

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, East Quay Medical Centre,
East Quay, BRIDGWATER, Somerset, TA6 4GP

Pharmacy reference: 1089695

Type of pharmacy: Community

Date of inspection: 09/12/2019

Pharmacy context

This is a community pharmacy located inside a medical centre in Bridgwater, Somerset. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccines and a minor ailments service. The pharmacy also supplies multi-compartment compliance aids to people if they find it difficult to manage their medicines. And, it provides medicines to residents in care 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	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

Overall, the pharmacy operates in a safe manner. It identifies and manages risks appropriately. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand the need to protect the welfare of vulnerable people. And, they protect people's privacy well. The pharmacy generally maintains its records in accordance with the law.

Inspector's evidence

This was a busy and well managed pharmacy. Staff were observed to manage the workload during the inspection. The pharmacy's activities took place from separate areas within the main dispensary and the workflow was in a circular motion with easy access to medicines. This helped to minimise the likelihood of errors happening and reduced distractions. The front bench was used to process and assemble prescriptions for people who were waiting and calling back. The responsible pharmacist (RP) also accuracy-checked prescriptions from a designated area here. Repeat prescriptions were labelled in batches and placed inside an alphabetical retrieval system, staff then worked from the central island to assemble them. The care homes as well as the multi-compartment compliance aids were assembled and stored in a separate area on the right-hand side of the dispensary. At the back of the dispensary, there was a designated section for deliveries.

The RP usually accuracy-checked prescriptions for people who were waiting or calling back. Repeat prescriptions, prescriptions for care homes and compliance aids were clinically checked by pharmacists, before being assembled by staff and checked for accuracy by the accuracy checking technicians (ACTs). They were not involved in any other processes other than the final check, and there was an SOP to cover this process. Before prescriptions were placed inside the alphabetical retrieval system, they were marked with the due date. This helped to easily locate, assemble and supply them. Staff described double-checking relevant details during dispensing. Prescriptions for medicines that had been involved in previous errors such as pregabalin, insulin and inhalers were highlighted, and details were checked by two dispensing assistants before being accuracy-checked by the RP. The pharmacy's stock holding was also very organised.

A near miss log was placed on every station and the team routinely recorded their near misses. They were formally reviewed every month by the manager and evidence of this was seen. This helped to identify any trends or patterns. Look-alike and sound-alike (LASAs) medicines as well as higher-risk medicines were identified, highlighted and separated where possible. Incidents were managed by the manager who involved the RP, checked details, rectified the situation, investigated and recorded details. This process was in line with the company's expectations and documented complaints process. Details about previous incidents were seen which included a root cause analysis. There was information on display about the pharmacy's complaints procedure.

The pharmacy held the required standard operating procedures (SOPs) to support its services. They were electronic and had been reviewed in 2019. Team members roles and responsibilities were defined within the SOPs and staff had signed to confirm that they had read them. Team members understood their roles and responsibilities. Staff knew the activities that were permissible in the absence of the RP. The correct RP notice was on display and this provided people with details of the pharmacist in charge of operational activities on the day.

Staff had been trained to identify signs of concern to safeguard vulnerable people. The RP, ACTs and pharmacy technician were trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE). Their certificates to verify this were seen. There was an SOP to support the process and relevant contact details for the local safeguarding agencies were readily available. The pharmacy informed people about how their privacy was maintained. Team members had been trained on data protection. Dispensed medicines were stored in a location where sensitive details could not be seen from the retail space and the consultation room was used if private conversations were required. Confidential waste was segregated before being shredded.

Most of the pharmacy's records relating to its services were fully compliant with statutory requirements. This included a sample of registers seen for controlled drugs (CDs) and records of unlicensed medicines. Balances were checked every week for CDs. On randomly selecting CDs held in the cabinet, their quantities matched balances that were recorded in the corresponding registers. The maximum and minimum temperatures for the fridges were checked every day and records were maintained to verify that they remained within the required temperature range. Staff kept a complete record of CDs that had been returned by people and destroyed at the pharmacy. The pharmacy's professional indemnity insurance arrangements were via Numark and this was due for renewal after 31 March 2020. There were occasional gaps in the RP record where pharmacists had failed to record the time that their responsibility ceased. Records of emergency supplies included the nature of the emergency, but generated labels had been used to record the details. They had not faded or become detached. Although records of private prescriptions were being documented with the appropriate information, staff were recording the details within a ring binder and not within a bound register. This meant that there was a risk that records could be easily removed and lost.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has appropriate numbers of staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. The pharmacy provides them with suitable resources, and they complete regular, ongoing training. This helps to keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy was appropriately staffed by qualified and skilled team members. This helped to manage the workload safely. The staffing profile included the RP who was a locum pharmacist and seven trained members of staff. One of them was the pharmacy manager, there was a pharmacy technician and two ACTs as well as a trainee dispensing assistant undertaking accredited training with the company. There were also usually two pharmacists present. Some team members were long-standing staff who had worked at the pharmacy for several years. They all wore name badges and their certificates of qualifications obtained were seen.

Staff were observed undertaking their tasks with very little direction required from the RP or manager. They covered one another as contingency where possible and had the confidence to raise any concerns they might have had. Team members understood each other's roles and responsibilities, they asked appropriate questions before selling medicines over the counter, held a suitable level of knowledge to sell medicines safely and referred when required. Staff in training completed their course material at work when it was possible. To assist staff with their ongoing training needs, they were provided with access to online training modules and the technicians completed resources from CPPE. This helped to improve and keep their knowledge up to date. Staff progress was monitored annually with formal performance reviews taking place. The team communicated verbally, through emails and noticeboards as well as from the manager. The latter explained that some formal targets were in place to complete services. They were described as achievable and manageable.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to deliver healthcare. The pharmacy is professional in its appearance. It is kept clean. And it has plenty of space available for pharmacy services to be carried out safely.

Inspector's evidence

The pharmacy premises consisted of a medium sized and spacious retail space with a large, open plan dispensary behind and a small staff area at the very rear. The pharmacy was professional in its appearance. The areas accessible and visible to the public were clean and tidy, as were the rest of the premises. The pharmacy was free of clutter. It was bright and appropriately ventilated. There was plenty of space to carry out the pharmacy's services safely. A signposted consultation room was available for services and private conversations. It was of an appropriate size for this purpose. There were two entrances into the room. The door from the retail space was kept locked and there was no confidential information present. Pharmacy (P) medicines were stored behind the front counter, there was a barrier to prevent access into this area. Part of the counter also contained a separate area for private conversations to take place.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely. The pharmacy's team members ensure that their services are accessible to people with different needs. The pharmacy obtains its medicines from reputable sources, it stores and generally manages them appropriately. But team members don't always identify prescriptions that require extra advice. And, they don't always record enough information to show that they have considered the risks when some medicines are supplied inside compliance aids. This makes it difficult for them to show that they provide appropriate advice when these medicines are supplied.

Inspector's evidence

The pharmacy's opening hours were listed on the front door and some of its services were being advertised. Entry into the medical centre was from the street and through an automatic door. The premises consisted of wide aisles as well as clear, open space. This assisted people with wheelchairs or restricted mobility to easily use the pharmacy's services. Staff used written details for people who were partially deaf. Physical assistance was provided to people who were visually impaired, and they verbally provided relevant details. Representatives were used for people whose first language was not English. The pharmacy displayed some leaflets that provided information about other local services. There was documented information present that staff could use to signpost people to other local organisations. Six seats were available for people if they wanted to wait for their prescriptions and some car parking spaces were located outside the premises.

Staff were aware of risks associated with valproates and they had identified people at risk, who had been supplied this medicine in the past. People were counselled accordingly. These medicines were stored in a separate drawer, highlighted with a shelf alert, there was a poster on display and educational material could be provided upon supply. However, the team did not routinely identify people prescribed higher-risk medicines and relevant parameters such as blood test results were not always asked about or details recorded. This included residents within the care homes.

Compliance aids: People were supplied with compliance aids on a need basis. Once set up, staff ordered prescriptions and when received, they cross-referenced details against individual records to help identify any changes or missing items. The team checked queries with the prescriber and maintained records to verify this. Compliance aids were not left unsealed overnight. Descriptions of the medicines within the compliance aids were provided and patient information leaflets (PILs) were routinely supplied. The process for mid-cycle changes involved obtaining new prescriptions and supplying new compliance aids.

However, not all medicines were de-blistered and removed from their outer packaging before being placed into the compliance aids. Staff were dispensing alendronic acid for some people, still in its original foil, in the compliance aids. This was described as due to historical reasons. Staff were unaware of the potential risks of supplying it in this way. Counselling had been initially provided to ensure that the outer packaging was removed before taking the tablets, but there were no details documented to confirm this. Nor was there any evidence that the pharmacy had carried out any risk assessment or discussed the situation with the prescriber.

Care homes: Medicines were supplied to the homes as original packs. The homes ordered prescriptions for their residents and the pharmacy obtained copies of the repeat requests. On receiving the prescriptions at the pharmacy, they were checked against the requests to ensure all items had been received. An audit trail about missing items was maintained and monitored by the team. PILs were routinely supplied to the home. Interims and acute items were dispensed at the pharmacy. Staff had not been approached to provide advice regarding covert administration of medicines to care home residents.

Delivery service: There were records available to demonstrate when this had taken place and to whom medicines were supplied. CDs and fridge items were identified. Signatures were obtained from people once they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy and notes were left to inform people of the attempt made to deliver their medicines. No medicines were left unattended.

During the dispensing process, staff used baskets to keep prescriptions and medicines separate. Colour co-ordinated baskets managed the workload and highlighted priority. A dispensing audit trail through a facility on generated labels and a quad stamp helped to identify staff involvement in the various processes. This included when the clinical check by the RP had taken place. Dispensed prescriptions awaiting collection were stored inside bags with prescriptions attached. Details about fridge items and CDs (Schedules 2 to 3) were highlighted to help staff to identify them. The inspector was told by staff in training that they showed dispensed fridge items to another member of staff before they were handed out. Dispensed CDs were held inside clear bags. This helped identify the contents upon hand-out. Schedule 4 CDs were not routinely identified. Uncollected prescriptions were removed every four weeks.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Phoenix, AAH, Alliance Healthcare. It used Quantum Specials to obtain unlicensed medicines. Staff were unaware of the European Falsified Medicines Directive (FMD), they had not been trained on the process and the pharmacy was not yet complying with the decommissioning process. Medicines were stored in the dispensary in an ordered manner. The team date-checked medicines for expiry every month and kept records to verify that this process had taken place. Medicines approaching expiry were highlighted. There were no date-expired medicines seen or mixed batches of medicines present. CDs were stored under safe custody. Drug alerts were described as received via fax, the process involved checking for stock and taking appropriate action as necessary. However, the last records present were from July 2019. This limited the ability of the pharmacy to verify that the appropriate action was routinely occurring. Medicines returned by people for disposal were stored within designated containers prior to their collection. This included separate containers to store hazardous and cytotoxic medicines along with a list for staff to identify them. People returning sharps for disposal were referred to the GP surgery. Details were taken about returned CDs and they were brought to the attention of the RP before being appropriately stored and destroyed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. It uses its facilities appropriately to protect people's privacy.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and clean equipment. This included standardised conical measures for liquid medicines and the dispensary sink that was used to reconstitute medicines. There was hot and cold running water with hand wash available. However, the counting triangles could have been cleaner. The fridges used for medicines requiring cold storage were operating at appropriate temperatures. The CD cabinets were secured in line with legal requirements. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Staff held their own NHS smart cards to access electronic prescriptions and they were stored securely overnight. A shredder was available to dispose of confidential waste and cordless phones were used to maintain people's privacy. There were also lockers available to store the team's personal belongings.

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.