

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 1 Frederick Treves House, St John Way, Poundbury, DORCHESTER, Dorset, DT1 2FD

Pharmacy reference: 1092358

Type of pharmacy: Community

Date of inspection: 04/11/2021

Pharmacy context

This is a community pharmacy located in Poundbury, Dorchester. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. It also offers the New Medicine Service (NMS) and local deliveries. The inspection took place during the COVID-19 pandemic.

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 has up-to-date written procedures to help make sure the team works safely. It has made some sensible adjustments to those procedures to help keep people safe during the pandemic. Its team members record and regularly review their mistakes so they can learn from them. And they take action to help stop mistakes from happening again. The pharmacy keeps the records it needs to by law and it asks people to give their views about the services it provides. Team members keep people's private information safe and they know how to recognise and report concerns about vulnerable people to help keep them safe.

Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs) which were maintained electronically. The SOPs provided guidance for the team to carry out tasks correctly and staff had signed them to verify that they had been read. Team members knew their roles and responsibilities and they had designated tasks to complete daily.

The pharmacy had systems in place to identify and manage risks associated with its services. This included limiting the spread of infection of COVID-19. A poster was on display asking people to wear a mask upon entering. The team had been provided with personal protective equipment (PPE) and staff were wearing masks at the time of the inspection. Hand sanitiser was present for them to use. The pharmacy was cleaned regularly and risk assessments for COVID-19, including occupational ones for the team had been completed.

Staff routinely recorded their near miss mistakes although more meaningful insight into the cause of the mistake could have been recorded. The near miss mistakes were reviewed every month and discussions were held with the team. In response, staff explained that the way they stored some medicines had been changed and medicines where mistakes had been regularly made had been highlighted as well as separated. This helped staff to minimise mistakes.

The pharmacy usually received regular customer feedback from annual patient satisfaction surveys, but this process had been paused during the pandemic. The dispensers explained that they had mixed feedback and although it was mostly positive, they did have complaints about the lack of pharmacist continuity which was mainly due to the area being hard to recruit for and having to rely on locums. The pharmacy had a complaints policy and the staff process to handle incidents was suitable.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. They could recognise signs of concern and knew who to refer to in the event of a concern. Confidential material was collected on the workbenches and then shredded regularly. There were no sensitive details that could be seen from the retail space. Computers were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). Records of CDs that had been returned by people and destroyed at the pharmacy were complete. The RP record, records about emergency supplies,

supplies of unlicensed medicines and records verifying that fridge temperatures had remained within the required range had all been appropriately completed. The pharmacy had suitable professional indemnity insurance arrangements in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members complete regular training and have a good understanding of their roles and responsibilities. And they feel comfortable speaking up about any concerns they have.

Inspector's evidence

During the inspection, there were two NVQ Level 2 dispensers, one trainee dispenser and one pre-registration technician who had recently passed her NVQ 3 exam and was awaiting a GPhC registration number. They were seen to be working well together and supporting one another.

The team completed GPhC accredited training courses and received additional training regularly online. The dispensers explained that they were aware which training modules they had to complete, and they were provided with time to complete this regularly.

The team explained that they found the lack of pharmacist continuity difficult sometimes, but they enjoyed working together. The pharmacy team members explained that they were able to raise anything with one another, whether it was something which caused concern or anything which they believed would improve service provision. Staff meetings were held every month to discuss near misses and errors. There were no targets in place, and team members explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is secure, has enough space to allow safe working and its layout protects people's privacy. And it has made some sensible adjustments to help make its premises safer for people to use during the pandemic.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, dispensary and staff area. It was laid out with the professional areas clearly defined away from the main retail area. All the products for sale were healthcare related and relevant to pharmacy services. An alcohol hand gel pump had been installed at the entrance for use by people entering the premises. A screen had been installed in front of the medicines to help protect staff and the public from airborne viruses. There was enough space for the staff to socially distance and four members of the public were allowed in at a time due to social distancing measures. There were markings on the floor to show where to stand to maintain social distancing and chairs for patients waiting were spread out.

The pharmacy was bright, professional in appearance and clean. One of the dispensers described how the pharmacy was cleaned several times a day to minimise the risk of COVID-19 infection. The team also explained that they would open the back door, which had a grate in front, when the pharmacy was open to improve the air flow.

The dispensary was suitably screened to allow for the preparation of prescriptions in private. The consultation room had two doors, one providing access from the dispensary and the other from shop floor. Conversations in the consultation room could not be overheard and the consultation room included seating, a computer and a sharps bin. Room temperature was suitable for the storage of medicines. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy for people to access and its working practices are generally safe and effective. Team members know when higher-risk medicines are being handed out and check that the medicines are still suitable or give people appropriate advice about taking them. The pharmacy stores its medicines appropriately and carries out checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

Pharmacy services were displayed in the front window. There was a range of leaflets available for people to read about the services on offer in the pharmacy, and general health promotion in the retail area of the pharmacy and consultation room.

There was step-free access into the pharmacy and the team explained that they provided a delivery service for housebound patients and people who had difficulty accessing the pharmacy. There was also seating available should someone require it when waiting for services and the seats were spaced to ensure social distancing. Alcohol hand gel was also available, and the team members were observed using it regularly.

The dispenser explained that people who required help with managing their medicines, would be using the Pilpouch system. The Pilpouches were prepared at a central hub and then delivered to the pharmacy. The boxes for the Pilpouch, were all labelled appropriately with the descriptions of the medicines on them.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking any valproates. The team explained that they use valproate information cards and leaflets every time they dispense valproates. The dispensers explained that they would provide information leaflets or monitoring books for all high-risk medicines if people did not have them. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

The pharmacy obtained medicinal stock from Phoenix, AAH and Alliance. Invoices were seen to verify this. Date-checking was carried out every three months and the team had stickers to highlight items due to expire. Items due to expire would be checked regularly and removed from stock. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste and a list of hazardous waste medicines was available in the SOPs. The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team from head office, and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for bimatoprost eye drops. The recall notices were printed off and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. It makes sure these are always safe and suitable for use. The pharmacy's team members use equipment and facilities in a way that protects people's privacy.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml, 50ml and 10ml measures. Some were marked to show they should only be used with methadone liquid. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF and a BNF for Children. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations inside the consultation could not be overheard.

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.