

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Ferndown Medical Centre, St. Marys Road, FERNDOWN, Dorset, BH22 9HB

Pharmacy reference: 1116065

Type of pharmacy: Community

Date of inspection: 10/09/2019

Pharmacy context

This is a community pharmacy that was located adjacent to a GP surgery in Ferndown, Dorset. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides travel vaccinations and supplies medicines in multi-compartment medicine devices for people to use living in their own homes and one 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	1.1	Good practice	The pharmacy team regularly record and learn from near misses and this improves patient safety by reducing the risk of similar incidents occurring in the future.
		1.8	Good practice	The pharmacy team have robust safeguarding procedures in place and can demonstrate having used these for the benefit of their patients.
2. Staff	Good practice	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive protected time to complete it.
		2.4	Good practice	The pharmacy team maintain a clear and embedded culture of openness, honesty and learning.
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 written procedures to help make sure the team works safely. Pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

Processes were in place for identifying and managing risks. There was a near miss log in the dispensary which was seen to be used to record near miss incidents regularly. The pharmacist reported that this was reviewed regularly and any learning points were discussed by the pharmacy team. Based on previous near misses, the pharmacist demonstrated that a staff member who had made an error involving bisoprolol and ramipril tablets because they were similar strengths was given advice and coaching.

Dispensing errors were subject to a detailed root cause analysis and these were reported to the company superintendent's office. The head office team look at the errors reported across all the pharmacies and then send the team a list of common errors which are occurring to help them watch out for regular mistakes.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and new ones had recently been rolled out which were being signed by staff. The healthcare team understood what their roles and responsibilities were and these were defined within the SOPs.

There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy carried out a Community Pharmacy Patient Questionnaire annually as part of their NHS contract. A certificate of public liability and indemnity insurance from Numark was held and was valid and in date until 31st March 2020.

Records of controlled drugs (CD) and patient returned controlled drugs were seen to be retained. The address that a CD was received from was often omitted from the records. A sample of a random CD was checked for record accuracy and the balance was correct at the time of the inspection. The controlled drug balance was seen as being checked weekly. There were patient returned CDs that had been separated from regular CD stock but were not clearly labelled as patient returned. The pharmacy team agreed to address this.

The responsible pharmacist (RP) record was retained and was in order. The RP notice was displayed where the public could see it clearly. There were two fridges in use and temperatures were recorded

daily and were within the appropriate temperature range of two to eight degrees Celsius. The stock inside the fridge was laid out in an organised fashion. Date checking was carried out regularly and a date checking matrix was displayed in the dispensary. The private prescription and specials records were retained and were in order. The emergency supply records were retained but the pharmacist reported that some records may have been omitted and agreed to address this.

The pharmacy team were seen to be following the company's information governance procedures during the inspection. The computer screens were all facing away from the public and were password protected. All confidential information and patient sensitive information was held securely. Confidential waste was regularly shredded by staff using a cross cut shredder.

The pharmacy team reported that they had been trained on safeguarding children and vulnerable adults. On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. Contact details for local safeguarding advice, referral and support were available and clearly displayed in the dispensary.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist, two accuracy checking technicians (ACTs), three dispensing assistants and two medicines counter assistants present during the inspection. They were all seen to be working well together and supporting each other. There were sufficient staff for the levels of service provided during the inspection. Staff performance was monitored and reviewed twice a year against key performance indicators. In these reviews, staff development would be discussed and they would be given the opportunity to give feedback about their roles.

The staff completed training online and had an e-learning programme to complete every month to assess their knowledge and understanding of products and services. Staff received adequate time to complete training. The pharmacist and ACT had recently attended a local practice committee meeting on diabetes and reported that this had helped them further understand the consequences of this condition and how best to advise their patients.

Staff reported that ad-hoc meetings were held to discuss any business updates. Monthly near miss reviews were communicated to staff to share any learning. Staff were able to exercise their professional judgement and gave an example of having raised a concern with a GP about a patient that was suspected of overusing salbutamol inhalers.

The staff explained that they were happy to raise any concerns they had with their area manager or superintendent's office. There was also a whistleblowing policy which staff were aware of and comfortable to use if required. There were targets in place at the pharmacy but the pharmacist explained that they did not feel any pressure to deliver these targets and would never compromise his professional judgement to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a retail area toward the front and a dispensary area toward the back separated by a medicines counter to allow for the preparation of prescriptions in private. There were sinks available in the dispensary and consultation room with running water to allow for hand washing and preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical manner.

There was one consultation room in use and patient confidential information was stored securely. It was clean, tidy and professionally presented. The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose and keep audit trails to demonstrate this.

Inspector's evidence

Access to the pharmacy was step free. There was seating for patients or customers waiting for services. There was a range of leaflets and posters available to the public about services on offer in the pharmacy. There was a hearing loop available if required for people with hearing difficulties and large label printing available for people with sight difficulties. A delivery service was available only for patients who were housebound.

The pharmacy team provided a wide range of travel vaccinations for diseases such as cholera, diphtheria, hepatitis A, hepatitis B, Japanese encephalitis, meningococcal meningitis, polio, rabies, tetanus, tick-borne encephalitis, typhoid and yellow fever. The pharmacist reported that this was a popular service. The pharmacist had completed the appropriate training and a sample patient group direction documents were examine and were valid and in date.

The pharmacy team dispensed multi-compartment compliance aids. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked the compliance aid was complete. Descriptions were provided for the medicines contained within the compliance aids. Patient information leaflets (PILs) were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to all female patients. The pharmacist reported that he would check that that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

The pharmacy obtained medicinal stock from Phoenix, AAH and Alliance. Specials were ordered from Phoenix specials. Invoices were seen to demonstrate this. The pharmacy was aware of the European Falsified Medicines Directive (FMD). The relevant software was in place and the pharmacy manager reported that Rowlands head office was in the process of rolling out the scanning equipment and staff training.

There were destruction kits available for the destruction of controlled drugs and doop bins were available and seen being used for the disposal of medicines returned by patients. There was also a bin for the disposal of hazardous waste medicines available.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. The fridge was in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the team electronically through their intranet system. Audit trails were in use to demonstrate who had actioned these alerts, what action was taken and when.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for dispensing CDs. Amber medicines bottles were seen to be capped when stored and there was a counting triangle. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources. There were two fridges used for the storage of thermolabile medicines which were in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Doop bins were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

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.