

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: 04/02/2020

Pharmacy context

This is a community pharmacy located inside a medical centre in Stratford-upon-Avon, in Warwickshire. The pharmacy is open five days a week. It sells a limited range of over-the-counter medicines and dispenses NHS prescriptions as well as private ones. And it supplies some people with their medicines inside multi-compartment compliance packs if they find it difficult to take their medicines on time.

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 generally manages risks in a satisfactory manner. Members of the pharmacy team understand how to protect the welfare of vulnerable people. They deal with their mistakes responsibly. But team members consistently don't record enough detail and are not formally reviewing their internal mistakes. This makes it harder for them to spot patterns, learn from them and help prevent the same things happening again. The pharmacy adequately maintains most of the records that it needs to. But some of its records have missing details. This means that the team may not have all the information needed if problems or queries arise in the future.

Inspector's evidence

The pharmacy had sustained some of the improvements required of it since the last inspection. It was much more organised, and was routinely being kept clear of clutter. There were still very few team members present although this was being supplemented with additional locum staff (see Principle 2).

The responsible pharmacist (RP) carried out the final accuracy-check from a separate area. Staff described concentrating when assembling medicines and they didn't answer the phone during this process. This helped prevent errors happening. Caution stickers to identify 'high-risk' medicines had been placed in front of some stock. The RP had been present at the pharmacy for some time and had been routinely recording details of the team's near misses. This was discussed with them at the time, they were asked to rectify the mistake and staff described separating some medicines that were similar in response to this. However, there were consistent gaps in the section about the 'action taken/learning points/additional comments' and the near misses were not being collectively reviewed by anyone. There was information on display about the pharmacy's complaints procedure. The RP handled incidents and her process was in line with the company's expectations. Details of previous reports were seen completed.

The pharmacy team had printed the company's range of electronic standard operating procedures (SOPs). They were dated from 2019, staff had read and signed them, and their roles were defined with them. The correct RP notice was on display and this provided details of the pharmacist in charge on the day. Staff understood their roles and responsibilities and knew the activities that were permissible in the absence of the RP.

The trainee dispensing assistant had been trained to identify signs of concern to safeguard vulnerable people. The RP and the second locum pharmacist were both trained to level 2 via the Centre for Pharmacy Postgraduate Education. The company's policy information on child protection was on display in the dispensary although there were no contact details seen for the local safeguarding agencies and no policy information about vulnerable adults. Making these readily available was discussed at the time. Confidential information was contained within the dispensary. Confidential waste was shredded. Sensitive details on dispensed prescriptions awaiting collection could not be easily seen from the retail space. There was information on display to inform people about how their privacy was maintained. There was also a separate area at one end of the dispensary counter for people to collect their medicines from or where they could discuss details with the RP. The RP explained that she used the consultation room for this purpose.

Most of the pharmacy's records relating to its services were compliant with statutory requirements. This included a sample of registers seen for controlled drugs (CDs), records of emergency supplies although one previous record held no date of when the supply had been made, the RP record in general and records of private prescriptions. Balances for CDs were checked every week. 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 fridge were checked every day and records were maintained to verify that they remained within the required temperature range. The RP had kept a complete record of CDs that had been returned by people and destroyed at the pharmacy since she had been present. However the register seen had gaps from 2014 to 2019. The pharmacy's professional indemnity insurance arrangements were through Numark and due for renewal after 31 March 2020. There were occasional gaps within the RP record where pharmacists had not entered the time that their responsibility ceased, and some prescriber details were missing within records of unlicensed medicines. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members understand their roles and responsibilities. They are undertaking the appropriate training for their roles. And the company provides them with resources to keep their skills and knowledge up to date. Overall, the pharmacy has limited numbers of staff to manage its workload. They can sometimes manage. But this requires ongoing monitoring. Members of the pharmacy team are not always informed about any additional contingency arrangements. This can mean that staff sometimes struggle with the workload and their ability to complete mandatory training at work.

Inspector's evidence

At the time of the inspection, only a part-time dispensing assistant and a locum RP were present. A second locum pharmacist arrived mid-way through the inspection and another part-time dispensing assistant was due to work for four hours in the afternoon. This was described as the total number of staff for that day. There were also two other part-time dispensing assistants. The RP had been working on and off at the pharmacy in the past few months and had been contracted to provide cover for the rest of this month. The pharmacy had been run on locum pharmacists since the pharmacy's regular pharmacist left employment in early 2019. The RP described locum dispensers being used to help assist the team and on occasion, pharmacists were contracted. However, the team was unclear on the level of future cover that was to be provided to assist them with the workload. The inspector was also told that as the pharmacy was being sold, the company was not recruiting staff. The company should ensure that the staffing profile continues to be assessed and it implements appropriate measures to ensure that rotas are in place or that team members know what level of cover is to be provided going forward.

The staffing situation was somewhat stretched during the inspection. Initially, the inspector was not acknowledged for some time upon arrival whilst the only member of staff assembled people's prescriptions who were waiting. This was necessary so that errors didn't happen from distractions. However, once the second pharmacist arrived, people were being acknowledged, the pharmacy became busier and overall, this was observed to be manageable on the day. The pharmacy was also up-to-date with its workload; there was no back-log of repeat prescriptions that needed assembling and the team could concentrate on the walk-in trade from the medical centre. Staff explained that since the RP had been working at the pharmacy, they had caught up with the workload, but some days were still stressful and difficult to manage.

Staff in training had been enrolled onto the appropriate accredited training. The only member of staff present wore a name badge and some certificates of qualifications obtained were on display. Appropriate questions were asked before medicines were sold over the counter and suitable referrals to the RP took place. As they were a small team and worked part-time, details were discussed verbally between them and a communication book was used. Team meetings were described as difficult because of the part-time nature of the team. There was also a noticeboard and the trainee member of staff described receiving two formal appraisals within the last year. The latter was unable to complete her course material at work and did this at home. She described accessing ongoing training material through Moodle at work.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an adequate environment for the delivery of healthcare services. The dispensary is now kept clear of clutter. And the pharmacy has a private area for conversations and services to take place.

Inspector's evidence

The pharmacy premises consisted of a small-sized and elongated retail space, a similar sized dispensary was behind this which extended slightly to one side and a sign-posted consultation room by one of the entrances. The latter was used for private conversations and services. The room was small but adequate. It could have been tidier and the door to this room was unlocked. There were lockable cabinets here containing confidential information. However, the keys to one of them had been left in the lock. The RP was advised to lock this and remove the keys to restrict unauthorised access to sensitive information. The dispensary was clean, tidy and organised. It was routinely kept clear of clutter. The floor in the retail space however, needed sweeping as there was debris and tissue here which detracted from its overall presentation. Pharmacy (P) medicines were stored behind the front counter. This section was enclosed to the public; hence these medicines could not be self-selected.

Principle 4 - Services ✓ Standards met

Summary findings

In general, the pharmacy provides its services in an appropriate manner. The pharmacy team adjusts to help people with different needs. The pharmacy delivers people's medicines to them in a safe manner. It obtains its medicines from reputable sources. And it largely stores 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 appropriate advice has been provided when these medicines are supplied. In addition, the pharmacy doesn't have up-to-date records about product recalls. This limits the team's ability to verify that they have taken the right action in response to them.

Inspector's evidence

People could enter the pharmacy from two entrances; one was through the medical centre and the second was from the street. The retail space consisted of clear, open space and was clear of slip or trip hazards. This meant that the pharmacy's services were easily accessible to people with wheelchairs and prams. The medical centre had a car park for people to use although the spaces were limited, some were timed and required payment. There were four seats available for people waiting for services. The pharmacy's opening hours were advertised and there was a small selection of healthcare leaflets on display. Staff could signpost people to other local organisations from the documented details that were present. They described using written communication for people with different needs or used the consultation room to help reduce any background noise.

The pharmacy offered a delivery service and it had been retaining an audit trail to help verify when and where medicines were being delivered to. This section was much more organised in comparison to the last inspection. Signatures from people were obtained from recipients when medicines were delivered. CDs and fridge items were identified, and failed deliveries were brought back to the pharmacy. Notes were left to inform people of the attempt made and medicines were not left unattended.

The pharmacy supplied medicines into disposable multi-compartment compliance packs to people if they experienced difficulties with managing their medicines. The pharmacy ordered prescriptions on behalf of people and when received, details were cross-referenced against individual records to help identify any changes or missing items. Audit trails had mostly been maintained on the pharmacy system. Staff ensured that all medicines were de-blistered into the compliance packs with none left within their outer packaging. Mid-cycle changes involved retrieving the old compliance packs and amending them before re-supplying them. The pharmacy team routinely supplied patient information leaflets (PILs).

However, descriptions of the medicines inside the compliance packs were only sometimes provided. Staff stated that they were sometimes leaving compliance packs unsealed overnight which were then checked for accuracy the following day. In addition, at the time of the inspection, staff described dispensing sodium valproate inside the compliance packs for two weeks supply at a time. They stated that this was due to issues with its stability. However, they were unable to confirm the reference sources that had been used to verify whether this supply was appropriate. There were no details seen documented to confirm whether any relevant checks had been made with the manufacturers or if the

person receiving this medicine had been counselled on the potential issues with its stability. Nor was there any evidence that the pharmacy had carried out any risk assessment or discussed the situation with the prescriber.

Staff were aware of the risks associated with valproates and the pharmacy held educational material to provide to people upon supply of this medicine. Prescriptions for higher-risk medicines were not being identified in any way and on checking the pharmacy's records for some people prescribed for example, warfarin, the last documented details of the International Normalised Ratio (INR) was from 2017 and 2016. This limited the ability of the pharmacy to verify that appropriate checks about blood test results had been taking place.

The pharmacy team used different coloured baskets during the dispensing process to prioritise the workload and minimise the risk of prescriptions or medicines becoming intermixed. A dispensing audit trail through a facility on generated labels helped to identify staff involvement. 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. Dispensed CDs and fridge items were also held inside clear bags. This helped identify the contents upon hand-out. Schedule 4 CDs were not routinely identified and staff in training were unable to identify their 28-day prescription expiry. The team was behind with removing uncollected prescriptions; a pile of uncollected prescriptions had been removed recently and were seen stored inside a crate on one side of the dispensary. They were dated from October 2019.

The pharmacy obtained its medicines from licensed wholesalers such as Phoenix and Alliance Healthcare. Medicines were stored in an organised manner within drawers and on shelves. The pharmacy was not yet compliant with the processes required under the Falsified Medicines Directive (FMD). Staff had some awareness of this, but the team was not yet decommissioning any medicines as part of the process. Medicines requiring cold storage were kept in a pharmaceutical refrigerator and stored at the appropriate temperature. CDs were stored under safe custody. Liquid medicines were marked with the date upon which they were opened. Short-dated medicines were identified using stickers. There were no date-expired medicines or mixed batches seen although the odd loose blister of medicine was seen. Appropriately storing medicines that were stored outside of the original container was discussed at the time. There was evidence that medicines had been date-checked for expiry in the recent past however, the schedule to help verify this had been last completed in December 2019 and prior to that in October 2019. The RP described date-checking medicines the day before the inspection.

The pharmacy's waste medicines were now stored in an organised manner and inside designated containers although there were no separate containers to store hazardous and cytotoxic medicines and no list to help the team to identify them. The RP was advised to obtain these going forward. The pharmacy did not accept unwanted sharps and staff were unsure where people could be signposted to for this. However, they described directing people to the surgery and thought that the council may have been involved in the collection.

There was evidence to show that the pharmacy received drug alerts and recalls. However, there were no recent details of recalls available to verify that the members of the pharmacy team had actioned the safety alerts appropriately. This was the same situation as the last inspection. The last documented drug alerts seen were from 2017. The RP and staff were unsure what happened to them once they had been printed, read and actioned by the team.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. The team use the equipment in a way that helps to protect people's privacy.

Inspector's evidence

The pharmacy had access to the internet and current versions of reference sources. Necessary equipment was present; this included a range of clean, crown stamped conical measures and counting triangles which also included a separate one for cytotoxic medicines. The dispensary sink was clean but stained. Hot and cold running water was available. The pharmacy system was password protected and computer terminals were not visible to members of the public. A shredder was available to dispose of confidential waste. Staff used their own NHS smart cards to access electronic prescriptions and either took them home overnight or stored them appropriately. A cordless phone was available for private conversations to take place.

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.