

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 5 The Waterfront, Goring-by-Sea, WORTHING, West Sussex, BN12 4FD

Pharmacy reference: 1109130

Type of pharmacy: Community

Date of inspection: 11/02/2020

Pharmacy context

This is a community pharmacy located adjacent to a medical centre in a residential development on Worthing seafront. The pharmacy provides 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 who may have difficulty managing or remembering to take their medicines. The pharmacy also provides services for a local care 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
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 provides services 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 keeps the records they need to. The team protects people's private information and they understand their roles in protecting vulnerable people.

Inspector's evidence

The pharmacy had systems in place to record and learn from adverse events. The dispenser demonstrated that incidents and near misses were recorded. Incidents were reviewed with staff and had led to changes in the way they work, for example greater care taken when putting stock away to ensure that similar packaged or named products were put away correctly. Improvements could be made to the level of detail documented and recorded, both in relation to the actual individual incidents and the learning gained.

Coloured 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 the place for the services provided from the pharmacy. The SOPs had all been read and signed by staff. The staff were clear on their roles and responsibilities and these were clearly defined within the SOPs. On questioning, the team explained that they would refer any requests for advice and certain P medicines (e.g. repeat requests for Codeine containing medicines) to the pharmacist.

A patient satisfaction survey was currently being completed. 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 on a poster and in the pharmacy leaflet.

Professional indemnity insurance arrangements were in place for the pharmacy services provided. The responsible pharmacist sign was on display and responsible pharmacist (RP) records were maintained electronically. Controlled drug (CD) registers, emergency supply, specials records and the private prescription records examined were in order. Running balances were checked and recorded regularly and those examined during the inspection were in order. Records of patient returned controlled drugs were maintained. Patient returned and date-expired controlled drugs were segregated in the CD cabinets 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) system was restricted to authorised members of staff and password protected. A cross-cut shredder was used to dispose of patient identifiable and confidential waste. The pharmacy also had a business continuity plan in place. 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.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

A locum pharmacist and three trained dispensers were present at the time of the inspection. All staff had either completed or, were undertaking appropriate training courses for their roles. Staff were encouraged to continue their own personal development by completing regular training courses e.g. e-learning (moodle), magazine articles and company updates. In addition, one of the dispensers was currently undertaking the NVQ level 3 technician training course. Staff were observed following the sales of medicines protocol when making OTC recommendations and referred patients to the pharmacist when necessary. Staff were observed working well as a team and prioritising work effectively.

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 pharmacy held briefings regularly to deal with any issues. The branch is set targets, but the staff did not feel that these impacted on the care they provided for patients.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and provides a suitable 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 of a satisfactory size, well lit, clean and fitted out to an adequate standard. The temperature in the pharmacy was controlled effectively using air conditioning units.

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 in a safe and effective manner and people receive advice and support to help them use their medicines properly. The pharmacy advertises its services and people can generally access them. The pharmacy 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. blister (compliance) packs and the collection and delivery service, which was valued given the local elderly population. The pharmacy worked with the local surgery and local hospitals in providing and monitoring this service. Pharmacy services were clearly advertised within the pharmacy.

The pharmacy had ramp access to the pharmacy to assist people with mobility difficulties. Staff were clear about what services were offered from the pharmacy and where to signpost patients to if a service was not provided. The pharmacy was a 'Healthy Living' Pharmacy and had a selection of health promotion leaflets available for patients to self-select.

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 staff were 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.

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. Medicines were stored in appropriate conditions, within their original manufacturer's packaging, although stock could be kept in a more orderly manner on the shelves to help reduce the risk of selection errors. Pharmaceutical stock was subject to regular date checks and stock close to expiring was appropriately highlighted.

The pharmacy used licensed wholesalers. 'Specials' were ordered via specials manufacturers. 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 was awaiting the equipment and software to carry out the verification and decommissioning of medicines.

Waste medicines were disposed of in appropriate containers and collected by licensed contractors. Waste awaiting collection was stored securely. However, due to the volume of waste a collection should be arranged as soon as possible. The dispenser explained that recalls and patient safety alerts were received and were actioned. Documented records were maintained with the detail of action taken for audit purposes.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary and appropriate equipment and facilities for the services provided. And confidential information is protected.

Inspector's evidence

The pharmacy had stamped measures available at the pharmacy for measuring liquids including a separate measure for methadone. The dispenser also ordered a replacement 10ml cylinder for measuring small quantities of liquids during the inspection. 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 and Numark for advice and queries. 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.