

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, 11 High Street, WHITCHURCH,  
Shropshire, SY13 1AX

**Pharmacy reference:** 1092608

**Type of pharmacy:** Community

**Date of inspection:** 11/02/2020

## Pharmacy context

The pharmacy is situated amongst other retail shops in Whitchurch, Shropshire. The pharmacy premises are easily accessible for people, with adequate space in the retail area. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. It has a consultation room available for private conversations. And it supplies medication in multi-compartment compliance aids for some people, to help them take the medicines at the right time. Some prescriptions are dispensed off-site at a hub pharmacy.

## 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	1.7	Good practice	All members of staff receive Information Governance training when their employment begins, then get regular refresher training and assessment to provide assurance that they understand their responsibilities.
<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 manages the risks associated with its services and it protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record some things that go wrong, so that they can learn from them. But they do not always record or review all of their mistakes, so they may miss some opportunities to improve.

### Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided, with sign off records showing that with the exception of the pharmacist manager, members of the pharmacy team had read and accepted them. The pharmacist said she had read all of the SOPs but had not signed off to demonstrate this. Roles and responsibilities of staff were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. Dispensing errors were reported on the computer system and learning points were included. Near miss incidents were discussed with the member of the pharmacy team at the time and some were recorded in the near miss log. There were no near miss incidents recorded on some months in the last year and no evidence the near misses that were reported had been reviewed. Sildenafil stock and sumatriptan stock had been separated in the dispensary drawers because of previous near miss incidents with these medicines.

A complaints procedure was in place. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose, but she would escalate in accordance with the complaint's procedure if necessary. A customer satisfaction survey was carried out annually. Separately to the customer satisfaction survey some patients had verbally provided negative feedback about their prescription medicines being supplied in plastic bags. The pharmacist said this feedback had been passed on to head office who were looking into this.

The company had professional indemnity insurance in place. The correct responsible pharmacist notice was displayed conspicuously. The private prescription record, emergency supply record, unlicensed specials record, and the CD register were in order. CD running balances were kept and audited regularly. Patient returned CDs were recorded appropriately. The responsible pharmacist (RP) record had the time the RP ceased their duty missing on some occasions.

Confidential waste was shredded. Confidential information was kept out of sight of the public. The pharmacy team completed information governance training when they commenced their employment and then received refresher training and assessment on an annual basis. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. A privacy notice was displayed and explained how the pharmacy handles patient's personal data.

The pharmacy team had read the safe guarding policy and the pharmacist had completed level 2 safe guarding training. There were details of local safe guarding contacts available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload safely. The team members are trained and work effectively together. They are comfortable about providing feedback to their manager. The pharmacy enables its team members to act on their own initiative and use their professional judgement, to the benefit of people who use the pharmacy's services.

### Inspector's evidence

There was a pharmacist manager, three dispensers and a trainee dispenser on duty. The pharmacy team worked well together and managed the workload adequately. The pharmacy team participated in ongoing training using the e-learning platform "moodles". The team members had completed a training module on Dementia during 2019 and they said that time to complete training modules in work was provided by the pharmacy manager when the workload permitted. A member of the pharmacy team logged into her e-learning account and demonstrated that all mandatory training modules had been completed.

The pharmacy team were aware of a whistle blowing policy in place and knew how to report concerns about a member of the team if needed. Details outlining the policy were available for the team to refer to. The pharmacy team members said that the pharmacy manager was approachable, supportive and they were more than happy to ask her questions when needed.

A member of the pharmacy team covering the medicines counter was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as co-codamol which she would refer to the pharmacist for advice. The pharmacy had targets in place for some of the professional services, including, MUR and NMS.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. It has a consultation room so that people can have a conversation in private.

### Inspector's evidence

The pharmacy was clean and tidy. It had a waiting area. The temperature in the pharmacy was controlled by heating units. Lighting was adequate. The pharmacy team cleaned the floor, dispensing benches and sinks regularly, but no record was kept.

The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were reported to a facilities management company and dealt with. The pharmacy team facilities included a microwave, kettle and fridge, WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance. This was kept locked until access was required.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to most people and they are managed, so people receive their medicines safely. But members of the pharmacy team do not always know when high-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. The pharmacy sources medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the retail area. The opening hours were displayed. The pharmacy had a prescription retrieval area where assembled prescriptions awaiting collection were stored tidily on hanging rails. A different coloured hook was used each week to attach the assembled prescriptions to the hanging rail, with any assembled prescription that had been awaiting collection for over 28 days removed. The uncollected prescription medicines were returned to stock and the prescription was returned to the NHS spine. Schedule 2 CD prescriptions were highlighted with a sticker attached to the assembled prescription bag of to act as a prompt for team members to check the date on the prescription when handing out. Prescriptions containing schedule 3 CDs were highlighted with "to sign" written on the prescription.

Prescriptions for warfarin were highlighted on the assembled prescription bag. This was to enable the pharmacist to provide the appropriate counselling when handing out the prescription. The pharmacy manager explained that information obtained from people who were prescribed warfarin, such as the latest INR results, were added to the computer patient medication record (PMR) and an example of this for a patient was provided. Prescriptions for methotrexate or lithium were not routinely highlighted. The pharmacy team was aware of the risks associated with supplying valproate. An audit of valproate had been carried out, with one person who met the risk criteria identified and counselled. Patient information resources for the supply of valproate were present.

The work flow in the pharmacy was organised into separate areas with dispensing bench space and a designated checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing.

The pharmacy had some people's repeat prescriptions being dispensed offsite at a hub, referred to by the pharmacy team as offsite dispensing solutions (ODS). A member of the pharmacy team provided a detailed explanation and demonstration of how this service worked in practice. Once the prescription was received from the GP it was clinically checked and accuracy checked by a pharmacist. The accuracy check involved checking that the prescription data had been correctly inputted before it was sent to the hub. An audit trail for these tasks was kept on the computer. Each stage of the process was clearly defined, and the pharmacy team were able to track this. If a prescription request was sent to the hub from the pharmacy on a Tuesday it was assembled and received back in the pharmacy on a Thursday. The pharmacy team informed people of the timescales and turnaround times for their repeat prescriptions to be dispensed offsite and if necessary, prescriptions were dispensed locally by the branch. Once the assembled prescription was received back from the hub, it was matched up with the

respective prescription form and placed in the retrieval area. Fridge medicines and CDs were dispensed locally by the pharmacy and not the hub.

The pharmacy supplied medicines in multi-compartment compliance aids for some people. Patient information leaflets were not always included. This meant that people may not have up to date information about their treatment. Copies of hospital discharge summaries were kept for the pharmacist to refer to. The assembled compliance aid packs awaiting collection had individual medicine descriptions added and no patient information leaflets. A member of the pharmacy team explained how the prescription delivery service was carried out. People's signatures were routinely obtained for receipt of prescriptions delivered and if people were not at home when the delivery driver attempted to deliver, a note was left.

Stock medications were sourced from licensed wholesalers and unlicensed medicines from a specials manufacturer. Stock was stored tidily. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. The pharmacy team were aware of the Falsified Medicines Directive (FMD). 2D barcode scanners had been installed at each computer terminal. The pharmacy had FMD computer software installed and the pharmacy team were decommissioning FMD compliant prescription medicines. There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and the record was complete. Fridge medicines were dispensed into clear bags and an assembled prescription for insulin was stored in the fridge in a clear bag. A member of the pharmacy team explained that the insulin box was shown to the patient upon collection to confirm it was what they were expecting.

The medication stock had been divided up into sections for date checking purposes, with different sections date checked periodically. Short dated medicines were highlighted. No out-of-date stock medicines were seen from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles. Medicine alerts and recalls were received via email from the NHS and MHRA. These were read, acted on by a member of the pharmacy team and a record was kept.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide and they are used in a way that protects privacy.

### Inspector's evidence

The up-to-date BNF and BNFC were present. The pharmacy team used the internet to access websites for up to date information. For example, Medicines Complete. Any problems with equipment were reported to the head office. All electrical equipment appeared to be in working order. According to the PAT test stickers attached, the electrical equipment had been PAT tested in October 2019. The blood pressure monitor was in working order and was due to be recalibrated in October 2020.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. Computers were password protected and screens were positioned so that they weren't visible from the public areas. A cordless telephone was present, and it was used to hold private conversations with people when 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.