

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, Rother House Medical Centre,  
Alcester Road, STRATFORD-UPON-AVON, Warwickshire, CV37 6PP

**Pharmacy reference:** 1091161

**Type of pharmacy:** Community

**Date of inspection:** 14/06/2019

## Pharmacy context

This is a community pharmacy located in a medical centre in Stratford Upon Avon. And it is open five days a week. The pharmacy sells a range of over-the-counter medicines and dispenses prescriptions. It also supplies medicines in multi-compartment compliance packs to some people who need help in managing their medicines at home.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	There has been insufficient forward planning to mitigate the impact of losing an experienced member of staff.
<b>2. Staff</b>	Standards not all met	2.1	Standard not met	The pharmacy has deployed staff in such a way that, for periods of time, there are not enough suitably qualified staff to operate services safely and effectively.
<b>3. Premises</b>	Standards not all met	3.1	Standard not met	The dispensary is untidy and cluttered. And this may increase the risk of dispensing errors or accidents.
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy has procedures in place for the services it offers. It maintains all records required by law. And it has procedures to ensure people's private information is protected. But the pharmacy's recently recruited members of staff have not fully read and understood its procedures. So, this may mean that team members are not always sure about their role or how to undertake tasks safely.

### Inspector's evidence

The pharmacy had a range of Standard Operating Procedures but the majority of training records were for members of the pharmacy team who no longer worked in the pharmacy. There were three members of staff who had been recently recruited. One of them had left after two weeks. The two remaining members of the staff had no previous pharmacy background. They had been given SOP's but they hadn't had been given enough time to read and understand them. On the day of the inspection, the pharmacy was in disarray. A relief pharmacist was on duty working with a locum dispenser and two members of staff.

There were some records of near misses kept but it appeared these were currently not being recorded consistently. For example, there were five near misses recorded for the month of May and all had occurred on the same day (17th May 2019) and six near misses recorded on 13th June 2019. The pharmacist was aware of the company's procedure for reporting dispensing errors but to the best of her knowledge none had occurred recently.

A Responsible Pharmacist (RP) notice was prominently displayed and RP records were up to date. And they were maintained in line with requirements. Members of the pharmacy team knew what they could or could not do in the absence of an RP.

A complaints procedure was in place. Although the pharmacy stated on the NHS website that it undertook patient satisfaction surveys annually, the results of the survey conducted in 2018 had not been posted on the website. The results of a patient survey conducted in 2016 were on display in the consultation room.

The pharmacy's records for controlled drugs (CDs) were generally maintained in line with requirements. The address from whom a CD was received from wasn't routinely included in the CD register. The pharmacy had completed an annual balance check of all its CDs in May 2019. The physical stock of an item checked at random matched the recorded balance in the register. Records for private prescriptions and unlicensed medicines were not checked during this visit.

An Information Governance policy was in place and the recently recruited members of staff had signed a confidentiality policy. A shredder was available in the pharmacy to destroy confidential waste securely. A basket used to segregate confidential waste was full. And it appeared that the members of the pharmacy team had not had time to shred confidential waste.

The pharmacy had safeguarding procedures and contact details to escalate any safeguarding concerns were available. The RP had completed accredited Level 2 safeguarding training. The company had indemnity insurance arrangements in place.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy's current staffing arrangements are not sufficient to manage all its activities effectively. And there is no capacity to cope with any unplanned absence or increase in workload. Members of the pharmacy team are just about coping with the current dispensing workload. But they do not always complete other routine tasks such as housekeeping duties, record-keeping or managing stock effectively. This could increase the risk of errors and means that some parts of the premises do not look professional.

### Inspector's evidence

A relief pharmacist, a locum dispenser and two recently recruited members of staff were working at the time of the inspection. The pharmacy also employed a part-time dispenser who was on day off. The previous pharmacy manager left in May 2019 and they had not yet been replaced.

On the day of the inspection, the team members were trying to be supportive of each other. But they were struggling to cope with the workload. There was a constant flow of people in the pharmacy and there were queues of people waiting to be served. Members of the pharmacy team were struggling to acknowledge people and dispense prescriptions in a timely manner.

The workflow in the dispensary appeared chaotic at times. The team members were struggling to locate people's prescriptions. The workbench was congested with multiple dispensed items awaiting final accuracy check. And the pharmacist was kept very busy throughout the inspection trying to address people's queries and checking prescriptions.

Members of the pharmacy team reported having a backlog of a large number of prescriptions from the previous week and this had caused significant upheaval for people visiting the pharmacy to collect their prescriptions. But the RP said that they had managed to get on top of this backlog. Members of the pharmacy team reported customers shouting at them and on some days couldn't take a lunch break till 4pm.

The two recently recruited members of staff had no previous experience of working in a pharmacy. Although they were trying their level best to cope with the workload at hand they did not fully understand all the systems and procedures. They were not very clear about how to raise concerns about the way the pharmacy operated.

## Principle 3 - Premises Standards not all met

### Summary findings

The pharmacy's premises are secure and adequate for the services it provides. But its overall tidiness and organisation could be improved.

### Inspector's evidence

The retail area of the pharmacy was adequately presented and there was some seating available for people waiting for services. The dispensary was cluttered and untidy. There were totes and other bulky items on the floor which could increase the risk of slips or trips.

A dispensary sink was available for medicines preparation and it had a supply of hot and cold water. But the area around the sink was cluttered and stained. A signposted consultation room was available to enable people to have private conversations with members of the pharmacy team. But the room was very untidy and it hadn't been swept recently. The heating, lighting and ventilation were adequate, and the pharmacy was secured against unauthorised access when it was closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to most people and its team members aim to deliver these safely and effectively. But the overall workflow in the pharmacy and storage of medicines could be improved. The pharmacy obtains its medicines and medical devices from reputable sources. It stores them in accordance with legal requirements and at the appropriate temperatures. But the pharmacy has not maintained recent records of the actions it has taken in response to safety recalls. So, it may not always be able to demonstrate that it takes the right actions to protect people's health and wellbeing.

### Inspector's evidence

The medical centre had a car park for people to use and the entrance of the pharmacy was step free. The retail area of the pharmacy was clear of slip or trip hazards and could accommodate wheelchairs and prams. There was seating available for people waiting for services. The pharmacy's opening hours and a list of services available were advertised within the store. And there was a selection of healthcare leaflets on display.

The pharmacy offered a delivery service and signatures were obtained from recipients when medicines were delivered. The company had recently reviewed the number of hours allocated for deliveries and these had been reduced. The delivery driver appeared to be under pressure and said recently it had taken her a considerable amount of time sorting out deliveries as nobody in the branch knew what was going on.

The pharmacy's dispensing process on the day of the inspection was not very well organised. The bench spaces were congested and there was very little clear bench space available to allow safe working. Different coloured baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. But these were stacked on top of each other, increasing the risk of medicines falling out and getting mixed with other prescription items awaiting a final accuracy check.

The pharmacy supplied medicines into disposable multi-compartment compliance packs to people who had difficulties in managing their medication. The pharmacy kept individual records for all people who received compliance packs. These records listed their medicines and when they should be taken. An unsealed compliance pack was seen on the bench. It appeared that the locum dispenser was in the process of assembling the pack but was called upon to dispense prescriptions for waiting patients. There were no completed compliance packs available at the pharmacy at the time of the inspection to look at.

The RP was aware of the valproate pregnancy prevention programme and knew which people needed to be provided with additional advice about its contraindications and precautions. The pharmacy had patient information resource for the supply of valproate, including patient cards and leaflets.

Medicines were obtained from licensed wholesalers. Stock medicines were not stored tidily. The pharmacy did not carry out any extemporaneous dispensing. Pharmacy (P) medicines were stored out of reach of the public. The pharmacy was not yet compliant with Falsified Medicines Directive (FMD).

Following the inspection, the pharmacy's head office confirmed that the pharmacy had the equipment it needed to comply with the Falsified Medicines Directive. But members of the pharmacy team were not aware of this equipment or using it to scan medicines.

Medicines requiring cold storage were kept in a pharmaceutical refrigerator. And stored between 2 and 8°C. The inspector could only access records for the past 7 days. These showed that the temperature had been maintained within the required range during this time.

All controlled drugs (CD) requiring secure storage were stored appropriately. The pharmacy had denaturing kits available to dispose of waste CDs.

The pharmacy's date checking records were not current but there was evidence that medicines had been date checked in the recent past. Some short-dated medicines had been marked for removal at an appropriate time. An out-of-date item was amongst in-date stock.

The pharmacy's waste medicines had not been stored in designated bins but allowed to pile up in bin bags in the dispensary. There were significant quantities of unsorted waste medicines and this added to the clutter in the dispensary.

There was evidence to show that the pharmacy received drug alerts and recalls. But there were no recent recalls available to demonstrate that the members of the pharmacy team had actioned the safety alerts appropriately. A drug alert folder in the pharmacy showed that the last recall had been actioned on 12/3/2019 for Lynparza capsules.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the equipment and facilities it needs to provide its services safely.

### Inspector's evidence

The pharmacy had access to the internet and various other reference sources. A range of crown stamped glass measures and equipment for counting loose tablets and capsules were available at the pharmacy. All electrical equipment appeared to be in good working order.

Access to the pharmacy's computers and patient medication record system was restricted to the members of the pharmacy team and was password protected. Computer terminals were not visible to customers. And a consultation room was available for private conversations and counselling. The pharmacy did not yet have the appropriate equipment in place to comply with the FMD.

### 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.