

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, 7 Littlemoor Road, Preston, WEYMOUTH, Dorset, DT3 6LD

**Pharmacy reference:** 1030630

**Type of pharmacy:** Community

**Date of inspection:** 27/02/2024

## Pharmacy context

This is a community pharmacy located in a residential area of Weymouth, Dorset. It serves its local population and is open five days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS and private prescriptions and it provides the Pharmacy First service. It also provides a local 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 team manages risks in the pharmacy satisfactorily. Team members record their mistakes and ensure they learn from them to reduce the likelihood of any recurrences. Team members are clear about their roles and responsibilities and work well together. The pharmacy keeps up-to-date records as they should do. The pharmacy keeps people's private information safe and team members understand their role in protecting the safety of vulnerable people.

### Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs) which were maintained electronically. The SOPs provided guidance for the team to carry out tasks correctly and staff had signed them to verify that they had been read. Team members knew their roles and responsibilities and they had designated tasks to complete daily which they shared between them.

Staff routinely recorded their near miss mistakes and kept records of this in the dispensary. They included descriptions of why mistakes occurred. The near miss mistakes were reviewed every month and discussions were held with the team. In response, staff explained that the way they stored some medicines had been changed and medicines where mistakes had been regularly made had been highlighted as well as separated. This helped staff to minimise the likelihood of similar mistakes from occurring. Dispensing errors which had gone out to patients were reported internally on the company's reporting portal and sent to their head office team. The pharmacy received regular updates from their head office team regarding common errors seen across the company and the actions they can take to prevent a recurrence. The pharmacy had a complaints policy and the staff process to handle incidents was suitable.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. They could recognise signs of concern and knew who to refer to in the event of a concern. Contact details for the local safeguarding authorities were held in the pharmacy. Confidential material was collected on the workbenches and then shredded regularly. There were no sensitive details that could be seen from the retail space. Computers were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). Records of CDs that had been returned by people and destroyed at the pharmacy were complete. The RP record, records about emergency supplies, supplies of unlicensed medicines and records verifying that fridge temperatures had remained within the required range had all been appropriately completed. The pharmacy had suitable professional indemnity insurance arrangements in place.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. Team members work well together and are supportive of each other. And they have access to training resources to help keep their skills and knowledge up to date. Team members are able to raise concerns and make suggestions.

### Inspector's evidence

During the inspection, there was one locum pharmacist and three NVQ Level 2 dispensers. They were seen to be working well together and supporting one another. The team explained that they would all share the tasks in the pharmacy between themselves and they would all share responsibilities.

The team completed GPhC accredited training courses and received additional training regularly online from their company. The dispensers explained that they were aware which training modules they had to complete, and they were provided with protected time to complete this regularly to ensure they stayed updated.

The team explained that they enjoyed working together. The pharmacy team members explained that they were able to raise issues with one another, whether it was something which caused concern or anything which they believed would improve service provision. Informal staff meetings were held regularly to discuss near misses and errors. There were no targets in place, and team members explained that they would never compromise their professional judgement for business gain.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy and to deliver some services.

### Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, dispensary and staff bathroom. It was laid out with the professional areas clearly defined away from the main retail area. All the products for sale were healthcare related and relevant to pharmacy services. An alcohol hand gel pump had been installed at the entrance for use by people entering the premises. A screen had been installed in front of the medicines counter to help protect staff and the public from airborne viruses.

The pharmacy had recently been refitted and was bright, professional in appearance and clean. One of the dispensers described how the pharmacy was cleaned regularly. The team also explained that they would open the back door, which had a grate in front, when the pharmacy was open to improve the air flow.

The dispensary was suitably screened to allow for the preparation of prescriptions in private. The consultation room was accessible from the shop floor and was kept locked when not in use. Conversations in the consultation room could not be overheard and the consultation room included seating, a computer and a sharps bin. Room temperature was suitable for the storage of medicines. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services effectively, and people with a range of needs can access them. Team members identify people taking high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy sources and manages medicines safely. This ensures that the medicines it supplies are fit for purpose. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

### Inspector's evidence

Pharmacy services were displayed in the front window. There was a range of leaflets available for people to read about the services on offer in the pharmacy, and general health promotion in the retail area of the pharmacy and in the consultation room. There was step-free access into the pharmacy and the team explained that they provided a delivery service for housebound patients and people who had difficulty accessing the pharmacy. There was also seating available should someone require it when waiting for services. Alcohol hand gel was also available for the public and the pharmacy team.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking any valproates. The team explained that they use valproate information cards and leaflets every time they dispense valproates, and they were aware of the need to ensure that only original packs were dispensed. The dispensers explained that they would provide information leaflets or monitoring books for all high-risk medicines if people did not have them. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

The pharmacy provided the Pharmacy First service and the team had all completed the appropriate training. The PGDs were all signed and seen to be complete, and the pharmacist was familiar with the clinical pathways and protocols. The pharmacy team also provided a hypertension case finder service where they would target people more at risk of hypertension for blood pressure checks. The pharmacist explained that they had identified some people who had benefitted from this service, and it worked well.

The pharmacy obtained medicinal stock from Phoenix, AAH and Alliance. Invoices were seen to verify this. Date-checking was carried out every three months and the team had stickers to highlight items due to expire. Items due to expire would be checked regularly and removed from stock. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste and a list of hazardous waste medicines was available in the SOPs. The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team from head office, and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently received a notice about Concerta XL 18mg tablets. The recall notices were printed off and annotated to show the action taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure.

### Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml, 50ml and 10ml measures. Some were marked to show they should only be used with methadone liquid. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources were available. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations inside the consultation could not be overheard. Electrical equipment appeared to be in good working order. The pharmacy had a recommended ambulatory blood pressure monitor available to provide the hypertension case-finding service. The pharmacist also had several items of equipment for the Pharmacy First service. Medicines awaiting collection were stored in a manner which was inaccessible to people. Patient information was not visible from the counter.

### 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.