promoted during school assemblies.

The team members regularly used various stickers that they could use as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a controlled drug that needed handing out at the same time. The team members signed the dispensing labels to indicate who had dispensed and checked the medication. And so, a robust audit trail was in place. 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 stop people’s prescriptions from getting mixed up.

The team had a robust process to highlight the expiry date of CD prescriptions awaiting collection in the retrieval area. 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 kept records of the delivery of medicines from the pharmacy to people. The records included a signature of receipt. And so, an there was an audit trail that could be used to solve any queries. A note was posted to people when a delivery could not be completed. The note advised them to contact the pharmacy.

The pharmacy often dispensed high-risk medicines for people such as warfarin. The pharmacist often gave the person additional advice if there was a need to do so. But details of these conversations were not recorded on people’s medication records. So, the pharmacy could not demonstrate how often these checks took place. INR levels were always assessed in the pharmacy. The team were aware of the pregnancy prevention programme for people who were prescribed valproate. The team said they were aware of the risks. And they demonstrated the advice they would give people in a hypothetical

situation. The pharmacy had received a support pack for the programme which contained additional literature that the team could handout to people who met the criteria of the programme. But the team could not locate the pack in the absence of the regular pharmacist. The team members said that they would use the internet to print off additional information about the programme if necessary. The team had completed an audit to see if any of its regular patients were prescribed valproate. And met the requirements of the programme. No affected people were identified.

The pharmacy supplied medicines in multi-compartmental compliance packs for people living in their own homes. And the pharmacy supplied the packs to people on either a weekly or monthly basis. The team members were responsible for ordering the person's prescription. And they did this around a week in advance. And then they cross-referenced the prescription with a master sheet to ensure it was accurate. The team members queried any discrepancies with the person's prescriber. The team members recorded details of any changes, such as dosage increases and decreases, on the master sheets. The packs had backing sheets with dispensing labels attached. And the sheets contained information to help people visually identify the medicines. But this information was often vague. For example, a pack which contained six medicines was seen. And five of the six medicines were described as 'white round tablets'. The team did not routinely provide patient information leaflets with the packs. This is not in line with requirements.

Pharmacy only medicines were stored behind the pharmacy counter. The storage arrangement prevented people from self-selecting these medicines. Every three months, the pharmacy team members checked the expiry dates of its medicines to make sure none had expired. And records were seen. The pharmacy used stickers to highlight stock that was within six months of expiring. Some short-dated stickers were seen on the dispensary shelves. No out-of-date medicines were found following a random check. The team members recorded the date liquid medicines were opened on the pack. So, they could check they were in date and safe to supply. The pharmacy stored several strips of tablets and capsules, outside of their original packaging. And many of these did not have any information of their expiry date. And so, were not suitable to supply to people. The implications of this were discussed with the team members. And they said it would be discussed with the regular pharmacist as soon as possible.

The team was not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). The team had not received training on how to follow the directive. The pharmacy did have FMD software and scanners in place. The pharmacy expected to fully train the team on FMD in September 2019. Drug alerts were received via email to the pharmacy and actioned. The alerts were printed and stored in a folder. And the team kept a record of the action it had taken. The pharmacy used digital thermometers to record fridge temperatures each day. A sample of the records were looked at. And they were within the correct range.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's equipment is clean and safe, and the pharmacy uses it appropriately to protect people's confidentiality.

Inspector's evidence

The pharmacy had copies of the BNF and the BNF for children for the team to use. And the team had access to the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. The team used tweezers and rollers to help dispense multi-compartmental compliance packs. The fridges used to store medicines were of an appropriate size. And the medicines inside were organised in an orderly manner.

All the electrical equipment had been subjected to portable appliance testing in September 2019. 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 positioned to ensure confidential information wasn't seen by people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the team members could have conversations with people in private.

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.