

# 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:** 07/05/2024

## Pharmacy context

This independent community pharmacy is under new ownership, and it is situated in a very busy medical centre in Stratford-Upon-Avon. It sells a small range of over-the-counter medicines and dispenses prescriptions. It provides the NHS hypertension case-finding service, New Medicine Service (NMS), NHS Pharmacy First Service, emergency hormonal contraception, and a substance misuse service. It also supplies medicines in multi-compartment compliance packs to some people who need additional support in taking their medicines safely at home.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<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 met

### Summary findings

The pharmacy has systems to help ensure risks associated with its services are identified and managed. It keeps the records it needs to by law, and it has processes to protect people's private information. Team members record and review their mistakes so that they can learn and improve from these events. And they understand how they can help and protect vulnerable people.

### Inspector's evidence

The superintendent pharmacist (SI) was the responsible pharmacist (RP) on the day of the inspection. The pharmacy was exceptionally busy, however, the workflow in the dispensary was sufficiently organised and team members were managing the workload efficiently. The correct RP notice was displayed in the pharmacy and team members could explain the tasks they could not undertake in the absence of a pharmacist. They knew the types of over-the-counter medicines that could be misused and under what circumstances they needed to refer requests or queries to the RP for further guidance.

The pharmacy had a range of current standard operating (SOPs), and these had been read and signed by team members. The SI explained how team members dealt with mistakes made during the dispensing process. Mistakes that were identified before medicines were handed out (near-misses) were recorded and reviewed. Team members explained some of the actions they had taken to minimise picking errors and to mitigate the chances of such events from reoccurring. These included, separating medicines with similar names or packaging and storing anti-diabetic drugs on a separate shelf. The pharmacy had a process to record and review dispensing mistakes that had reached people (dispensing errors). The SI said that there hadn't been any recent dispensing errors to report.

The pharmacy had current professional indemnity and public liability insurance. Records about RP, controlled drugs (CDs), and private prescriptions were kept in line with requirements. CD running balances were audited at the point of dispensing and full audits were undertaken intermittently. Random CD balance checks of several CDs during the inspection were correct. A separate register was used to record patient-returned CD.

The pharmacy had a complaints procedure and information governance policy. Team members used their own NHS smartcards to access electronic prescriptions. No person-identifiable information was visible to members of the public visiting the pharmacy and prescriptions awaiting collection were stored securely. The pharmacy's computer system was password protected and confidential waste was collected by a contractor.

The pharmacy had procedures about protecting vulnerable people and team members knew how to escalate safeguarding concerns to relevant agencies. The SI had completed Level 3 safeguarding training and the pharmacy technician had completed Level 2 safeguarding training. A chaperone policy was displayed in the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has just about enough team members to manage its increasing workload. Its team members work well together and they are supported to raise any concerns or provide feedback to help improve pharmacy services.

### Inspector's evidence

The pharmacy had seen a significant increase in its prescription numbers since its change of ownership. At the time of the inspection, the pharmacy team consisted of the SI, a pharmacy technician, and a trainee dispenser. The trainee dispenser had recently completed his masters in global health. The pharmacy also employed a further part-time pharmacist and an accuracy checking technician who were not on duty at the time of the visit. The SI said that he had struggled to recruit qualified staff in the local area.

Team members were working well together and appeared to share a good rapport with the surgery staff next door and with the people visiting the pharmacy.

The pharmacy currently did not undertake performance reviews with team members, and it did not keep records about on-going training outside of mandatory training. However, the SI said that team members were routinely provided with feedback about their performance and he ensured team members completed mandatory training modules such as antimicrobial stewardship and safeguarding required under Pharmacy Quality Scheme.

A whistleblowing policy was available in the pharmacy and a team member said that the SI encouraged an open and honest culture in the pharmacy. And they felt able to raise concerns with the SI who worked regularly at the pharmacy. There were no specific 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 has a consultation room to enable people to have private conversations with team members if needed.

### Inspector's evidence

The pharmacy's premises had been significantly altered under the previous ownership. The dispensary had been made smaller and three consultation rooms had been created. However, the SI said that only one room was currently being used as a consultation room. And he was intending to utilise the second room for the assembly of multi-compartment compliance packs. The third room was being used by the local substance misuse team. The dispensary had just about enough space to undertake workload safely. And medicines were stored in an organised fashion. Space in the parts of the dispensary close to the medicines counter was somewhat cramped. However, team members kept dispensing workbenches clutter free to minimise the chances of prescriptions getting mixed up. The sink in the dispensary was clean. There was enough lighting throughout the premises and the ambient temperatures were suitable for storing medicines. The pharmacy could be secured against unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy supplies medicines safely and people with different needs can access its services. It gets its medicines from licensed wholesalers and its team members take the right action in response to safety alerts and recalls so that people get medicines and medical devices that are fit for purpose.

### Inspector's evidence

The pharmacy had automated doors and its entrance was step free to help assist people with mobility challenges. Its opening hours and the services offered were advertised by the entrance. A range of leaflets and healthcare posters were displayed and team members used their local knowledge to signpost people to other healthcare providers where appropriate. The pharmacy offered a prescription delivery service and kept an audit trail about this to ensure medicines were delivered safely.

Team members used baskets during the dispensing process to help prioritise workload and to minimise the chances of dispensed medicines getting mixed up. 'Owing slips' were issued to keep an audit trail when prescriptions could not be dispensed in full when first supplied. The SI said that the pharmacy had experienced severe stock shortages recently but the GPs were very helpful in agreeing to issue prescriptions for alternatives where appropriate and when it was safe to do so.

The pharmacy was offering the NHS Pharmacy First service and its team members had all completed relevant training to help deliver the service safely. All relevant documentation and patient group directions (PGDs) were available in the pharmacy. The SI said that he had arranged a meeting and a brief presentation with the local NHS triage team to help explain the specifics of the service. The pharmacy on average had approximately 10-15 referrals in a typical month. The pharmacy had been recently selected to pilot the NHS Community Pharmacy Independent Prescribing Pathfinder Programme.

Team members were aware of the guidance about pregnancy prevention to be given to people in the at-risk group who took sodium valproate, and knew about supplying valproate-containing medicines in their original packs.

The pharmacy dispensed medicines in multi-compartment compliance packs and the service was mainly managed by an accuracy checking technician. Appropriate records were kept for each person and an audit trail was maintained for any changes in the medication regime. Any interventions made by team members were recorded on the person's medical records. The packs seen during the visit, were labelled with a description of each medicine to help people or their carers identify individual medicines safely. And patient information leaflets were routinely supplied.

The pharmacy obtained its stock medicines from reputable sources and the pharmacy-only medicines were restricted from self-selection. Temperature sensitive medicines were stored in a medical fridge and temperatures were recorded daily. Records showed that the temperatures had remained within the required range of 2 and 8 degrees Celsius. All CDs requiring secure storage were stored in line with requirements. Date-expired CDs were separated and clearly marked and the pharmacy had denaturing kits to dispose of waste CDs safely. The pharmacy had date-checking procedures and short-dated medicines had been marked for removal at an appropriate time. Waste medicines were stored in

designated bins ahead of collection by a specialist waste contractor.

The pharmacy received information about safety alerts and medicine recalls via emails. Team members could explain how these were dealt with and records of previously actioned alerts were available in the pharmacy.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

Team members had access to current reference sources. The pharmacy had calibrated measures available for measuring liquid medicines and some measures were reserved specifically for measuring certain liquids to minimise the chances of cross-contamination. Equipment for counting loose tablets and capsules was available and it was kept clean. Medicine containers were capped. All electrical equipment was in good working order. People's confidential information on the pharmacy's computer system was password protected. Team members had access to cordless telephone so they could converse in private where appropriate.

### 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.