

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Flansham Health Centre, 109 Flansham Park, BOGNOR REGIS, West Sussex, PO22 6DH

Pharmacy reference: 1092606

Type of pharmacy: Community

Date of inspection: 10/12/2019

Pharmacy context

This is a community pharmacy located adjacent to Flansham Park Health Centre in a residential area on the outskirts of Bognor Regis. The pharmacy mostly provides pharmacy services to local residents and it dispenses NHS prescriptions and provides healthcare advice. It also supplies medicines in multicompartiment compliance aids (blister packs or trays), to people living at home and who may have difficulty managing or remembering to take their medicines. The pharmacy also provides services to two care homes.

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 | 1.1 | Good practice | The pharmacy identifies and appropriately manages the risks associated with its pharmacy services well and it uses company procedures effectively to achieve this. |
| 2. Staff | Standards met | 2.4 | Good practice | Staff worked effectively together as a team and showed a good culture of openness , honesty and learning. |
| 3. Premises | Standards met | 3.1 | Good practice | The premises are spacious, fitted out to a good standard and provide a professional environment for the provision of pharmacy services |
| 4. Services, including medicines management | Standards met | 4.1 | Good practice | The pharmacy services are tailored to the needs of the local community and the pharmacy works closely with the adjacent medical centre, to provide effective care. |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy provides services to a good standard, in line with clear processes and procedures, which are being followed by staff. Team members record and learn from mistakes that occur during the dispensing process to prevent similar mistakes in future. The pharmacy team asks people for their views and deals with any complaints. And the pharmacy team generally keeps the records it needs to. The team protects people's private information and team members understand their roles in protecting vulnerable people.

Inspector's evidence

Procedures were in place to record and learn from adverse events. The manager demonstrated that dispensing incidents and near misses were recorded in detail. Incidents were reviewed and discussed with staff to improve learning and safety. Reviews had led to changes for example the highlighting and separation on the shelves of different preparations or forms of the same drug. Baskets were used in the dispensing process as part of the company processes to manage the workload, separate prescriptions and reduce the likelihood of errors.

Up-to-date and relevant electronic standard operating procedures (SOPs) were in place for the services provided from the pharmacy. The SOPs had all been read and signed by all staff. The roles and responsibilities of staff were clearly defined within the SOPs. On questioning, the staff explained that they would refer any requests for advice and certain P medicines (eg repeat requests for Codeine containing medicines) to the pharmacist. In addition, when selling over the counter opiate containing medicines, these provided a reminder prompt to staff to take care when they were scanned through the tills.

A patient satisfaction survey had been completed recently although the pharmacy was still awaiting the results of this survey. Staff were clear on the process to follow in the event anyone wished to provide feedback or make a complaint and this procedure was displayed at the counter in the pharmacy leaflet. Staff received positive comments from customers during the inspection, as well as thank you cards which were on display. Professional indemnity insurance arrangements were in place for the pharmacy services provided via Numark. The responsible pharmacist sign was on display and responsible pharmacist (RP) records were maintained. Controlled drug (CD) registers, emergency supply, specials records and the private prescription records examined were generally in order. However, on occasion the details of patient returned controlled drugs awaiting destruction were just recorded at the time of destruction, rather than documenting the time of receipt into the pharmacy. Running balances were checked and recorded regularly and those examined during the inspection were in order. Patient returned and date-expired controlled drugs were segregated in the CD cabinet and stored securely.

The pharmacy had an information governance procedure and staff had read and signed this. Access to the pharmacy computer and the patient medication record (PMR) systems was restricted to authorised members of staff and password protected. Cross-cut shredders were used to dispose of patient identifiable and confidential waste. A leaflet was available for patients to explain how their data was used and their rights in accessing this. The pharmacy also had a business continuity plan in place which staff were aware of and had signed. Child protection and vulnerable adult safeguarding procedures were available for reference. In answer to questions, staff were able to explain what to do and who they would make aware if they had concerns about the safety of a child or a vulnerable adult. The

locum pharmacist and technician had completed safeguarding training through CPPE.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate levels of qualified staff for the services it provides, and it has provisions in place to ensure staffing levels are maintained. Pharmacy staff have the appropriate skills and qualifications for their roles. The team works really well together with openness and honesty to help support the safe and effective delivery of pharmacy services.

Inspector's evidence

A locum pharmacist, three dual-trained dispensers/medicines counter assistants, two trainee dispensers/medicines counter assistants and an accuracy checking technician were present at the time of the inspection. All staff had either completed or were undertaking appropriate training courses for their roles. The manager carried out staff reviews where learning and development needs were discussed and staff were encouraged to continue their own personal development by completing regular training courses e.g. e- learning (moodle), magazine articles and company updates. Staff were provided with dedicated time to complete training. Staff were able to progress and develop and one member of staff was about to commence the technician training program.

Staff were motivated and worked effectively as a team and helped each other when necessary to ensure priority jobs were completed quickly. The pharmacy manager held regular meetings and daily briefings with staff. On questioning, staff were able to explain how they would raise a concern they had about the provision of a pharmacy service with the company. The locum pharmacist explained that the branch has targets set for MUR's and NMS, but felt these were achievable and did not impact on the care she provided for patients.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and provides a good environment for the delivery of pharmacy services to people. The pharmacy has suitable facilities to protect the privacy, dignity and confidentiality of people. And the team uses them to ensure confidentiality is protected.

Inspector's evidence

The pharmacy was a good size, well lit, clean, tidy and fitted out to a good standard. And the temperature in the pharmacy was maintained appropriately through air conditioning fitted.

The staff explained that the pharmacy was cleaned and stock date-checked by store staff regularly. Hand washing facilities were available in the dispensary and staff areas and consultation room.

A consultation room was available for use to ensure that patients could have confidential conversations with staff when necessary. The consultation room was checked during the inspection and no confidential conversations could be overheard outside of the room. The consultation room door was secured when not in use to prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services well in a safe and effective manner and people receive good advice and support to help them use their medicines properly. The pharmacy advertises its services and people can generally access them. The pharmacy generally sources, stores and manages medicines well. And so it makes sure that all the medicines it supplies are fit for purpose.

Inspector's evidence

The pharmacy provides a range of services tailored to the needs of the local population e.g. multicompartment compliance packs and the collection and delivery service, which was particularly valued given the local elderly population. The pharmacy worked with the adjacent surgery and local hospitals in providing and monitoring this service. Pharmacy services were clearly advertised within the pharmacy.

The pharmacy had a ramp to facilitate access and automatic doors to assist patients. However, these were currently awaiting repair. Staff were clear about what services were offered from the pharmacy and where to signpost patients to if a service was not provided.

In accordance with the SOPs the dispensed-by and checked-by boxes of the dispensing labels on assembled medicines were initialled. Patient information leaflets were supplied with all medicines and the pharmacy was able to print out spare copies for supply with broken bulk packs. Procedures were in place to highlight high-risk medicines (e.g. valproate preparations) and to ensure that appropriate action was taken, including counselling patients where necessary in relation to the Pregnancy Prevention Program. The pharmacy had also carried out an audit of patients taking valproate to identify any patients at risk. The pharmacy also carried out regular audits in relation to high-risk medicines e.g. lithium, methotrexate and long-term conditions like asthma.

Pharmaceutical stock requiring refrigeration was stored between 2 and 8 degrees Celsius. The dispenser demonstrated that the maximum and minimum temperatures of the pharmacy refrigerators was recorded daily and stock was rotated and stored in an orderly manner in the fridges. Documented records were also made of any incidents when the cold chain storage went out of range together with the action taken. Medicines were stored generically in alphabetical order and in appropriate conditions, within their original manufacturer's packaging. Pharmaceutical stock was subject to regular date checks and stock close to expiring was appropriately highlighted. The pharmacy used licensed wholesalers. Invoices from a sample of these wholesalers were seen. The staff were aware of the recent requirements for ensuring compliance with the Falsified Medicines Directive (FMD), in relation to verification and decommissioning of medicines. At the time of the inspection the pharmacy had received the hardware scanning equipment, but were still awaiting the software and training to carry out the decommissioning of medicines.

Waste medicines were disposed of in appropriate containers and collected by licensed contractors. Waste awaiting collection was stored securely. The manager demonstrated and explained that recalls and patient safety alerts were received, actioned and documented appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary and appropriate equipment and facilities for the services provided. And it protects people's confidential information.

Inspector's evidence

A range of crown stamped measures were available at the pharmacy. The pharmacy had equipment for counting loose tablets and capsules and these were clean at the time of inspection. Dispensing containers and liquid medicine bottles were stored securely to prevent contamination. The pharmacy had copies of BNF, BNF children as well as access to the internet and electronic access to reference sources as well as access to the superintendent's office/ Numark for advice and queries.

The pharmacy's blood pressure monitoring equipment was checked and calibrated on a regular basis.

The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Staff were observed disposing of confidential waste appropriately.

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. |