

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, Tennant Street, Medical Centre, STOCKTON-ON-TEES, Cleveland, TS18 2AT

**Pharmacy reference:** 1126088

**Type of pharmacy:** Community

**Date of inspection:** 12/12/2019

## Pharmacy context

The pharmacy is in the town centre. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. It delivers medicines to people's homes. And it provides NHS services such as flu vaccinations and smoking cessation. And offers blood pressure checks and travel vaccinations.

## 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
<b>1. Governance</b>	Standards met	1.2	Good practice	The pharmacy team members consistently record and learn from the mistakes they make whilst dispensing.
<b>2. Staff</b>	Good practice	2.2	Good practice	The pharmacy encourages and supports the pharmacy team to learn and develop. And it engages its team members in regular learning to develop their skills.
		2.4	Good practice	Pharmacy team members are committed to working in an environment of openness and transparency. And they work together to support learning and development.
		2.5	Good practice	The pharmacy team members feel comfortable raising concerns and make suggestions to improve the running of the pharmacy. And service to people.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has written procedures that the team follows. The team members have a clear understanding of their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The team members responsibly discuss mistakes they make during dispensing. They consistently record and learn from these. The pharmacy provides people using the pharmacy with the opportunity to feedback on its services. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people. The pharmacy generally keeps all the records as required by law, in compliance with standards and procedures.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) which the pharmacy team members had read. These provided them with information to perform tasks supporting delivery of services. They covered areas such as dispensing of prescriptions and controlled drug (CD) management. The company reviewed these annually. The team all had their own SOP sheet and had read and signed the SOPs relevant to their role. The team could advise of their roles and what tasks they could do. There were also several other corporate checks undertaken weekly to manage the running of the pharmacy.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking. There was ample space in the dispensary with plenty of benches and storage space. The pharmacy received about 90 percent of prescriptions electronically. It downloaded prescriptions at three set times a day. And in-between for people who had walked in with a token. The team members sorted the prescriptions alphabetically. And then into larger and smaller items. They assembled the larger prescriptions first. If any prescriptions were waiting for stock to come in, they left these part-filled on a bench for the team to complete when the stock came in. They also put any prescriptions with queries in a designated area which reminded them to check and resolve the issues. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets, with red for people waiting and blue for collections. This helped plan workload.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The pharmacy had three separate near miss logs in place. One was for the pharmacist and the others for each of the accuracy checking technicians (ACTs). The reports were collated together at the end of the month for the monthly analysis. The last month, the pharmacy had noticed that there were no particular trends. But errors occurred mostly on Mondays or Fridays. These were busier days but still suitably staffed. The checkers discussed all near misses with the person individually. And the checker always handed it back to them to review. Examples included hypromellose 0.5 given instead of 0.3. And Sirdupla and Aloflute. The team had separated these on the shelf. They had put Sirdupla on the shelf more prominently as this is what the surgery generally prescribed. The pharmacy had a patient safety folder with the reviews. And any other relevant information that they required to read. The pharmacist highlighted the most relevant parts to the team. The team all signed any documents in the patient safety folder once they had read them. Examples of information included Eliquis with a risk management update, distribution alert for EpiPens and valproate. The company had requested that the pharmacy separated quetiapine and olanzapine from their normal locations due to errors, which the team had done. They added alert messages to patient medication records (PMRs) to raise awareness

such as for codeine. As packs for different strengths had been similar in appearance. They had undertaken training on the Look-Alike Sound-Alike (LASA) drugs. And had discussed these as a team.

The pharmacy had a practice leaflet and a notice displayed in the pharmacy which explained the complaints process. The pharmacy had a feedback process and had a notice on the wall and at the counter to advise people on how to provide feedback. The pharmacy had a procedure for recording any complaints or concerns. The team filled in dispensing incident report forms and undertook investigations as required. It kept any packaging to assist in the investigation and learning. The team members discussed any concerns and reflected on these at the monthly patient safety meeting. They reviewed any SOPs if they were relevant to the issue. And highlighted any stock involved in any concerns. And separated on shelves or in the drawers if required. The pharmacy had current indemnity insurance in place.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy usually checked CD stock against the balance in the register at each time of dispensing. This helped to spot errors such as missed entries. The register indicated weekly stock audits were undertaken. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. They mostly wrote these in straight away. The pharmacy kept special records for unlicensed products with the certificates of conformity completed. It suitably maintained records for private prescriptions.

The pharmacy displayed information on the confidential data kept and how it complied with legislation. It had company leaflets 'safeguarding your information' which people could take away. The team had read General Data Protection Regulation (GDPR) information. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. And kept patient sensitive information securely. The pharmacy team stored confidential waste in separate containers for offsite shredding. The pharmacy had a safeguarding policy for the protection of vulnerable adults and children. Safeguarding information including contact numbers for local safeguarding teams. The pharmacist and technicians had completed level 2 training for safeguarding. And the rest of the team had completed level 1 training.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has a team with the qualifications and skills to support the pharmacy's services. The pharmacy encourages the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy provides feedback to team members on their performance. So, they can identify areas to develop their career. The team members share information and learning to improve their performance and skills. They support each other in their day-to-day work. And they feel comfortable raising any concerns they have and can make improvements. They work together to support the safe and efficient delivery of the pharmacy services.

### Inspector's evidence

There was one pharmacist, two accuracy checking technicians (ACTs), five technicians and four dispensers who worked in the pharmacy. They worked a range of around 40 hours a week to 24 hours. There were no longer any counter assistants as they had all upgraded and completed a dispensing course. One had recently completed this. She still worked on the counter some of the time and was beginning to do more tasks in the dispensary to improve her experience. The pharmacist had a second pharmacist at least one day a week.

Certificates and qualifications were available for the team. The pharmacy kept these in individuals' folders along with any other training certificates they had obtained. The team undertook training on the company system Moodle. And were given allocated time for training. And used any other time if it was quieter. Some of the team members advised they did some training on Moodle at home for convenience. They used this to access company training and modules on the Centre for Pharmacy Postgraduate Education (CPPE) site. The team had undertaken training on topics such as risk management, sepsis and flu vaccinations. The pharmacist had undertaken training for travel vaccinations. The pharmacist advised the training on sepsis had been useful for the team. And served as a reminder for the new Community Pharmacy Consultation Service (CPCS). And also, as the surgery was referring people to the pharmacy first on occasions. So, the training on sepsis raised awareness for them to consider this.

The team received performance reviews which gave the chance to receive feedback and discuss development needs. The team members carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. They worked closely together. The team members advised that they could provide feedback about the pharmacy or make suggestions for improvement. The team had designed a training notice board which the pharmacy used for auditing the training and reviewing this. The team advised it provided a visual tool to inform them of any training they required to do. The pharmacist put relevant training material into folders. The folders were clearly marked with the topic. And the pharmacy kept the folders at the end of a bench and the team could dip in to read these when they had any quiet moments. The team advised the folders were useful as they made the training easily accessible. The current folders were for information governance and the CPCS. The training notice board was also used to remind the team of any current audits the pharmacy was participating in. The pharmacy was currently undertaking audits for diabetes and lithium. The board reminded them to target these groups. And they carried out the appropriate checks such as reminding people on lithium to have blood tests, hydrate sufficiently and remember to complete the

purple book.

There was a whistleblowing policy and telephone numbers were available so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The pharmacy team had targets for services such as MURs. These were achievable and done when they met the patient's needs.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and secure. The premises are well maintained and offer a professional environment for the delivery of the pharmacy's services. People can have private conversations with a pharmacist or team member in the consultation room.

### Inspector's evidence

The pharmacy was clean, tidy and hygienic. There was plenty space for dispensing, storing stock and medicines and devices waiting for collection. It was well organised by the team. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean and a cleaning rota was available to ensure the team maintained this. But the team advised they all just kept it clean. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had a good sized, signposted, sound proofed consultation room which the team promoted for use. There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. The pharmacy team kept the consultation room locked when not in use.

People could not access the dispensary due to the layout of the counter. This had a gate at the open end of the counter. The pharmacy generally had a member of the team covering the counter as they had a lot of people coming in directly from the surgery. So, the counter was always busy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices. It takes the right action if it receives any alerts that a medicine is no longer safe to use. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was an automatic door at the entrance. And steps at one side and a ramp at the other side to provide easy access. There was some customer seating. The pharmacy had a bell at the back of the counter and the staff member working on the counter rang the bell which indicated to the team members that a prescription was waiting for them to do. The staff member placed the prescriptions in a rack behind the counter for the dispensary.

The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door. It displayed a practice leaflet with information relating to services and opening hours available for people to self-select. It had a range of leaflets of a variety of health care topics. And information on NHS 111. The pharmacy had two screens which displayed a loop of health care information. One was in the window and one in the pharmacy for people to see when they were waiting in the pharmacy. It also had a health living table with information for people. The pharmacy had a defined professional area. And items for sale were mostly healthcare related. The pharmacy had items set out clearly under various sections such as healthy lifestyle, seasonal essentials and prescriptions. The pharmacy kept the pharmacy medicines behind the counter and assisted people requiring these items.

The pharmacy provided Medicine Use Reviews (MUR) and the New Medicines service (NMS). The team highlighted the prioritised groups for MURs. And the pharmacist undertook reviews. The pharmacist advised that a review of inhaler use had picked up issues with some referrals back to the doctor. She advised that she spent time explaining the inhaler technique. And a couple of people had their inhalers changed as they could not get the full dose from the inhaler due to the mechanism and loading of the canisters. The pharmacy had undertaken several flu vaccinations. Most people preferred to walk in for the service. And the pharmacy made appointments for people on days when there were two pharmacists available. The pharmacist had undertaken some vaccinations at an outside clinic.

The pharmacist provided a range of travel vaccinations and offered travel advice. The pharmacist did not provide the yellow fever vaccinations and signposted people for this service. There was a wall notice board with some maps which showed various destinations. This highlighted to people the vaccinations that they may require if travelling to these areas. It also provided other advice of how to get ready for their holiday and precautions to take in relation to health. The pharmacy offered blood pressure checks and the healthy start vitamins. The pharmacist advised that results from blood pressure checks often triggered a MUR. The technician and a dispenser provided the smoking cessation service. The pharmacy had received an award in the region for having the best success rate. And for the quality and recruitment of clients. It undertook the Emergency Hormonal Contraception (EHC). And the



pharmacy kept the medicines required for the palliative care service. The pharmacy provided the Community Pharmacy Consultation Service (CPCS). The CPCS service connected patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy as their first port of call. The referrals came from NHS 111. The pharmacy had undertaken a few referrals but expected people would be referred to other pharmacies in the area who were open longer hours.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes on labels which showed who had performed these roles. And a sample of completed prescriptions looked at found compliance with this process. The pharmacist marked on the prescription to show that she had completed a clinical check. This allowed the accuracy checking technicians (ACTs) to do their accuracy check. The ACTs advised they dispensed most days as well as checking. The team members initialled at various parts on the prescriptions to provide an audit trail of who had been involved in the dispensing.

The team used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so they could check the contents again, at the point of hand-out. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included warfarin, methotrexate and lithium which ensured patients received additional counselling. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And were currently undertaking another audit. They had informed the people and reminded them of the precautions if they were in the 'at-risk' group. They had marked the drawer which contained the stock to remind the team of the advice they needed to provide. They had leaflets and information accessible and gave this to people.

The team members used CD and fridge stickers on bags and prescriptions to prompt the person handing the medication over that they needed to add some medication to complete the supply. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid. The team also highlighted the prescriptions for CDs. It had a tracker system set up on the computer and checked once a week. And contacted people to remind them if they had not collected their CD items. When the pharmacy could not provide the product or quantity prescribed in full, patients received an owing slip. And the pharmacy kept a copy with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable to ask for an alternative.

The pharmacy used recognised wholesalers such as Phoenix, Alliance and AAH. The pharmacy team members were aware of the Falsified Medicines Directive (FMD). And advised that the company was going to be introducing it to the pharmacy when they adopted the new MediPAC process. The MediPAC process involved the pharmacy sending some of its items to the company's central robotic unit. The team advised the MediPAC system would be for full packs only. And they would be undertaking validation trialling a month before the pharmacy goes live with the process. The pharmacist advised she would let the surgeries know for information. The team had all undertaken introductory training on MediPAC and watched videos on Moodle. They had a buddy visit with someone coming to explain how it all worked in practice. They had operational guidance and SOPs. They also had the SOPs for FMD.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had three refrigerators from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team all had their

own designated sections. And helped each other if required. The team members marked short-dated items and they took these off the shelf prior to the expiry date. The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use.

The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. The driver had a specific delivery record book where people signed for deliveries. The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken. They kept the alerts in the patient safety folder once actioned.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

### Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used their company intranet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. The team members had access to disposable gloves and alcohol hand washing gel.

The smoking cessation provider checked the equipment such as the carbon monoxide monitor replaced it every six months. The team checked the blood pressure monitor and the pharmacy replaced it when required.

The pharmacy stored medication waiting collection in bags on racks. People could not see any confidential details as the pharmacy kept these stored at the side of the dispensary away from the counter. The team attached the prescriptions to the bags. They were in the process of reviewing this section ready for the new MediPAC system. The pharmacy stored bags on colour-coded hooks and the team contacted people to remind them to collect their medication. If they no longer required it then the pharmacy returned the prescriptions to the NHS spine. And returned items to stock if appropriate.

The computer in the consultation room was screen locked when not in use. The computer screens were out of view of the public. The team used the NHS smart card system to access to people's records. The team used cordless phones for private conversations.

## What do the summary findings for each principle mean?

Finding	Meaning
✓ <b>Excellent practice</b>	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.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.