

Registered pharmacy inspection report

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

Pharmacy reference: 1091161

Type of pharmacy: Community

Date of inspection: 26/09/2023

Pharmacy context

This community pharmacy is currently undergoing a change of ownership. Its main activity is dispensing NHS prescriptions which it receives from the medical centre within the same complex. The pharmacy sells a small range of over-the-counter medicines, offers seasonal flu vaccinations, provides substance misuse treatment to a handful of people, and it supplies medication in multi-compartment compliance packs to some people who need additional support 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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy does not always adequately manage all the risks associated with its services. Its standard operating procedures are not readily available. So, its team members may not be following best practice when providing pharmacy services. Its records about controlled drugs are not kept in line with requirements. And it does have suitable means of disposing its confidential waste.
		1.6	Standard not met	The pharmacy does not keep all the records it needs to correctly. This includes records about controlled drugs and private prescriptions.
		1.7	Standard not met	The pharmacy does not have suitable means of disposing its confidential waste which could start to present a health and safety issue if not addressed soon.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy team isn't able to manage its increasing workload, including tasks such as record keeping, effectively.
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 not all met

Summary findings

The pharmacy does not adequately manage all the risks associated with its services. Its standard operating procedures are not readily available. And it does not keep all its records up to date and accurate, or make records within the time required by law. So, these may not be reliable if they need to be referred to in the future. And it may not be able to investigate any anomalies fully or promptly. The pharmacy keeps people's private information securely. But it does not currently have suitable means of disposing of confidential waste which could start to present a health and safety issues if not addressed soon. However, the pharmacy's team members understand how they can help protect vulnerable people.

Inspector's evidence

The soon-to-be owner of the pharmacy was the responsible pharmacist (RP) on duty on the day of the inspection. He said that he was in the process of implementing new standard operating procedures (SOPs). The current SOPs, which the RP said were on-line, could not be accessed on the day of the visit. The correct RP notice was on display and the recently recruited team members could explain the tasks they could not undertake in the absence of a pharmacist. The pharmacy had current professional liability and public indemnity insurance.

The RP explained the procedure he would follow to record and report dispensing mistakes that had reached people (dispensing errors). If these occurred, the RP said the incident would be reported to the National Reporting and Learning System (NRLS). And further commented that there hadn't been any recent dispensing incidents to report. Mistakes that were detected before the medicine left the pharmacy (near misses) were discussed amongst the team members and corrected. But these were not routinely recorded or formally reviewed to identify any emerging trends in the pharmacy. This could mean the team was missing opportunities to learn and improve. Team members were aware of the risks associated with look-alike and sound-alike medicines.

Records about controlled drugs (CDs) were not kept in line with requirements or good practice. Entries in the CD registers were not all made within the time period set out in law. When several CDs were checked, not all recorded balances reflected the actual stock in the CD cabinet. The pharmacy had accepted some patient-returned CDs but it had not yet entered these in the designated register. Records about the RP were generally in order though some records did not include the time the RP ceased their duties. Some private prescriptions and RP were generally in order except some private prescription records did not include the prescriber's name or the date of the prescription.

To protect people's personal information, the pharmacy separated confidential waste from other waste and was currently storing it in one of the store rooms. A significant amount of this waste had accumulated. The RP said he was yet to contact the specialist waste contractor to set up collection of these. Prescriptions awaiting collection were stored securely and access to the patient medication record (PMR) was password protected. The RP confirmed that he had completed Level 3 training about safeguarding.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy's team members work well together but they are struggling to manage their workload effectively. The pharmacy team is not able to complete all its tasks, including record-keeping, in a timely manner.

Inspector's evidence

The pharmacy had seen a significant increase in its prescription numbers since the RP began managing the pharmacy. The pharmacy team consisted of the SI and two recently recruited part-time overseas qualified pharmacists. The RP said that he was planning to enrol the team members on accredited training programme on completion of their probation period. The pharmacy had a vacancy for a qualified dispenser. The RP said that he had struggled to recruit qualified support staff in the area.

The team members were doing their best to answer telephone calls and cope with the workload during the inspection. They were supportive of each other and worked well together. And they tried their best to acknowledge people visiting the pharmacy promptly. But the dispensing bench was full of stacked baskets of dispensed medicines awaiting final accuracy check. There were no targets or incentives set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure, and they are adequate for the services it provides. The pharmacy could do more to improve its overall organisation and tidiness.

Inspector's evidence

The premises had been altered since its last inspection. And the size of the dispensary had been reduced significantly. The storage and bench space in the dispensary was very limited, impacting the pharmacy's ability to accommodate increasing workload effectively. The dispensary was cluttered, and its floor spaces were somewhat obstructed with bulky stock items and tote boxes. This could increase the risk of trip or slip hazards. There was adequate lighting throughout the premises and the ambient temperatures were suitable for storing medicines. A sink was available for preparing medicines and it had hot and cold running water. The pharmacy had three private signposted consultation rooms of which one was being used by the local substance misuse team. The rooms were of a reasonable size and they were kept tidy. The pharmacy could be secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Generally, the pharmacy supplies medicines safely to people. People with different needs can access its services. It obtains its medicines from reputable sources. And it has a process to manage safety alerts and recalls. But its records about these could be improved to show the actions its team members take in practice to provide assurances that people are supplied with medicines that are fit for purpose. And it could do more to make sure people receiving their medicines in compliance packs receive all the information they need to take their medicines safely and effectively.

Inspector's evidence

The pharmacy's opening hours and the services it offered were displayed at the entrance. Team members used their local knowledge to signpost people to other providers where appropriate. A prescription delivery service was offered mainly to elderly and housebound people. And these were delivered by team members.

The pharmacy's main activity was dispensing NHS prescriptions. The workflow in the pharmacy was somewhat congested. There was very limited space in the dispensary. Baskets were used during the dispensing process to minimise the chances of mistakes happening and to prioritise workload. Team members initialled dispensing labels to show who had been involved in the dispensing and checking prescriptions.

The pharmacy supplied medicines in multi-compartment compliance packs. The RP said that compliance packs were assembled in a separate room to reduce risks. The prepared compliance packs checked during the inspection, did not include descriptions of medicines contained within the pack and patient information leaflets were not routinely supplied. This could mean that, people or carers are not able to identify the contents of their packs or do have ready access to information about their medicines. This was discussed with the team members and assurances were provided that this would be addressed.

Team members understood the safety concerns and advice that needed to be provided to people in the at-risk group when supplying valproate-containing medicines. The stock packs on the shelves included the appropriate warning and team members also knew about supplying these medicines in the manufacturer's original pack, so people had access to the relevant information.

The pharmacy obtained its medicines from reputable sources. But these were not always well-organised on the shelves. And this could increase the chances of mistakes happening. Pharmacy-only medicines were restricted from self-selection. And team members knew to be vigilant when selling higher-risk over-the-counter medicines and when to refer queries to the RP. The pharmacy did not sell codeine linctus over the counter. The pharmacy did not have date-checking records available to review. Medicines were randomly checked during the inspection, and no date-expired medicines were found amongst in-date stock.

Waste medicines were stored in designated containers. But it was noted that there was a significant accumulation of these. The RP said that he had contacted the relevant company and the collection was imminent. All CDs were stored in line with requirements and access to the cabinet was managed by the

RP. Medicines requiring cold storage were kept in the fridge. Maximum and minimum fridge temperatures were not recorded daily. This limits the pharmacy's ability to provide assurances that its cold chain medicines are always stored at an appropriate temperature. Fridge temperatures were checked during the inspection and they were within the required range of 2 and 8 degrees Celsius. The pharmacy received alerts and recalls about medicines. The RP could explain how these were dealt with. But the pharmacy did not routinely record what action it took in response to these.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

Team members had access to current reference sources. Appropriate equipment for counting loose tablets and capsules was available and there were crown-stamped measures available for measuring liquid medicines. Medicine containers were capped to prevent contamination. The pharmacy's computers were not visible to people visiting the pharmacy and people's private information was stored securely. A cordless phone was available so that team members could make phone calls out of earshot of waiting customers if needed.

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.