General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Unit 4, Hollinswood Local Centre, Telford, Shropshire, TF3 2EW

Pharmacy reference: 9010234

Type of pharmacy: Community

Date of inspection: 23/05/2019

Pharmacy context

The pharmacy is located in Hollinswood, Telford. The pharmacy provides a range of services including: medicines use reviews, new medicine service, the provision of treatment services to substance misuse clients and a prescription collection and delivery service. Some medicines supplied from the pharmacy are provided in pill pouches, a form of compliance aid. These are assembled off site at a hub pharmacy. The pharmacy opening hours are: Monday to Friday 9am to 5.30pm, Saturday 9am to 1pm and closed on Sunday.

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	2.2	Good practice	Members of the pharmacy team are supported with ongoing training to help them keep their knowledge up to date.
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

Members of the pharmacy team follow written instructions to help make sure they work safely and effectively. They record their mistakes so that they can learn from them, then act to help avoid the same things going wrong in the future. The pharmacy keeps the records that it needs to by law. And members of the pharmacy team are trained so that they know how to keep people's private information safe.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). The SOPs specifically defined the roles and responsibilities of all of the staff. Training records in the SOP folder had been signed by all staff to show they had read and understood the SOPs relevant to their roles.

The SOPs had been reviewed in January 2019, but the new versions had not yet been implemented. All team members had been supplied with their own individual copies of updated SOPs, which they were currently reading through. The pharmacy team had been told that they must adopt the new SOPs by June 2019.

Dispensing incidents were reported online on the computer system and learning points were included. The pharmacist said that an incident report was then sent to the superintendent for review and a copy was maintained in store for reference.

An example of a dispensing error that had been reported was where loratadine tablets had been supplied to a patient instead of loperamide tablets, as they had similar sounding names. In light of this, both medications were separated in different drawers.

Near miss logs were in use. The pharmacist said near misses were discussed with the pharmacy team member at the time of the error. The near miss log was reviewed by the pharmacist regularly, usually every month, and feedback was given to staff. A common near miss that had occurred was different formulations of co-codamol and tramadol being mixed up. Stock had been separated in the medicines drawer to help avoid this happening.

A dispenser was able to explain what she could and could not do when the pharmacist was not present. She said that this rarely happened, but she knew that no prescriptions could be handed out and no P medicines could be sold.

A complaints procedure was on display in the retail area. Any complaints received would be recorded on a complaint form which would be sent to head office.

A current professional indemnity insurance certificate was on display. A responsible pharmacist (RP) notice was prominently displayed in the retail area. The RP records were in order. Records for unlicensed specials, private prescriptions and emergency supplies were in order. The pharmacist said that sometimes emergency supplies made were checked against the Summary Care Records (a list of current medication for that patient) providing they gave their consent.

Controlled drugs (CD) were appropriately recorded and balance checks were completed weekly. Patient

returned CDs were recorded and disposed of appropriately.

Confidential waste was shredded. The pharmacist said staff completed e-Learning each year to refresh their understanding of information governance. The pharmacist described what it meant to maintain patient confidentiality, including ensuring that no patient identifiable information was visible from the counter and the assembled prescriptions awaiting collection were located on hanging rails in the dispensary, so the patient details were not visible to patients in the retail area. Computer screens were not visible to the public. Staff were in possession of NHS Smart cards and when not in use, these were stored securely overnight.

A safeguarding policy provided information about the protection of vulnerable adults and children. A dispenser said she would raise any concerns with the pharmacist on duty. The pharmacist said he had completed safeguarding level 2 training with CPPE. The up to date contact details for raising a safeguarding concern were available in a patient safety folder.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to provide services safely and effectively. Pharmacy team members have the training they need for the work they do. And they participate in ongoing training to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy employed a pharmacist as the pharmacy manager, a pharmacy technician, two dispensers (one of whom was off sick) and a delivery driver who worked across 5 branches. The pharmacist said he worked some Saturdays, but pharmacist cover was usually provided by locum pharmacists. Staff worked on a rota basis on Saturdays. A locum dispenser was helping cover staff sickness.

Previously the pharmacy technician worked part-time. But, she had now been given extra hours to work so that she could work three full days in branch and work two days at other pharmacies locally within the company. This also allowed the flexibility of her working to cover any holidays.

The staff appeared to be able to comfortably manage their workload during the inspection and the staffing levels appeared adequate to handle the level of business.

A dispenser was able to describe appropriate questions she would ask when selling medicines over the counter and she was clear about the circumstances under which she would seek advice from the pharmacist. She said anyone asking to buy a medicine would be asked WWHAM questions to check whether it was suitable for them. She was aware that dihydrocodeine and pseudoephedrine products might be abused and said she would always ask the pharmacist to approve the sale, if she was unsure.

Staff completed e-Learning 'moodles' to help keep their knowledge up to date. A dispenser said she had completed training on blood pressure monitoring and the pharmacist said he monitored completion of this. Training was done when the workload permitted.

A dispenser said that she would be comfortable raising any concerns that she may have with the pharmacist, the area manager or more senior members of staff at Head Office. The pharmacist attended annual meetings where he could discuss developments in business operations with other pharmacists and pharmacy managers. He found this helpful as he could discuss any issues that he might have.

A dispenser said she received annual appraisals conducted by the pharmacist. A dispenser said that staff were given feedback informally by the pharmacist on an ongoing basis. But time was set aside each month to specifically discuss near misses and dispensing incidents.

The pharmacist explained there was an expectation for him to complete medicines use reviews and new medicine use reviews and for staff to help identify them. The pharmacist said that staff did not feel under undue pressure to meet these targets and he felt able to incorporate this into their working day.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy environment is safe and appropriate for the services provided.

Inspector's evidence

The pharmacy was clean and tidy. It had an adequately sized retail area and dispensary area in proportion to the items dispensed. Staff shared the responsibility for cleaning and regularly cleaned floors, workbenches and shelves.

The premises had a consultation room equipped to enable private and confidential discussions to take place. The pharmacy had a staff toilet and a sink with hot and cold running water, with additional hand washing facilities in the staff area.

There was a separate area only accessible for staff members where they could take their rest breaks.

There was adequate lighting in the dispensary. There was a seating area in the retail area for patients to be seated whilst waiting for their prescriptions.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers a wide range of services and takes steps to make them easy to access. The pharmacy manages its services well to help make sure they are provided safely. It obtains its medicines from reputable suppliers. And the team makes additional checks to make sure medicines are in good condition.

Inspector's evidence

Entrance to the pharmacy was via a flat surface and a single door. There was a portable hearing loop in use. Healthcare posters were displayed in the pharmacy window and in the retail area. Various health care leaflets were on display in the retail area and in the consultation room.

The opening hours for the pharmacy were clearly displayed in the window and the pharmacy services were advertised in the retail area. Staff were aware of the need to signpost patients requiring services not available at the pharmacy. An example was given that patients who needed to dispose of used sharps were signposted to their GP.

Signatures were obtained from the recipient to provide an audit trail for deliveries. If there was a fridge item or a CD item to be delivered, this was indicated by a sticker or note affixed to the delivery sheet. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Prescriptions dispensed within the pharmacy were kept in baskets in order to keep them separate and reduce the risk of medications being mixed up. Staff worked methodically to assemble the medicines in each basket which were then checked in turn by the pharmacist. Dispensed medicines awaiting collection were stored on rails in alphabetical order. Prescriptions forms were retained with dispensed medicines and filed separately in alphabetical order.

Stickers or notes were put on bags to indicate when a fridge line or CD needed to be added. But they were not always used to identify when schedule 3 or 4 CDs were present so that staff could check the prescription was still in date when the medicines were handed out.

High risk medicines such as lithium, methotrexate or warfarin were only highlighted when the pharmacy first dispensed the patient's medication, but staff did not routinely ask for blood test results. The pharmacy manager said prescriptions were not issued by the doctors unless patients had had recent monitoring, so staff were under the assumption that the necessary checks had been carried out prior to medication being issued to patients. This means the pharmacist may not be aware of any clinical concerns if the surgery had failed to check the INR, or if there had been a blood test conducted after the prescription was issued.

The pharmacist said that there was a person who may become pregnant prescribed sodium valproate and he was aware of the need to counsel them about the pregnancy prevention programme. There was educational material available to provide to patients and the pharmacist was aware that patients should be counselled, and educational material should be provided every time the medicines were dispensed. Dispensing labels were initialled by the dispenser and checker to provide an audit trail.

Sealed pill pouches (NuPAC) were used to dispense medicines for some patients who had compliance difficulties. These were dispensed off-site at the company's automated dispensing hub pharmacy. The pharmacist was responsible for carrying out a clinical check, then the pharmacy team entered the data from the prescriptions onto the pharmacy computer, which was linked to the hub. This data was then used to assemble the medicines and they were returned to the pharmacy to be supplied to the patients. The hub used an automated robot to dispense the medicines into pouches on a roll. Each pouch contained the medicines to be taken at specific dosage time (for example at breakfast), and the roll was in time and date order. The packs were labelled with descriptions to enable identification of the individual medicines. There was a clear dispensed and checked audit trail. Staff confirmed patient information leaflets were always supplied with packs at the beginning of the month and said the patients gave consent for their prescriptions to be dispensed in this way.

Medicines were obtained from licensed wholesalers and specials were obtained from a special's manufacturer. Expiry date checks of medicines in stock were carried out every three months and documented. Stickers were used to highlight short dated medicines that needed to be used first.

Several stock containers present were found to contain medicines from mixed batches, with different expiry dates for example quetiapine 25mg tablets, omeprazole 20mg capsules and fluoxetine 20mg capsules. This does not meet labelling requirements and could increase the risk of error.

Open dates were indicated on part opened bottles. Waste medication was disposed of in designated bins for storing waste medicines which were collected quarterly. Used inhalers were collected separately under a collection scheme.

Scanners and software were yet to be installed to meet the safety requirements of the Falsified Medicines Directive, so the pharmacy was not able to comply with legal requirements. There were two medicines fridges, both were equipped with thermometers and temperatures were checked daily and recorded. The records showed the temperatures had remained within the required range. The fridge stock items were stored tidily in baskets on the shelves. Dispensed medicines in the fridge and the CD cupboard were stored in clear plastic bags so they could be double checked when handing out to the patient.

Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Drug alerts were received from Head Office by email and via the intranet. They were printed off, signed when they had been actioned and then filed in a patient safety folder.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy equipment is safe and appropriate for the services provided.

Inspector's evidence

A range of crown stamped conical measures were available including some that were used only for the measurement of CDs, which were all cleaned after use. The counting triangle was cleaned after each use.

The pharmacy had a range of reference sources available such as a BNF, Children's BNF and a copy of a drug tariff. The pharmacist said that he also used online resources such as the intranet. All Electrical equipment appeared to be in good working order.

Patient medication records were stored on the pharmacy computers which were password protected. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation.

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.