

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Unit 2, Balloan Park,
INVERNESS, Inverness-Shire, IV2 4PF

Pharmacy reference: 1088392

Type of pharmacy: Community

Date of inspection: 18/10/2019

Pharmacy context

This is a community pharmacy on a parade of shops in a residential area. It dispenses NHS prescriptions including supplying medicines in multi-compartmental compliance packs. The pharmacy offers a repeat prescription collection service and a medicines' delivery service. It also provides substance misuse services and dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use and supplies a range of over-the-counter medicines. It offers a smoking cessation service, blood pressure measurement and seasonal flu vaccination.

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 team members work to professional standards. And this helps them to keep services safe and effective. The pharmacy keeps records of errors when they happen. But, it does not always review them. And this prevents the pharmacy team members from making improvements to the way they work. The pharmacy keeps the records it needs to by law. And it provides regular training to keep confidential information safe. The team members understand their role in protecting vulnerable people. And they contact others to make sure people get the support they need. The team members were unable to locate the complaints handling procedure. And the pharmacy did not inform people how to complain or provide feedback. This means it may miss opportunities to put things right and to improve its services.

Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. The pharmacy had seen significant changes to the pharmacy team over the summer. And all the team members were in the process of re-reading and signing the SOPs to show they understood their roles and responsibilities. The pharmacy had displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The pharmacy team signed dispensing labels to show they had completed a dispensing task. And the pharmacist checked prescriptions and gave feedback to dispensers who failed to identify their own errors. The pharmacist recorded the errors. But, did not always provide a reason about how the errors could have happened. And this meant that the pharmacy team missed opportunities to reflect and improve.

The pharmacist carried out the monthly near-miss review. And had planned to delegate the task once the accuracy checking technician (ACT) had qualified. The pharmacist shared the findings with the team members. But the last available documented report was for May 2019. The pharmacy used 'high alert' labels. But most of the labels were out-of-date due to stock having been moved to different shelf locations. The company used a professional standard audit to identify gaps and make safety improvements. For example, the April 2019 result showed that the pharmacy team was not carrying out controlled drug balance checks on time. The team members had made improvements. And checks were being carried out every week as per the company policy.

The pharmacist managed the incident reporting process. And the pharmacy team knew when incidents happened and what the cause had been. For example, they knew about an error when the wrong strength had been dispensed and supplied. And a flash note had been added to the person's PMR so that team members knew to take more care. The pharmacy was unable to produce its complaints policy. And it was unable to provide assurance that staff had been trained to handle complaints. The pharmacy did not display information about the complaints process. And it did not provide contact details should people wish to complain or provide feedback.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy had public liability and professional indemnity insurance in place. And this was up-to-date. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of controlled drugs on a weekly basis. The pharmacy team recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature against each destruction. The pharmacy provided a delivery service to housebound and vulnerable people. And made sure that people signed for medication to confirm receipt. A sample of private prescriptions were up to date and met legal requirements. And specials records were kept up to date with details of who had received each supply. The pharmacists used patient group directions to improve access to medicines and advice. And a sample trimethoprim patient group direction was valid until October 2020.

The pharmacy did not display information about its data protection arrangements. And did not provide assurance that it met data protection legislation. The team members were in the process of re-reading the information governance policy. And this provided assurance that they knew how to safeguard personal information. The pharmacy disposed of confidential information in designated bags. And the bags were collected for off-site shredding. The pharmacy team archived spent records for the standard retention period. The protecting vulnerable group (PVG) scheme was used to help protect children and vulnerable adults. And the company had registered the pharmacists with the scheme. The pharmacy team could not confirm if they had completed safeguarding training. But, a team member had completed training to recognise the signs of dementia. The pharmacy team knew to monitor multi-compartmental compliance packs. And they noted failed collections and deliveries and contacted carers or the surgery when they had concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy monitors its staffing levels. And ensures it has the right number of suitably qualified pharmacy team members throughout the week. The pharmacy had experienced significant changes to the pharmacy team. And it was providing extra support to new team members to develop in their roles. The pharmacy team are encouraged to reflect on their performance. And they identify and discuss their learning needs at regular review meetings to keep up to date in their roles. The pharmacy provides access to ongoing training. And the team members are up-to-date with compulsory requirements. The pharmacy team members support each other in their day-to-day work. And they can speak up at regular meetings. And make suggestions for improvement to keep services safe and effective.

Inspector's evidence

The pharmacy had experienced a slight growth in the number of NHS prescription items it dispensed. And, although there had been significant changes to the pharmacy team, the number of team members working at the pharmacy remained the same. A new pharmacist had taken up a substantive post in July 2019 due to the previous pharmacist leaving in February 2019. The new pharmacist had worked at the branch as a locum for many years. And was familiar with the pharmacy team and the company's policies and procedures. A part-time dispenser had been appointed to a new non-pharmacist manager's post in July 2019. And had been supported by the area manager who was visiting the branch at least once a month. The company had recognised the need to develop the capability of the pharmacy team. And it had arranged for a relief dispenser to provide long-term support. The dispenser was supporting three trainees who were all undergoing training at the same time. And she was also providing backfill so that the pharmacy team had time to re-read the policies and procedures that were relevant to their roles and responsibilities.

The pharmacy kept the team's qualifications on-site. And the following team members were in post; one full-time pharmacist, one full-time dispenser (manager), one part-time trainee accuracy checking technician (ACT), one full-time dispenser, one part-time dispenser, one full-time trainee dispenser, one part-time medicines counter assistants, one part-time delivery driver and one team member who had started the day before the inspection. The area manager was on-site at the time of the inspection. And had issued a copy of the company's induction workbook to the newest team member who had just taken up post two days before the inspection. The pharmacy manager approved annual leave requests. And they allowed one team member to take leave at the one time. The pharmacist and the non-pharmacist manager did not take annual leave at the same time. And this ensured that the pharmacy team was supported.

The pharmacy was about to carry out its annual performance review to identify areas for development. For example, the non-pharmacist manager had been supported to attend off-site training. And this ensured she had the knowledge and skills to effectively manage the pharmacy team and relevant operational tasks. The area manager had been supporting the pharmacy manager. For example, making sure that team members were up-to-date with mandatory training requirements. The pharmacy provided a range of training resources. And the team members were up-to-date with company requirements. For example, they had recently completed modules about colds and flu and a new off-site dispensing hub.

The company used performance targets to grow services. But, it had temporarily removed the targets to develop and support the pharmacy team to improve its performance. And to ensure that the pharmacy was up-to-date with the necessary governance activities. The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. For example, they had identified the need to increase the frequency of checks carried out on prescriptions awaiting collection. And this was due to failed collections and congestion in the storage area.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean. And provide a safe, secure and professional environment for patients to receive healthcare.

Inspector's evidence

A well-kept waiting area presented a professional image to the public. And the pharmacy provided seating and healthcare information leaflets for self-selection. The pharmacy had restricted bench space. But had arranged the dispensing benches to make the most of the available space. For example, a rear bench was used to assemble multi-compartmental compliance packs. The pharmacist supervised the medicines counter from the checking bench. And made interventions when needed. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy provided a consultation room, and a separate hatch. And both were professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy displays its opening times and healthcare information at the front of the pharmacy. And it lets people know what services are available to them. The pharmacy has working instructions in place for its services. And these support the pharmacy team to work in a safe and effective way. The pharmacy sources, stores and manages its medicines appropriately. And the pharmacist keeps the pharmacy team up-to-date about high-risk medicines. This means that team members know when to provide people taking these medicines with extra information.

Inspector's evidence

The pharmacy had step-free access. And it provided unrestricted access for people with mobility difficulties. The pharmacy displayed its opening hours in the window. And displayed healthcare information in the waiting area and consultation room. This included information leaflets and a monitor that transmitted health information. The dispensing benches were organised. And the pharmacy team used dispensing baskets to keep prescriptions and medicines contained throughout the dispensing process.

The pharmacy managed medication supplies for people registered with the chronic medication service (CMS). And the team members used trackers to dispense prescriptions a week before they were due. The team members monitored supplies. And they contacted people who failed to collect their medication on time. This helped to identify compliance issues which they tried to resolve. The team members contacted the surgery following prescription changes. And they synchronised prescriptions so that people were supplied the right medicine at the right time. The pharmacy was providing the seasonal flu vaccination service for the first time. And the pharmacist had undergone the necessary training and was accredited to provide the service. The pharmacy team had been trained about the service. And they were responsible for providing information and advising people on how to complete the necessary forms.

The pharmacy dispensed multi-compartment compliance packs for people who needed extra support with their medicines. But, although the company had defined the dispensing process in a standard operating procedure, it was not available during the inspection. The pharmacy carried out needs assessments to confirm that people were suitable for the service. And to make sure they continued to have available bench space to safely dispense and store the packs. The pharmacy team used trackers to manage the work-load. And to ensure they provided medication on time. The team members isolated packs when they were notified about prescription changes. And kept a record of the changes in the patient's notes. The pharmacy supplied patient information leaflets and annotated descriptions of medicines in the pack.

The pharmacist used a Methameasure machine to dispense methadone doses. And the pharmacist also supervised the consumption of doses in the consultation room when required. The pharmacist asked team members to check new prescriptions as they were being added to the Methameasure system. And this ensured they identified discrepancies and made corrections at the time. The pharmacy used clear bags instead of paper prescription bags for controlled drugs and fridge items. And this allowed the pharmacist to easily carry out additional checks at the time of supply.

The team members kept the pharmacy shelves neat and tidy. And purchased medicines and medical devices from recognised suppliers. The team members had recently re-arranged the shelves. And were in the process of reducing unnecessarily high stock levels. The pharmacy used four controlled drug cabinets to safely store stock. For example, controlled drugs for destruction were in sealed bags and stored well away from the rest of the stock. The pharmacy team carried out regular stock management activities. And they had worked overtime in September to carry out expiry date checks. The team members monitored and recorded the fridge temperatures. And demonstrated that the temperature had remained between two and eight degrees Celsius. The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected.

The pharmacy team acted on drug alerts and recalls. For example, the pharmacist was in the process of checking a recent alert concerning ranitidine. The pharmacy had implemented the necessary equipment and software to support the systems needed to comply with the Falsified Medicines Directive (FMD). And the company had trained the pharmacy team, so they had the knowledge and skills to carry out the relevant activities. The area manager confirmed the system would be implemented at the same time as a new hub and spoke system, which was planned for the end of 2019. The pharmacy team had been trained to understand the requirements of the valproate pregnancy protection programme. And they knew about the initiative and where to find the safety leaflets and cards. The pharmacist monitored prescriptions for valproate. And added flash notes to the PMR to confirm that people had been provided with safety messages.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it keeps it clean and well-maintained.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). It used crown-stamped measuring equipment. And the measures for methadone were highlighted and separated, so they were used exclusively for this purpose. The pharmacy used a Methameasure machine. And the pharmacist calibrated the system in the morning to ensure it was measuring accurately.

The pharmacy used a blood pressure monitor. And a label showed a calibration was due in October 2020. The pharmacy kept cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. The pharmacy stored prescriptions for collection on a series of hangers that were out of view of the waiting area. And it arranged computer screens, so they could only be seen by the pharmacy team. The pharmacy team members used a portable phone. And they took calls in private when necessary.

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.