

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, 10 Old Hall Road, Gatley,  
CHEADLE, Cheshire, SK8 4BE

**Pharmacy reference:** 1029578

**Type of pharmacy:** Community

**Date of inspection:** 17/06/2022

## Pharmacy context

This is a traditional community pharmacy situated in a suburban village. It serves the local population, mainly supplies NHS prescription medicines. It provides the New Medicine Service (NMS), NHS flu vaccination and community pharmacy consultation (CPCS) services. The pharmacy offers a home delivery service.

## 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	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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 generally manages the risks associated with its services. The pharmacy team follows written instructions to help make sure it provides safe services. The team usually reviews and records its mistakes so that it can learn from them. Team members know how to protect and support vulnerable people, and they understand their role in securing people's confidential information within the pharmacy premises.

### Inspector's evidence

The pharmacy had some COVID-19 infection control measures. Hand sanitiser was available for members of the public and staff members. Work surfaces were cleaned weekly. The staff members had completed a COVID-19 lateral flow test if they had symptoms.

The team explained that pharmacy had written procedures which covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). These online procedures could not be examined because the pharmacy's IT system was frequently slow and unreliable. Paper records indicated that all staff members had read and understood the procedures relevant to their role and responsibilities.

The dispenser and checker initialled dispensing labels for prescription medicines prepared in the pharmacy, which helped to clarify who was responsible for each prescription medication supplied and assisted with investigating and managing mistakes.

The pharmacy team recorded mistakes it identified when dispensing medicines, and it addressed each of these incidents separately. Team members shared reviewing these records each month and discussed their findings with their colleagues. However, records sometimes did not include details indicating why they thought each mistake happened. So, the team could miss additional learning opportunities to identify trends and mitigate risks in the dispensing process.

Staff had completed training on the pharmacy's complaint handling procedures, so they could effectively respond to any concerns. Publicly displayed leaflets included information on how people could make a complaint. The pharmacy had not completed a patient survey recently due to the pandemic.

The pharmacy had professional indemnity cover for the services it provided. The RP, who was a locum pharmacist providing temporary cover, displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP and CD transactions. The team regularly checked its CD running balances and made corresponding records, which helped it to promptly identify any significant discrepancies. A randomly selected balance was found to be accurate. The team kept records of destructions for CDs returned to the pharmacy up to date.

The pharmacy maintained records for NMS, flu vaccinations, CPCS supplies, medicines manufactured under a specials licence that the pharmacy had obtained and supplied, and private prescriptions. The private prescriptions were available but not filed in an organised manner, which made it less easy to retrieve a prescription if needed.

Staff members had completed the pharmacy's training on protecting people's data, and they securely stored and destroyed confidential material. Each team member used their own security card to access electronic patient data and they used passwords to access this information. The pharmacy recorded that people had given it permission to access their information in relation to the flu vaccination service, and their signed consent for the NMS. A privacy notice was publicly displayed, which helped people understand how the pharmacy handled their information.

The pharmacy kept records of the next of kin or carer's details and specific care requirements for people who received compliance packs. This helped the team to deal with queries relating to these vulnerable people. The team had formally assessed people's needs to confirm if the compliance pack system it used was suitable for them.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. The team members work well together, and they have access to appropriate training and development opportunities.

### Inspector's evidence

The staff present included the RP and three dispensers. The pharmacy employed a regular pharmacist, a locum pharmacist who usually provided cover one day each week, and a dispenser who were not present. The dispenser had started their NVQ level three training in August 2020, and they were due to complete it shortly. The pharmacy also employed a home delivery driver.

The pharmacy had enough staff to comfortably manage the workload. It received most of its prescriptions via the electronic prescription service (EPS). The pharmacy owner's hub pharmacy prepared most of these prescriptions, including those for the small number of people who had their medication supplied in a compliance pack. A text-reminder service informed people that their medication was ready to collect. These systems helped to increase service efficiency and manage the team's workload. The pharmacy had minimal footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people. The team had recently started supplying prescription medication to a large care home in the manufacturers original pack or dispensing cartons. This avoided the labour-intensive challenges typically experienced preparing medicines in compliance packs.

Staff members had been employed between two to six years, so it had an experienced work force. They worked well both independently and collectively, they used their initiative to get on with their assigned roles and required minimal supervision. The regular pharmacist was accredited to provide the flu vaccination service.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has consultation facilities which are used for some services such as vaccinations, so the pharmacy team can speak to people in private.

### Inspector's evidence

The pharmacy had well-maintained dispensary fittings that were professional in appearance. All areas were generally clean and tidy. The level of hygiene was appropriate for the services provided. The dispensary size and available dispensing bench space was enough for the team to safely prepare medication. There was a separate area used to prepare care home medication, so there was enough space to provide this service safely.

The consultation room was accessible from the retail area. It could accommodate two people and was suitably equipped. The dispensary was on a raised floor above the front counter, so any confidential information could not be easily viewed from the public areas. Staff could secure the premises from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are generally effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and manages them appropriately to make sure they are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy operated between 9am to 6pm Monday to Friday. There was a low step at the public entrance, and staff could see anyone who needed assistance entering the premises.

Staff said that the pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants, methotrexate and valproate. Information displayed in the dispensary highlighted the risks associated with taking methotrexate, lithium, warfarin and valproate. The regular pharmacist had checked for any people taking valproate to help identify anyone in the at-risk group. The pharmacy had valproate advice cards to give anyone in the at-risk group. It had emergency cards to give people taking steroids long-term.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. Staff only left a protruding flap on several randomly selected part-used stock cartons, which increased the risk of not selecting the right quantity when dispensing and supplying the right amount of medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured its CDs, and it used destruction kits for denaturing CDs. The pharmacy monitored its refrigerated medication storage temperatures. Records indicated that medicine stock had been regularly expiry date checked.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose and it kept corresponding records. It had facilities in place to dispose of obsolete medicines, and these were kept separate from stock. A staff member was observed not accepting a full sharps bin from a member of the public because the pharmacy's storage facility was full. However, there was capacity to store these bins in the disposal area which, on balance, is a safer option compared to people retaining them.

The pharmacy team used an alphabetical system to store and retrieve prescriptions and bags of dispensed medication on hangers and rails. The storage area was well organised, which assisted in finding people's medication.

The delivery driver placed medicines at their front door for people who requested this and observed them being collected at a safe distance. They recorded each confirmed supply. None concerns had been raised about people not receiving their medication.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy team has the equipment and facilities that it needs for the services it provides. The equipment is appropriately maintained and used in a way that protects people's privacy.

### Inspector's evidence

The staff kept the dispensary sink clean; it had hot and cold running water and antibacterial hand sanitiser was available. The team had a range of clean measures. So, it had facilities to make sure it did not contaminate the medicines it handled, and it could accurately measure and give people their prescribed volume of medicine. Recent versions of the BNF and cBNF available to check pharmaceutical information if needed.

The pharmacy had facilities that protected peoples' confidentiality. It viewed people's electronic information on screens not visible to the public and regularly backed up people's data on the PMR, which had password protection. So, it secured people's electronic information and it could retrieve their data if the PMR system failed. And it had facilities to store people's medicines and their prescriptions securely.

### 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.