

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, 66 Richard Moon Street,  
CREWE, Cheshire, CW1 3AX

**Pharmacy reference:** 1092660

**Type of pharmacy:** Community

**Date of inspection:** 11/07/2019

## Pharmacy context

This is a traditional community pharmacy located in a residential area on the outskirts of the town centre. It is close to a medical practice and NHS dispensing is the main activity. Some people receive their medicines in multi-compartment compliance aids to help them remember to take them at the right time. The compliance aids are assembled at a different pharmacy, under a 'hub and spoke' arrangement. The previous pharmacist manager had left in March 2019 since when the pharmacy had been reliant on relief pharmacists and locums. The locum pharmacist at the time of inspection was working at the pharmacy for the first time.

## 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 written procedures to help staff work safely and effectively. Members of the team record their mistakes so that they can learn from them. But the records are not always reviewed, so the team may miss some learning opportunities. The pharmacy keeps the records that are required by law. And staff receive training so that they know how to keep confidential information safe.

### Inspector's evidence

The pharmacy had a full range of written SOPs that were dated to show that they had been introduced in early 2017. Training records were attached that had been signed by staff to show the SOPs had been read and accepted. New SOPs had recently been provided to staff, who explained that the new versions were in electronic format and they were currently reading through them. Training records were being updated as the new SOPs were adopted.

Dispensing errors were recorded on a report form and a copy was faxed to the superintendent pharmacist (SI). A recent example involved Tegretol 200mg prolonged release tablets being supplied instead of Tegretol 200mg tablets. The record stated that the stock would be separated, and that a warning notice would be attached to the shelf, but there was no evidence of this having been done. However, it was noted that 'High Alert' stickers were present on other shelves to highlight other risks that had been identified.

Near miss incidents were recorded on a paper form which was kept in the dispensary. Seven incidents had so far been recorded in the current month and there were also records from previous months. Staff said they thought the previous manager used to review the records, but they did not think anything had been done with them since he had left.

A responsible pharmacist (RP) notice was prominently displayed. Roles and responsibilities of staff were described in SOPs. All dispensing labels were initialled by the dispenser and checker to provide an audit trail.

A complaints procedure was in place and a notice was displayed explaining how to make a complaint or provide feedback. A current professional indemnity insurance certificate was displayed in the dispensary.

RP records were properly maintained and up to date. Records of controlled drugs (CDs) were generally in order and running balances were recorded. Two random balances were checked and found to be correct. Patient returned CDs were appropriately recorded in a dedicated register. Records of private prescriptions, emergency supplies and unlicensed specials were appropriately maintained.

An information governance policy was available with a training sheet that had been signed by staff. GDPR training had also been completed by those staff who had been working at the pharmacy when the legislation was introduced. 'Safeguarding your information' leaflets in the retail area gave details about how the pharmacy handled confidential information. A basket in the dispensary was used for the disposal of confidential waste, to be sent to head office for destruction. The dispenser described

confidential waste as anything with a name or address on it.

Notices on the wall adjacent to the medicines counter contained the RPS guidance for safeguarding children and vulnerable adults. There was also a flow chart outlining the local procedure for dealing with concerns. The pharmacist and pharmacy technicians had completed level 2 training and other staff had completed level 1 training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to safely manage the workload and they are appropriately trained for the jobs they do. But the pharmacy does not have a manager, so the team lacks leadership.

### Inspector's evidence

The previous pharmacist manager had left in March, since when the pharmacy had relied on relief pharmacists and locums. The pharmacy employed two pharmacy technicians, two dispensers and two trainee dispensers. The normal staffing level was a pharmacist and four assistants. All staff had appropriate qualifications or were undergoing training. There had been a high turnover of staff recently and none of the current team had worked at the pharmacy for more than a year.

The staff were able to comfortably manage their workload during the inspection, but reliance on locums meant there was a lack of continuity and leadership. The pharmacy technician said the staffing level was normally adequate to handle the level of business. She said the area manager had asked her to take on some of the managerial responsibilities, but this was only an informal arrangement.

When questioned, a dispenser described the sort of questions she would ask when selling medicines and the circumstances under which she would seek advice from the pharmacist. She was aware that codeine products might be abused and said she would tell the pharmacist if a customer made repeat requests to purchase.

The dispensary team appeared to work closely together. They were aware that there was a whistleblowing policy and said they could raise concerns with the area manager, or directly with the SI.

Ongoing training material was provided by head office as electronic 'moodles'. Staff said they were not up to date with their training and that this had lapsed since the manager had left.

Targets were set for MURs and NMS. Staff said they did not feel under pressure to meet the targets and were not aware of any consequences for not meeting them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally clean and tidy and provides a suitable environment for healthcare. But the toilet area is very cluttered which makes it difficult to use.

### Inspector's evidence

The pharmacy was generally clean and tidy but there was some clutter on the dispensary floor and benches. Enough bench space was kept clear to allow safe working. There was a dispensary sink for medicines preparation and a separate sink in the toilet for hand washing, both had hot and cold running water.

The toilet area was being used to store a number of crates of excess stock medicines. Staff explained that these were medicines that were no longer needed so they were waiting for them to be sent to a central warehouse so that they could be distributed to other branches. They said collection had been delayed and there was nowhere else that they could store them. Storage of medicines in the toilet area is unhygienic and inappropriate.

The toilet area was also used to store bins of waste medicines and staff belongings. This made the room very cluttered and the facilities difficult to use. The back door in the rear dispensary was fitted with a metal gate so that it could be opened for ventilation. An air conditioning unit was fitted in the retail area.

A consultation room was available for private consultations and counselling. It was equipped with chairs and a desk and was clean and tidy. The room was kept locked when not in use and was clearly identified by a sign on the door. The dispensary was screened and offered good privacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access, and they are generally well managed. 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 gets its medicines from appropriate sources and keeps them safely. And it carries out regular checks to make sure they are kept in good condition.

### Inspector's evidence

Access to the pharmacy was via a ramp and an automatic door, which was suitable for wheelchairs. There were various leaflets and posters in the retail area giving information about the pharmacy's services and other healthcare matters.

The pharmacy offered a range of services, but some of the NHS services were dependent on whether the pharmacist was accredited. This meant they were often not available while the pharmacy was using locum pharmacists. Staff were aware that they needed to signpost patients requiring services that were not available at the pharmacy.

The pharmacy offered a prescription collection and delivery service. Staff confirmed that, when medicines were delivered, signatures were always obtained from the recipient to provide an audit trail. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Baskets were used to separate different prescriptions, to avoid them being mixed up during dispensing. Prescription forms were retained with dispensed medicines awaiting collection. Stickers were put on bags to indicate when a fridge line or CD needed to be added. But schedule 3 and 4 CDs were not normally highlighted, so there was a risk that they could be supplied after the prescription had expired. High-risk medicines such as warfarin were not always highlighted, so patients may not always be appropriately counselled.

Patients were asked to confirm their name and address before medicines were handed out. Owing slips were used to provide an audit trail when the full quantity of a medicine could not be supplied immediately.

Staff were aware of the risks associated with the use of valproate during pregnancy. They had identified patients who met the risk criteria and confirmed they had been counselled. Educational material was available and there was evidence it had been supplied.

Patients who received their medicines in compliance aids had been changed over to a new system with each dose of medicines packed in an individual pouch. The new system was assembled off site at a remote dispensing hub. The new system had been explained to patients at the time they were changed over, and they had given their consent.

A master sheet was kept for each compliance aid patient, with details of their current medication and

dosage times. These were checked against repeat prescriptions when they were received. The prescriptions were clinically checked at the pharmacy, and labels were generated. Then a scan of the prescription was sent to the hub for assembly. The assembled medicines were returned to the pharmacy to be supplied to patients. Staff said they always sent the prescriptions to the hub a week in advance to make sure the medicines were ready in time.

Medicines were obtained from licensed wholesalers and specials were obtained from a specials manufacturer. No extemporaneous dispensing was carried out. Prescriptions for ostomy products and other devices were sent to an appliance contractor for dispensing. There was a notice behind the counter explaining that this would happen, but it was barely visible from the retail area. And patients were not asked to give consent, so they may not have been aware that their information was being shared in this way.

Stock medicines were stored in an orderly fashion in the dispensary. Regular expiry date checks were carried out and recorded. The last recorded check was in May. The pharmacy did not yet have the scanners or software that was needed to meet the safety features of the falsified medicines directive. Therefore, they were not complying with the requirements of the legislation.

There were three medicines fridges, each was equipped with a maximum and minimum thermometer and temperatures were checked daily and recorded on the pharmacy computer. Staff did not know how to produce the records, but said the temperatures were always within the required range. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Controlled drugs were stored appropriately and were well organised. The cabinets had digital locks and members of staff had individual codes. There were patient returned CDs and expired CDs present, so arrangements needed to be made for appropriate destruction.

Dedicated bins were used to collect waste medicines awaiting disposal. Drug alerts and recalls were received via the intranet.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for the services it provides.

### Inspector's evidence

The pharmacy team used the intranet as their main reference source and could access a range of websites for information, including BNF online. A range of crown stamped conical measures were available to measure liquids and two were reserved only for use with CDs, to avoid cross contamination.

All electrical equipment appeared to be in good working order and stickers indicated that PAT testing had been carried out in September 2019.

Patient medication records were stored on the pharmacy computer, which was password protected. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls. The consultation room was used to enable confidential discussion and consultation.

### 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.