

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 44 West Street, Portchester, FAREHAM, Hampshire, PO16 9UW

Pharmacy reference: 1031713

Type of pharmacy: Community

Date of inspection: 21/08/2024

Pharmacy context

This is a community pharmacy located in the centre of Portchester, Hampshire. It serves its local population and is open six 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 an emergency hormonal contraception service, medicines in multi-compartment compliance aids, flu and COVID-19 vaccination as well as 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
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 suitably identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. It completes all the records it needs to by law, and it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect 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 and staff had signed them to verify that they had been read. The pharmacy manager explained that new SOPs would be sent to the team regularly to update them on processes in the company when new services were introduced or updated. Team members knew their roles and responsibilities and they had designated tasks to complete daily which they shared between them.

The accredited checking technician explained that she would return anything incorrect to the dispensers who made the mistake and ask them to correct it. The dispensers would then record their near miss mistakes and records of this were kept in the dispensary. They included descriptions of why mistakes occurred. The near miss mistakes were reviewed monthly and discussions about the trends in the errors 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. The manager explained that that due to mix-ups with atenolol strengths, the team had separated the two strengths clearly. Dispensing errors which had already reached people 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 incidents seen across the company and the actions they can take to prevent a recurrence. The pharmacy had a complaints policy, and the staff were aware of how to handle complaints.

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 also kept records of private prescriptions and veterinary prescriptions in an appropriate manner. The pharmacy had suitable professional indemnity insurance arrangements in place.

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. Some members of the team had the NHS Safeguarding app on their phones to access safeguarding information quickly if necessary. 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.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy trains its team members for the tasks they carry out using accredited training courses and provides additional training to allow the staff to develop their roles. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable with assisting one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

In the pharmacy, there was one responsible pharmacist, one accuracy checking technician (ACT), one NVQ 3 trainee who was also the store manager, five NVQ Level 2 dispensers, one trainee dispenser who worked on Saturday and the delivery driver who was also completing the NVQ Level 2 training. The team explained that they would all share the tasks in the pharmacy between themselves and they would all share responsibilities. The ACT was observed accuracy checking prescriptions in an appropriate manner while the pharmacist was clinically checking them.

The team completed accredited training courses from Buttercups and received additional training regularly online from their company. The pharmacy manager explained that they had mandatory training, role specific training and product/service training. All team members completed the mandatory training and any additional training as it became available or as required. The team members 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. Once training was completed, the manager would inform the company's head office to let them know.

The team explained that they enjoyed working together and they were supportive of one another. On the day of the inspection, the pharmacy was busy, but the staff stayed calm and worked meticulously and calmly. 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. There were no targets in place, but team members explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, organised and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively. The pharmacy has a suitable consultation room for private conversations.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, a large dispensary and very large stock areas with staff rest areas. 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.

The pharmacy was bright, professional in appearance and clean. The pharmacy was cleaned regularly and the team members would all contribute to ensuring the pharmacy was clean and hygienic.

The dispensary was suitably screened to allow for the preparation of prescriptions in private. The consultation room was accessible from the shop floor and from the dispensary. It 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 and was regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support the health needs of its community. And people can easily access these services. The team makes suitable checks to ensure people taking higher-risk medicines do so safely and they provide appropriate counselling. Team members store and manage medicines appropriately. And they take the right action in response to safety alerts and medicines shortages, so people get medicines and medical devices that are safe to use.

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 there was 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.

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 used 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 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. Most of the team members were trained to provide this service but would ensure they referred to the pharmacist with each consultation.

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. Stock bottles which had been opened had the date of opening on them to ensure that the team only used products which were suitable.

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 recall notices were printed off and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml 250ml, 100ml and 50ml measures. Some were marked to show that 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 and pharmacy textbooks 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 room could not be overheard. Members of the team all used their own NHS Smart Cards and did not share them to ensure access was appropriate and audit trails could be maintained. Electrical equipment appeared to be in good working order.

The pharmacy had a suitable blood pressure monitor available to provide the hypertension case-finding service. The pharmacy also had several items of equipment for the Pharmacy First service. Medicines awaiting collection were stored in a manner which was inaccessible to people and confidential 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.