

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, 182 Nobes Avenue,  
Bridgemary, GOSPORT, Hampshire, PO13 0HY

**Pharmacy reference:** 1031735

**Type of pharmacy:** Community

**Date of inspection:** 15/03/2024

## Pharmacy context

This is a community pharmacy located on a parade of shops in a residential area of Gosport, 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 and 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 well. 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 required and it keeps people's private information safe. 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 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 team explained that that due to mix-ups with quetiapine and quinine, they had placed the quetiapine in a drawer and the quinine was on a shelf to ensure clear separation. 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 also kept records of private prescriptions and veterinary prescriptions in an appropriate manner. The pharmacy had suitable professional indemnity insurance arrangements in place.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough qualified team members to manage the workload and the services that it provides. Team members work well together and are supportive of one another. 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 responsible pharmacist, one accuracy checking technician (ACT), one registered technician 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 ACT was observed accuracy checking prescriptions in an appropriate manner while the pharmacist was clinically checking them.

The team completed accredited training courses and received additional training regularly online from their company. The ACT explained that the training was divided into three sections – 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.

The team explained that they enjoyed working together and they worked well together. On the day of the inspection, the pharmacy was very 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. 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 and have recently been enhanced to allow for this. 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 areas including a 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.

The pharmacy had recently been refitted and was bright, professional in appearance and clean. The ACT described how the dispensary used to be small and difficult to work in, but the company had recently expanded the dispensary while reducing the retail area to allow them more space to work. The team described how the pharmacy was cleaned regularly and they 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 and its services are easily accessible to people with a variety of needs. And it generally provides its services safely and effectively. The pharmacy obtains its medicines from reputable sources so that they are fit for purpose. It stores them securely at the right temperature to help make sure they are safe to use. People are provided with the information they need to use their medicines properly. The pharmacy team members respond appropriately to medicine alerts and recalls to help make sure 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 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 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.

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 team explained that they were due to have a new internet connection installed as theirs was not always quick. 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.