

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Unit 4, Church Hill

Neighbourhood Centre, Tanhouse Lane, REDDITCH, Worcestershire,
B98 9AA

Pharmacy reference: 1120792

Type of pharmacy: Community

Date of inspection: 13/01/2020

Pharmacy context

This is a community pharmacy immediately adjacent to doctors' surgery and in a local community centre. It is located to the north-east of the town of Redditch. A wide variety of people use the pharmacy. The pharmacy dispenses NHS and private prescriptions and sells over-the-counter medicines. It also supplies some medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.4	Good practice	The team members are encouraged to develop and keep their skills up to date and they are given time to do this at work.
		2.5	Good practice	The team members are comfortable about providing feedback to their manager to improve services for patients and she acts on this.
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's working practices are safe and effective. It is appropriately insured to protect people if things go wrong. The pharmacy keeps the up-to-date records that it must by law. The team members keep people's private information safe and they know how to protect vulnerable people. But, they could be better at identifying specific actions to reduce the likelihood of mistakes.

Inspector's evidence

The pharmacy team identified and managed most risks. Any dispensing errors or incidents would be recorded, reviewed and appropriately managed. The staff said that there had been no errors for some time. Near misses were recorded. Some learning points and actions taken to reduce the likelihood of similar recurrences were recorded but some included little information, such as, a recent strength error with amitriptyline. No specific action was recorded, just to 'double check the strength. General trends could be identified.

The dispensary was spacious and organised with dedicated areas for labelling, assembly, checking and the multi-compartment compliance aids. Coloured baskets were used and distinguished prescriptions for patients who were waiting, those calling back or those for delivery. There was a clear audit trail of the dispensing process and all the 'dispensed by' and 'checked by' boxes on the labels examined had been initialled.

Up-to-date, signed and relevant standard operating procedures (SOPs) were in place. These were reviewed every two years, or sooner, if necessary, by the superintendent pharmacist. The roles and responsibilities were set out in the SOPs and the staff were clear about their roles. A NVQ2 trained dispenser said that she would refer all medicine sale requests for patients who were also taking prescribed medicines, to the pharmacist. The staff were aware of 'prescription only medicine' (POM) to 'pharmacy only medicine' (P) switches, such as chloramphenicol eye drops and Ella One and also referred requests for these to the pharmacist. Anyone with persistent on-going symptoms would be referred to the pharmacist.

The staff were clear about the complaints procedure and reported that feedback on all concerns was encouraged. The pharmacy did an annual customer satisfaction survey but, the 2019 survey, had not been uploaded onto the nhs.uk website. The staff did say however, that there had been some feedback about having somewhere private to talk. The consultation room was well signposted but, as a result of the feedback, the staff proactively offered the use of the consultation room to customers.

Public liability and professional indemnity insurance, provided by Numark and valid until 31 March 2020, was in place. The responsible pharmacist log, controlled drug (CD) records, including patient-returns, private prescription records, emergency supply records, specials records, fridge temperature records and date checking records were all in order.

An information governance procedure was in place and the staff had also completed training on the general data protection regulations. The computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Confidential waste paper

information was shredded. No conversations could be overheard in the consultation room.

The staff understood safeguarding issues and had all read the company's procedures on the safeguarding of both children and vulnerable adults. The Royal Pharmaceutical Society guidance on safeguarding was displayed. The pharmacist and technicians had also completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. Local telephone numbers were available to escalate any concerns relating to both children and adults. All the staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And, they cover team members who are off sick or on holiday. The team members are encouraged to develop and keep their skills up to date and they are given time to do this at work. They are comfortable about providing feedback to their manager to improve services for patients and she acts on this.

Inspector's evidence

The pharmacy was immediately adjacent to a doctors' surgery in a community centre. They mainly dispensed NHS prescriptions with the majority of these being repeats. About 50% of regular repeat items were dispensed off-site. Due to the location of the pharmacy, there were several acute 'walk-in' patients. Several domiciliary patients had their medicines in compliance aids.

The current staffing profile was one pharmacist, the manager, two part-time NVQ3 qualified technicians and four part-time NVQ2 qualified dispensers. The part-time staff were flexible and covered any unplanned absences. Planned leave was booked well in advance and only one member of staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix.

The staff were well qualified and worked well together as a team. Staff performance was monitored, reviewed and discussed informally throughout the year. There was an annual performance appraisal where any learning needs could be identified. Review dates would be set to achieve this. The staff were encouraged with learning and development and completed regular e-Learning, such as recently on sepsis and 'look alike, sound alike' (LASA) drugs. They said that they spent about 30 to 60 minutes each month of protected time learning. The GPhC registrants reported that all learning was documented on their continuing professional development (CPD) records.

The staff knew how to raise a concern and reported that this was encouraged and acted on. They had recently raised concerns about the incorrect picking of liquid antibiotics. Because of this, they had been re-located. There were now very clear labels stating those containing sugar and those that were sugar free. This should reduce the likelihood of picking errors with these. There were 'ad hoc' staff meetings. The manager was very recently back from maternity leave and said that she would introduce more formal monthly meetings. All the staff were aware of the company's whistle-blowing policy.

The pharmacist said that she was set overall targets, such as for Medicines Use Reviews (MURs). She said that she only did clinically appropriate reviews and did not feel unduly pressured by the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional. It is tidy and organised. The pharmacy signposts its consultation room well, so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The pharmacy was well laid out and presented a professional image. The dispensing benches were tidy, organised and uncluttered. The floors were clear. There was a separate hatch for substance misuse patients. The premises were clean and well maintained.

The consultation room was relatively small but the door opened outwards and so access by the emergency services, if necessary, would not be impeded. It was well signposted and contained a computer and a sink. Conversations in the consultation room could not be overheard. The pharmacy computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

There was air conditioning and the temperature in the pharmacy was below 25 degrees Celsius. There was good lighting throughout. Most items for sale were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

Everyone can access the services offered by the pharmacy. The pharmacy effectively manages its services to make sure that they are provided safely. The pharmacy team members make sure that people have the information that they need to use their medicines properly. The pharmacy gets its medicines from appropriate sources. And, it stores and disposes of them safely. The team members make sure that people only get medicines or devices that are safe.

Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room with an automatic opening front door to the surgery. The pharmacy could print large labels for sight-impaired patients.

Advanced and enhanced NHS services offered by the pharmacy were Medicines Use Reviews (MURs), New Medicine Service (NMS), the Community Pharmacy Consultation Service (CPCS) and supervised consumption of methadone and buprenorphine. The pharmacist had completed suitable training for the provision of the new CPCS service. The staff were all aware of the services offered.

A few substance misuse patients had their medicines supervised. There was a dedicated folder for these patients where any relevant information was kept. Any concerns would be recorded on the patients' electronic prescription medication record (PMR). The pharmacy did not have the telephone numbers of key workers. It was open for longer hours than the service provider so these would be useful. The patients were offered water or engaged in conversation to reduce the likelihood of diversion.

Several domiciliary patients received their medicines in compliance aids. These were assembled on a separate, dedicated bench on a four-week rolling basis and evenly distributed throughout the week to manage the workload. Changes in dose and new items were recorded but not always dated. There was no clear, concise record of these for easy referral by the pharmacist at the checking stage. The assembled compliance aids were stored tidily. Procedures were in place to ensure that all patients who had their medicines in compliance aids and were also prescribed high-risk drugs, were having the required blood tests.

There was a good audit trail for all items ordered on behalf of patients by the pharmacy and for all items dispensed by the pharmacy. Interventions were seen to be recorded on the patient's prescription medication record. Red 'see the pharmacist' stickers were used such as one seen for phenoxymethylpenicillin. The pharmacist routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. INR levels were asked about. She also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were packed in clear bags and these were checked with the patient on hand-out. All the staff were aware of the sodium valproate guidance relating to the pregnancy protection program (PPP). They had identified one person in the 'at risk' group. She had been counselled and guidance cards were included with each prescription for her.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients. The pharmacist reported that she frequently identified, during MURs, that patients took their levothyroxine in the morning with breakfast. She advised that

they should take this 20 minutes before food with water and not with any drink containing calcium.

Medicines and medical devices were obtained from Phoenix, AAH and Alliance Healthcare. Specials were obtained from Phoenix Specials. Invoices for all these suppliers were available. CDs were stored tidily in accordance with the regulations and access to the cabinet was appropriate. There were no patient-returned CDs but a few out-of-date CDs. These were clearly labelled and separated from usable stock. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with electronic records. Date checking procedures were in place with signatures recording who had undertaken the task. Designated bins were available for medicine waste and used. There was a separate bin for cytotoxic and cytostatic substances and a list of such substances that should be treated as hazardous for waste purposes.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts were received electronically, printed off and the stock checked. They were not all signed and dated by the person checking the alert but, any required actions were recorded. The pharmacy had received an alert on 17 December 2019 about ranitidine tablets. The pharmacy had none in stock and this was recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. And, the team members make sure that they are clean and fit-for-purpose.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (10 to 100ml) and ISO stamped straight measures (250 to 500ml). There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 78 and the 2019/2020 Children's BNF. There was limited access to the internet.

The fridges were in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential waste information was shredded. The door was always closed when the consultation room was in use and no conversations could be overheard.

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.