General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Sandy Lane Surgery, Sandy Lane, LEYLAND, PR25 2EB

Pharmacy reference: 1121566

Type of pharmacy: Community

Date of inspection: 04/09/2019

Pharmacy context

This is a community pharmacy inside a medical centre. It is situated near the town centre of Leyland, Lancashire. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, a minor ailment service and emergency hormonal contraception. A number of people receive their medicines in multi-compartment compliance aids.

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	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 team follows written procedures, which helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. But they do not always record things that go wrong, so they may miss some learning opportunities.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were updated earlier this year by the pharmacy's head office. The pharmacy team had signed to say they had read and accepted the SOPs. The locum dispenser said she was required to read the SOPs on a website before she began her work within the company.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). A recent error involved the incorrect supply of the wrong strength of morphine MR tablets. The pharmacist had investigated the error and taken action to help reduce the risk of further errors, including the introduction of an additional dispensing check on controlled drug (CD) medicines. There was a paper log to record near miss incidents, but these were not always recorded and, in some months, there were no records made. The pharmacist said that sometimes the pharmacy team would forget to record near misses but they had made an extra effort since September to log the mistakes made. Monthly reviews were completed but they did not always record any learning identified. Examples of action taken included segregating different strengths of furosemide tablets. The company shared learning between pharmacies by intranet. Amongst other topics they covered common errors. The pharmacy team said they would discuss the information when it was received. They gave an example of moving olanzapine away from omeprazole after reading about an error that had happened at another branch.

Roles and responsibilities of the pharmacy team were documented on a matrix. The counter assistant was able to describe what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. This was described in the practice leaflet and it advised people they could give feedback to members of the pharmacy team. Complaints were recorded and sent to the head office to be followed up. A current certificate of professional indemnity insurance was on display in the pharmacy.

CD registers were maintained and running balances were recorded and checked monthly. The balance of MST 5mg MR tablets and Longtec 10mg MR tablets were checked and both found to be accurate. A register was available to record patient returned CDs. Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. The pharmacy team received annual IG training and had signed confidentiality agreements. When questioned, the counter assistant was able to describe how confidential waste was destroyed using the on-site shredder. A leaflet provided information about how patient data was handled.

A safeguarding procedure was available, and it had been read by the pharmacy team. The pharmacist said she had completed level 2 safeguarding training. Contact details of the local safeguarding board were on display. The dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

Members of the pharmacy team are appropriately trained for the jobs they do. And they complete regular training modules to help them keep their knowledge up to date. But the pharmacy had been recently operating with fewer staff than planned, which increases the workplace pressure.

Inspector's evidence

The pharmacy team included a pharmacist manager, an accuracy checking technician (ACT), three pharmacy technicians, a trainee dispenser and a counter assistant. All staff were appropriately trained or on accredited training programmes. The pharmacist said the staffing level should include the ACT and two or three support staff in the dispensary. But due to long term sickness and staff being asked to work at other branches, it was not possible to maintain. She said the recent staffing level had typically been a pharmacist, an ACT, one assistant in the dispensary and one covering the counter. There was a high footfall into the pharmacy from the adjoining GP surgery. A locum dispenser was present to help provide cover. Staff were working on the walk-in prescriptions and a queue of 10 to 15 people would regularly build. This meant other work, such as putting stock and hub dispensed items away, and dispensing blister packs had been delayed. The staff said they were generally up to date with their work but felt under pressure to keep up with it.

The pharmacy provided the pharmacy team with a structured e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing that ongoing training was up to date.

The counter assistant gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist said she felt able to exercise her professional judgment and this was respected by the pharmacy team and the company. The locum dispenser said she felt a good level of support from the pharmacy team and felt able to ask for further help if she needed it.

Appraisals were conducted annually by the pharmacy manager. A member of the pharmacy team said she felt it was a useful process to receive feedback about her work. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. There were targets set for MURs and NMS. The pharmacist said she did not feel under pressure to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by the position of the counter. The counter area was screened to help maintain privacy of conversations. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff area was clear with sufficient seating, a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available with access restricted by use of a lock and it was clean in appearance. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from appropriate sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But the pharmacy team does not always identify people who receive higher-risk medicines. So it might not always check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients using a signposting folder. The pharmacy opening hours were displayed at the entrance of the pharmacy and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery book was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patients' prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done, an accuracy checker was able to perform the final accuracy check.

Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team may not be aware when they are being handed out in order to check that the supply is suitable for the patient. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she had completed an audit and had spoken to patients who were at risk. She had made them aware of the pregnancy prevention programme and this was recorded on their PMR.

Some prescriptions were dispensed at an automated hub as part of the company's off-site dispensing service (ODS). This had been commenced a few weeks ago. People were automatically enrolled onto the service and formal consent was not obtained. So they may not always be aware that this was

happening. Medicines were labelled electronically against the prescription then the information was transmitted to the hub where the medicines were assembled. Only staff who had been specifically trained were able to label ODS prescriptions. The PMR would tell the dispenser if any item could not be dispensed at the hub. Once all the prescriptions were labelled, the pharmacist was required to complete the accuracy check to make sure the information was correct, and this was auditable. But there was no audit trail of who had labelled the prescriptions. This may make it difficult to identify who was involved in this stage of the process to help them learn from any mistakes.

Prescriptions were received back from the hub within 48 hours, packed in a sealed crate that clearly identified that it contained dispensed medicines. Medicines from each individual person's prescription were packed in sealed bags with the patient's name and address on the front. These were not accuracy checked by the pharmacy unless they opened the bag, in which case the responsibility for the final accuracy check transferred to the pharmacy rather than the hub. When the dispensed medicines were received in branch they were matched up against the prescription form, and any other bags from the ODS or medicines dispensed at the pharmacy.

Prescriptions sent to the ODS hub were clinically checked by the branch pharmacist the first time they were dispensed and then every six months; or if there was a change in medication or circumstances. Otherwise repeat prescriptions were not normally clinically checked, which means there may be a risk that some important information could be overlooked.

Some medicines were dispensed in multi-compartment compliance aids. A record sheet was kept for each patient, containing details of their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

Prescriptions for dressings and ostomy supplies were sent to be dispensed by an external appliance contractor. The pharmacist said that consent was not obtained from the patient for the prescription to be dispensed by another contractor. So people may not always be aware that their personal information is being shared. Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine safety checks of medicines. Stock was date checked on a 12-week rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were two clean medicines fridges equipped with thermometers. The minimum and maximum temperatures were being recorded daily and records showed they had been within the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. A list of cytotoxic medications was available next to the bins. Drug alerts were received by email from the head office. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, all electrical equipment had been PAT tested in December 2018. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean by the pharmacy team.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was 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.