

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 17 Ivy Close, Cowley, OXFORD, Oxfordshire, OX4 2NB

Pharmacy reference: 1089801

Type of pharmacy: Community

Date of inspection: 12/05/2021

Pharmacy context

The pharmacy is next to a health centre. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy supplies medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection and delivery, discharge medicines service (DMS), Pharmacy Collect Service (supply of lateral flow tests), substance misuse and seasonal flu vaccination service. The inspection took place during the COVID-19 pandemic. All aspects of the pharmacy were not inspected.

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's working practices are mostly safe and effective. Its team members have introduced new ways of working to protect people against COVID-19 infection. The pharmacy keeps the records it needs to so it can show it supplies its medicines safely and legally. The pharmacy's team members understand their role in protecting vulnerable people. And they keep people's private information safe. They record and review their mistakes when dispensing medicines to learn and help prevent the same errors happening again. The pharmacy has written procedures which tell staff how to work safely.

Inspector's evidence

The pharmacy had systems in place to minimise the risk of picking errors when selecting medicines for prescriptions. Some 'lookalike and soundalike' (LASA) medicines were separated when they were located on 'fast moving' medicines shelves. The dispensary team had separated other LASA medicines such as amlodipine and amitriptyline. The pharmacy team recorded near misses which were reviewed to identify patterns and trends and formed the basis of the monthly patient safety review. Pharmacy team members discussed near misses at team meetings. The pharmacy completed a dispensing incident report form if a dispensing incident occurred. A copy of the report was submitted to the superintendent pharmacist's office and a copy was printed and filed at the pharmacy.

The pharmacy team members had personal protective equipment (PPE). The pharmacy displayed posters to remind members of the public about social distancing. A maximum of two people at a time waited to be served at the medicines counter. The floor was marked so people knew where to stand and there was hand sanitiser for people to apply. There were screens at the medicines counter to protect people from COVID infection. Payments were mostly contactless. Chairs were positioned either side of the entrance door and away from the medicines counter for members of the public who needed a seat. One of the team was responsible for ensuring the pharmacy's surfaces were cleaned throughout the day. The consultation room was quite small which made it difficult for the occupants to socially distance, so it was not in use at the time of the visit. But a member of the public could have a private word with the pharmacist, in the retail area when there was no one in the pharmacy.

The responsible pharmacist (RP) was aware of reporting COVID contracted in the workplace to the relevant authorities. Pharmacy team members were vaccinated against COVID and self-tested three times a week. The pharmacy had updated standard operating procedures (SOPs) which were released in bundles over five months for the team to train and be signed off as competent in the most up-to-date procedures. Some SOPs were relevant to all team members and other SOPs were specific to the team member's roles. The pharmacy team explained they dealt with repeat requests for medicines liable to abuse by referring the person to their doctor or to ring NHS 111. All team members were signed off after completing training in SOPs for controlled drug (CD) management. The pharmacy team audited the balance of CDs including methadone every Monday.

The pharmacy had valid professional indemnity insurance to protect people who received services at the pharmacy. The RP notice was on display and the RP log was completed. Private prescription records were generally complete. The controlled drug (CD) and methadone registers were mostly complete with evidence of regular audits to check the balance of CDs. Headers were completed, footnotes to

correct entries were signed and dated. Invoice numbers and the name of the supplier were recorded but not the supplier's address. A random check of the actual stock of two strengths of MST matched the recorded balance in the CD registers. Patient returned CDs were recorded in the destruction register for patient returned CDs. FP10MDA prescriptions were endorsed at the time of supply.

There was an up-to-date information governance (IG) folder in which pharmacy team members had recently completed training. The pharmacy team members used a shredder to deal with confidential wastepaper and a cordless phone to enable a private conversation. Staff were using their own NHS cards and the privacy notice was displayed at the medicines counter where members of the public could read it. The pharmacy team had completed safeguarding training and there was a company safeguarding procedure to follow to identify and report concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload in the pharmacy and delivers its services safely. Team members are supported in keeping their knowledge up to date. They work well together and are comfortable about providing feedback to the pharmacist.

Inspector's evidence

Staff comprised: one full-time pharmacist although the branch had no permanent pharmacist in post, one dispenser (also accredited as medicines counter assistant (MCA)) who was full-time and acted as manager; two part-time registered pharmacy technicians and one pharmacy student. A team member explained that one part-time registered pharmacy technician had just qualified as a pharmacist. There was a trained delivery driver. On the day of the visit, a pharmacy team member had come from another branch to help out with administration tasks for the day. The pharmacy's head office provided regular continued learning topics for staff to complete via Moodle on the pharmacy computer system. Topics included healthy living, safeguarding, IG, and SOPs. The pharmacy team usually had protected learning time to study.

Appraisals to monitor and plan staff development were on-going. Team attended regular meetings if possible and were able to provide feedback on improving services. Near misses were reviewed and dealing with urgent emails was discussed. There was a whistleblowing policy and staff could raise concerns during their 1:1 meetings. Staff said there was no pressure to meet any targets and incentives which may be set but they were encouraged to tell members of the public about EPS and new medicines services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally safe, clean and suitable for the provision of its services. Team members have introduced new ways of working to help protect people from COVID-19 infection. The pharmacy prevents people accessing its premises when it is closed so that it keeps its medicines and people's information safe.

Inspector's evidence

The medicines counter was tidy and clean. The dispensary was situated behind the medicines counter on the same level. Space was restricted in the pharmacy. Waste medicines and a filing cabinet were stored in the lavatory along with some cleaning equipment. The lavatory facility was generally clean. Handwashing equipment was provided. The dispensary sinks and surround were treated to remove lime scale.

The pharmacy displayed posters to remind people about social distancing. A maximum of two people at a time could enter the pharmacy. The floor was marked so people knew where to stand and there was hand sanitiser for people to apply. There were screens at the medicines counter to protect people from COVID infection. Chairs were positioned either side of the entrance door and away from the medicines counter for people who needed a seat. The pharmacy's surfaces were cleaned throughout the day. The consultation room was signposted but quite small which made it difficult for the occupants to socially distance, so it was not in use at the time of the visit. But a member of the public could have a private word with the pharmacist, in the retail area when there was no one in the pharmacy. There was sufficient lighting and air conditioning.

Principle 4 - Services ✓ Standards met

Summary findings

People with different needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources to protect people from harm. Team members know what to do if any medicines or devices need to be returned to the suppliers. They give advice to people about where they can get other support. The pharmacy team members make a record when checking that medicines are safe for people to take. So they can show they give appropriate advice to help protect patient safety.

Inspector's evidence

There was wheelchair access through the automatic door and hearing-impaired people could use the hearing loop. The pharmacy team could converse in Spanish, Urdu, Punjabi and Yoruba to assist patients whose first language was not English. People were signposted to other local services such as the doctors next door, sexual health clinic and the foodbank. The pharmacist said the community pharmacy consultation service was popular with members of the public needing to treat minor ailments. The number of referrals for the recently introduced discharge medicines service was increasing so more people were able to have their medicines reviewed after being discharged from hospital. Issues such as missing medicines were resolved and changes in medication were explained to the patient.

Workflow: the pharmacy team picked medicines from reading the prescription. Baskets were used to separate prescriptions and medicines during the dispensing process. The pharmacist performed the clinical and final check of all prescriptions. The dispensing audit trail was completed to identify who dispensed and checked medicines. Interactions between two medicines for the same person were shown to the pharmacist. Interventions were recorded on the patient medication record (PMR). The pharmacy had a procedure for dealing with outstanding medicines. The original prescription was retained, and an owing slip was issued to the patient. For 'manufacturer cannot supply' items, the pharmacy team asked the patient how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary. Medicines were delivered outside the pharmacy by the delivery person who had PPE.

Multi-compartment compliance aids were prepared via the NuPAC service. Prescriptions were transmitted to MediPAC off-site dispensing facility after being clinically and accuracy checked by the pharmacist. There was an audit trail of who checked the prescriptions and any actions taken. Around 50% of the pharmacy's prescriptions were sent to the off-site dispensing facility and the sealed bags of medicines were returned to the pharmacy in two days. Counselling needs were highlighted to alert staff when giving the medicines to the patient.

People taking warfarin were asked for their INR which was recorded on the PMR in line with the SOP. Advice was given about diet and taking over-the-counter medicines which may affect INR. People who took methotrexate were reminded of the weekly dose and asked if they understood the dose and which day, they should take folic acid tablets. The pharmacist annotated prescriptions for schedule 4 CDs to alert staff.

The pharmacist discussed the procedure for supplying sodium valproate to people in the at-risk group

and information on the pregnancy prevention programme (PPP) which would be explained. There was information to give to people in the at-risk group. The pharmacist explained the procedure for supply of isotretinoin to people in the at-risk group. The prescriber would be contacted regarding prescriptions for more than 30 days' supply of a CD. Prescriptions containing fridge items were highlighted. Uncollected prescriptions were removed from the retrieval system after three weeks. People were contacted regarding their uncollected medicines.

Medicines and medical devices were obtained from Alliance, AAH and Phoenix. They were date checked and recorded. No date-expired medicines were found on the dispensary shelves. Floor areas were generally clear. Medicines were mostly stored in original packaging and liquid medicines were marked with a date of opening. Cold chain items were stored in the medical fridge. There was a large quantity of obsolete medicines in pharmaceutical waste bins in the lavatory. The pharmacist said the contractor had been contacted regarding arrangements to uplift waste medicines. Drug alerts were received from the warehouse. Stock was checked for affected batches which were returned to the warehouse.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to keep people's private information safe.

Inspector's evidence

Current reference sources included BNF and Emc. The dispensary sinks were reasonably clean. There was a cordless phone to enable a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly. The pharmacy fridge was monitored daily and shown to store medicines between two and eight Celsius.

Sharps bins leftover after the flu vaccination service were stored in the locked consultation room and awaiting collection and disposal.

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.