

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Unit 6, Hadley Centre, High Street, Hadley, TELFORD, Shropshire, TF1 5GQ

Pharmacy reference: 1118227

Type of pharmacy: Community

Date of inspection: 11/12/2019

Pharmacy context

This busy community pharmacy is located amongst several other retail outlets, on a small outdoor shopping park, near to the centre of Telford. It dispenses prescriptions and sells a range of over-the-counter (OTC) medicines. The pharmacy offers several other services including Medicines Use Reviews (MURs), blood pressure testing and the flu vaccination. Substance misuse and needle exchange services are also available.

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 identifies and manages risks adequately. It keeps people's private information safe and maintains the records it needs to by law. The pharmacy seeks regular feedback on its services. Its team members understand their roles and how to raise concerns to protect the wellbeing of vulnerable people. But they do not always discuss their mistakes, which may restrict their ability to learn and improve, or to prevent the same mistakes from happening again.

Inspector's evidence

The pharmacy had a full set of standard operating procedures (SOPs), which governed operational tasks and activities. The procedures were held in an electronic format, described staff responsibilities and had been recently updated. Signature sheets were used to record staff acknowledgement of the procedures. Team members present confirmed that to the best of their knowledge all team members had read the procedures, but records confirming this were sometimes incomplete. Throughout the inspection the team demonstrated a good understanding of their roles and responsibilities and a pharmacy technician clearly described the activities which were permissible in the absence of a responsible pharmacist (RP). Professional indemnity insurance covering pharmacy services was provided by Numark.

The pharmacy had a recent professional assessment audit in September 2019, where certain systems and procedures had been reviewed. A team member said that checks conducted on the day had included date checking systems and SOP compliance. An assessment sheet which recorded the overall performance of the pharmacy, as well as compliance with some essential questions and the name of the individual who carried out the assessment was filed in the dispensary.

A near miss log was available. Previously near misses had been discussed as a team and a dispenser and pharmacy technician highlighted some changes that had been made in response, such as the separation of amitriptyline following a previous error. In recent weeks, this had been less effective, some entries had been recorded directly by the regular pharmacist, but team members reported that they had received limited feedback. Team members were aware of how to report dispensing incidents. But they had not been made aware of a recent incident, which had been reported by the regular pharmacist. A lack of feedback relating to near misses and dispensing incidents may mean that some opportunities to learn and improve are missed.

The pharmacy had a complaint procedure. The details of how concerns could be raised were explained in a copy of a practice leaflet, which was available for selection in the retail area. Where concerns could not be resolved in branch, they were referred to the company's head office. Further feedback was provided through a Community Pharmacy Patient Questionnaire (CPPQ), which had recently been completed. Feedback from the most current survey had not yet been received.

The correct RP notice was conspicuously displayed near to the medicine counter. The RP log contained some entries where the time at which RP duties ceased had not been recorded and a missing entry was also seen for 3 December 2019, so it was not fully compliant. Private prescription and emergency supply records were in order as were specials procurement records, which provided an audit trail from

source to supply. Controlled drugs (CD) registers kept a running balance and regular balance checks had been carried out recently. A patient returns CD register was available.

Pharmacy team members completed information governance training and a 'safeguarding your information' leaflet was available, which contained details of the way personal information was stored and managed and how the company's privacy policy could be accessed. Team members discussed the ways in which they would help to keep people's private information safe. They had their own NHS smartcards and appropriate use was seen on the day. Completed prescriptions were filed so that personal details were out of view of the medicine counter and confidential waste was segregated and shredded on the premises.

Pharmacy team members completed safeguarding training and training records were viewed. The locum pharmacist had also completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). The team discussed some of the types of concerns that they might be watching for, as well as a previous concern which had been escalated regarding a vulnerable child. A flow chart was displayed to support the escalation of concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members hold the appropriate qualifications for their roles. They complete regular ongoing training to address any gaps in their knowledge and they get some feedback on their development. Team members can raise concerns and provide feedback to the pharmacy's management team. They can manage the current dispensing workload, but recent team changes and vacancies mean some non-urgent tasks are not always completed in a timely manner.

Inspector's evidence

On the day of the inspection, a locum pharmacist was working alongside a registered pharmacy technician and a dispenser, who both worked part-time. The pharmacy also employed an additional part-time dispenser who worked at the end of the week. She was currently being supported by two dispensers from other nearby branches, whilst recruitment to a part-time dispenser's post took place. The team reported that the regional lead had been supportive of this, to help make sure that there were always two trained colleagues working alongside the pharmacist. The pharmacy manager was currently on maternity leave and was due to return to work in the early part of 2020. A temporary manager was in place, although this was due to change, shortly after the inspection. Leave in the pharmacy was planned in advance and cover was usually provided by members of the pharmacy team working increased or amended hours. The team said that this had been more difficult with the current vacancy, as there were less people available to cover. There was no backlog in dispensing workload on the day, but the environment was busy and team members were finding additional non-urgent tasks, such as date checking more difficult to complete.

Several suitable sales were observed during the inspection, where team members used appropriate questioning to help make sure that sales were safe and appropriate. Team members identified some high-risk medications, including co-codamol and sleep aids and the management of a previous situation where a sale had been refused due to potential abuse was also discussed.

Pharmacy team members held the appropriate qualifications for their roles and training certificates were displayed in the dispensary. Team members completed ongoing learning and development through an e-Learning platform and training records were reviewed to identify modules which had recently been completed. Time was provided for this during working hours and additional CPPE training modules were completed at home. Team development was reviewed through appraisals. Copies of recent appraisals were filed in the pharmacy. They discussed team members performance and also identified any learning and development needs.

An open dialogue was observed amongst the pharmacy team. The team were open in discussing some recent challenges that they had faced, and these had been discussed with the regional lead who had provided support, where possible. The locum pharmacist was aware of how he could escalate any concerns, if the need occurred. And the details of a confidential helpline were displayed near to the checking bench in the dispensary. The locum pharmacist had not been made aware of any targets which were in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, well maintained and portrays a professional appearance that is suitable for the provision of healthcare. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy, including the external facia was well maintained and portrayed a professional appearance. Maintenance concerns were escalated to the company's head office and team members completed general housekeeping duties each day. There was adequate lighting throughout the premises and air conditioning maintained a temperature which was suitable for the storage of medicines.

The retail area to the front of the premises was tidy and organised. It stocked a range of goods which were suitable for a healthcare-based business and pharmacy restricted medicines were secured from self-selection behind the medicine counter. The floorspace of the retail area was free from obstructions and trip hazards and there was a central seating area, for use by people waiting for their medicines. Various health promotion and service leaflets were displayed throughout.

Off the retail area was a clearly signposted and enclosed consultation room. The room was suitably secured to help prevent unauthorised access and it was well maintained. There was a desk, seating and computer to help enable the provision of private and confidential discussions.

The dispensary was adequately sized for the current dispensing workload. Two dispensing terminals were available, with work bench space either side to allow suitable space for dispensing. Accuracy checking took place on a separate work bench to create clear segregation. There was a good use of drawers and shelving for the storage of medicines, and the dispensary had a sink for the preparation of medicines. However, the prescription retrieval area was crowded, and some prescription bags were being stored on the floor, this may increase the risk of medicines being mixed up and could create a trip hazard for team members.

The pharmacy had a small tearoom space behind the main dispensing area as well as a small storage area and staff WC facilities. The areas were all suitably maintained, but there were a small number of consumable items such as pharmacy bags and medicine bottles being stored in the WC, which is unsuitable and may impact on hygiene.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible and suitably managed, so people receive appropriate care. It gets its medicines from licensed wholesalers and usually stores and manages them properly. But it does not routinely identify people taking high-risk medications, so people may not always get all the information they need to take their medicines properly.

Inspector's evidence

The pharmacy had step-free access and the manual door was visible from the medicine counter, enabling those who required assistance to be identified. A list of essential services was displayed in the pharmacy practice leaflet. Services were also promoted on a list displayed on the door to the consultation room and via other promotional materials. The pharmacy had a range of other health promotion literature displayed including cards which covered a variety of common health conditions.

Prescriptions were dispensed using baskets to keep them separate and reduce the risk of medicines being mixed up. Urgent prescriptions were verbally highlighted to the pharmacist. Team members signed 'dispensed' and 'checked' boxes on dispensing labels as an audit trail for dispensing. Prescriptions for high-risk medications were not routinely highlighted, to enable additional counselling. Records of monitoring parameters such as INR readings were not usually discussed or recorded. This was discussed with the team on the day. The locum pharmacist provided a suitable response to a scenario regarding the supply of a valproate-based medicines to a person who may become pregnant. Copies of valproate safety literature were available. The pharmacy used stickers to identify prescriptions for CDs, to help make sure that supplies were made within the valid 28-day prescription expiry date.

Most repeat prescriptions in the pharmacy were sent to a nearby dispensing hub. Various posters were displayed in branch, advising patients that some medications may be dispensed at other locations. Prescriptions received by the pharmacy were clinically checked. The pharmacist also carried out an accuracy check to ensure that all prescription data had been input correctly, before the information was sent electronically to the hub for dispensing. Dispensed medications were matched with the relevant prescription form when they were received back into branch. Pharmacy team members reviewed prescriptions for any medications which could not be supplied by the hub. The medications were then dispensed and stored alongside the remainder of the prescription.

Pharmacy team members ordered medications for people who received their medicines in multi-compartment compliance aid packs. They kept an audit trail to identify unreturned requests and each patient had a master patient profile sheet, which was updated to reflect any changes that were made to their medicines. A clinical check was carried out in branch and a record of this was made on the master proforma. All the necessary information was then provided to the hub enabling the compliance aid pack to be dispensed.

A delivery service was available twice a week, and signatures were obtained as confirmation of delivery. A card was left for any person who was not in at the time of delivery and medications were returned to the pharmacy.

The locum pharmacist discussed how people suitable for MURs were identified using the pharmacy patient medication record (PMR) system. He explained how he would manage any interventions and what records he would make as part of this. The flu vaccination was not available on the day, as the locum pharmacist had not completed the necessary accreditation. A dispenser and pharmacy technician discussed the blood pressure testing service. They clearly identified measurements that they would consider to be out of range and where relevant they referred to the pharmacist.

Needle exchange kits were pre-packed, and supplies were recorded. People were encouraged to bring returns, but at the time of the inspection a sharps returns bin was not available. The team said that people needing to return sharps would be signposted elsewhere in the interim period. They agreed to follow-up on this post inspection to make sure a suitable waste bin was obtained. Team members had received information on the management of needle stick injuries.

Stock medications were obtained from licensed manufacturers and specials from a licensed wholesaler. Medications were stored in the original packaging provided by the manufacturer. But they were unorganised in some places, which may increase the risk of a picking error. The pharmacy had some date checking systems, but these were not always completed to schedule and some expired medicines were identified on the shelves during random checks. The medications had not been marked to indicate that they had a shortened expiry date. The affected medicines were removed from the shelves and placed in suitable waste containers. The pharmacy had the necessary IT equipment to enable compliance with the requirements of the European Falsified Medicines Directive (FMD). SOPs were available to cover FMD processes and the team had received training. But verification and decommissioning checks were not taking place at the time of the inspection. Alerts for the recall of faulty medicines and medical devices were received electronically. The team reported that alerts were usually printed and filed as an audit trail, but the file could not be located on the day.

CDs were stored appropriately. Expired and returned CDs were clearly segregated from stock medications, and random balance checks were found to be correct. The pharmacy had CD denaturing kits available for use. The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was checked and recorded each day and was within the recommended temperature range.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. Equipment is suitably maintained, and team members use it in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to paper-based reference materials including an up-to-date edition of the British National Formulary (BNF) and a Drug Tariff. A variety of links were available through the pharmacy intranet system providing access to further resource materials. Several crown-stamped and ISO approved glass measures were available for measuring liquids. There was some hard water staining around the top of some measures, but they were otherwise clean and suitably maintained. Counting triangles were available for loose tablets and a blood pressure testing machine appeared to be in an appropriate state of repair.

Electrical equipment appeared to be in working order. Concerns were escalated to the company's head office. Computer systems were password protected and screens were all located out of public view. Cordless phones were available to enable conversations to take place in private, if required.

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.