

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 228 Chorley New Road,
Horwich, BOLTON, Lancashire, BL6 5NP

Pharmacy reference: 1033136

Type of pharmacy: Community

Date of inspection: 22/07/2022

Pharmacy context

This pharmacy is located on a main road opposite to a medical centre. It mainly dispenses NHS prescriptions and it sells a wide range of over-the-counter medicines. It provides a delivery service to people's homes. And it dispenses medication into multi-compartment compliance packs for some people who need help taking their medicines. A large proportion of the pharmacy's prescriptions are sent to the company's hub to be dispensed.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which it incorporates into day-to-day practice to help manage future risks.
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 adequately manages risks to make sure its services are safe, and effective. It has written procedures to help make sure its team members work safely and some of the more important ones are displayed for easy access. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them and take steps to help stop the same sort of mistakes from happening again. The pharmacy generally keeps people's private information safe and team members understand their role in safeguarding vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) with signatures showing that members of the pharmacy team had read and accepted them. The roles and responsibilities of the pharmacy team members were set out in the SOPs and they performed duties which were in line with their role. Team members were wearing uniforms and name badges which indicated their role. The name of the responsible pharmacist (RP) was displayed. The RP record was continuous and had been filled in correctly. A sheet was available in the dispensary to record dispensing mistakes which were identified before the medicine was handed to a person (near misses). Previous sheets had entries made by members of the pharmacy team. These entries were analysed on a monthly basis and discussed as a team so that they could learn from them and avoid repeating them in the future. The outcomes from these reviews were documented, and the reviews included analysing the information for patterns or trends. There was a written procedure in the event of a wrong medicine reaching a person (dispensing errors). Any errors were reported on the company's intranet system and learning points were included, but there had not been any of these type of errors for some time. The pharmacy had a 'model day' checklist which prompted the pharmacy team members to complete everyday essential tasks. A business continuity plan was easily accessible which gave guidance and emergency contact numbers to use in the case of systems failures and disruption to services. Medicines which looked alike or had similar names were identified and were either separated or extra precautionary labels were stuck on the shelves and drawers to remind team members to take extra care when picking.

Records of private prescriptions dispensed were recorded electronically on the pharmacy's computer system. The entries examined complied with requirements. Records of unlicensed medicines supplied contained all the required information. Controlled drug (CD) registers were kept and complied with requirements. The RP undertook regular CD balance checks. Three CD balances were checked and found to be correct. The pharmacy kept a register of CDs returned by people for destruction. These were stored separately and disposed of appropriately. Out-of-date CDs were also stored separately. The CD cupboards were organised and very tidy. Clear plastic bags were used for assembled CDs and fridge lines to allow for an additional check when handed out.

A large proportion of the people on repeat medication had their medication prepared off-site at the pharmacy's central hub. People were made aware of this service before they consented for it, but this information was not always recorded. The pharmacy team members confirmed that people had the option to opt out if they wanted. This service was provided to free up the pharmacy team's time to concentrate on other areas of the business. The pharmacy had an SOP for this service with details on who was responsible for each stage of the process. There were notices in the retail area of the

pharmacy informing people on how to make a complaint or give feedback. The pharmacy had current indemnity insurance, but an expired certificate was on display which might cause confusion.

The pharmacy had an information governance (IG) file which was displayed in the dispensary and contained policies on handling data, confidentiality and data protection. Team members had completed training on the General Data Protection Regulation (GDPR) and IG on the company's online training system. Confidential waste was stored separately and was shredded. The pharmacy's delivery logbook contained individual sheets for each person which meant people could not see the names of others who have had or were due for delivery. A privacy statement was on display, in line with the GDPR. Assembled prescriptions and paperwork containing patient confidential information were generally stored appropriately so that people's details could not be seen by members of the public.

The consultation room was initially unlocked, which left the items inside less secure. The room was locked when it was highlighted with the team. There was a chaperone notice on display in the consultation area. Members of the pharmacy team understood when to offer a chaperone to a person if it seemed appropriate and would allow a person's representative to join them in a consultation if this was requested. The pharmacy had a safeguarding notice displayed in the dispensary containing the location of the safeguarding SOP and local safeguarding leads. The pharmacy team members were yet to complete their training modules on the internal intranet system but they understood how to identify vulnerable people who may require assistance and how to access information on safeguarding. Members of the pharmacy team had completed Dementia Friends training, so had a better understanding of people living with this condition.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members work well together and have the right qualifications for the jobs they do. They are encouraged to keep their skills up to date and the pharmacy supports their development by providing them with protected time to undertake their training at work. The team members are comfortable providing feedback and they discuss any incidents which occur.

Inspector's evidence

At the time of the inspection there was the RP and two NVQ2 qualified dispensers. Another member of the team with an NVQ3 qualification was not present as it was her day off. The staffing level was adequate for the volume of work during the inspection. The majority of dispensary work witnessed was preparing repeat prescriptions which the patients ordered directly from the surgery to be dispensed by the pharmacy's central hub. The pharmacy team were observed working collaboratively with each other. Planned absences were organised on a holiday chart.

Pharmacy team members kept their skills and knowledge up to date by completing appropriate training using the company's internal online training system. Information on new modules were sent to the pharmacy via its internal intranet system. A record of the completed training could be viewed on a pharmacy team member's personal profile. And pharmacy's head office notified when there were new modules to complete. Training on sepsis, risk management, oral health, dementia, information governance, medicines which looked alike or sounded similar, and Community Pharmacist Consultation Service (CPCS) had been completed. Members of the pharmacy team were given time to complete training during working hours. Team members had not had any appraisals for over six months since there was no regular manager but they did have regular appraisals prior to this. Day-to-day issues were discussed as a team as they arose. The pharmacy team members felt there was an open and honest culture in the pharmacy and said they would feel comfortable talking to the area manager and her assistant who they were in regular contact with about any concerns they might have. They felt comfortable making suggestions. There was a whistleblowing policy on display and the pharmacy team members understood that they could raise concerns to an appropriate person. The pharmacy team members did not feel under pressure to meet any pharmacy targets. They were able to explain examples of medication requests where they would decline a sale if they felt it was inappropriate and they would refer to the pharmacist for more expert knowledge on certain presentations. The locum pharmacist stated she did not feel under any undue pressure to deliver any services and was comfortable using her professional judgement in offering a service to a customer.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, bright and suitable for the provision of healthcare services. It has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations. The pharmacy prevents unauthorised people accessing its premises so that it keeps its medicines safe.

Inspector's evidence

The premises were generally clean, tidy and in an adequate state of repair. The retail area was professional in appearance and had a health promotion stand which was changed every three months. There was a separate partially screened area of the counter which allowed some privacy when prescriptions were being handed out. There was a barrier which controlled access to restricted areas of the pharmacy.

The dispensary had enough clear workspace to allow for safe dispensing of medication. The floors and passageways were free from clutter and obstruction. Lighting was good throughout. Fixtures and fittings were suitable for their intended purpose. There were clearly defined dispensing and checking areas. The premises were secure from unauthorised access. The pharmacy shelves were tidy. The pharmacy had a clean, well-maintained sink in the dispensary which was used for medicines preparation. There was a separate stockroom in the basement where excess stock and a further fridge storing medication were kept. The pharmacy had a toilet in an out-building in the yard behind the pharmacy which had a wash hand wash basin with hot and cold running water and antibacterial hand wash. Handwashing notices were displayed above the sinks.

Pharmacy team members had access to a consultation room for private conversations with people. The room was equipped with a sink and was professional in appearance. The availability of the room was highlighted by a sign on the door.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a number of healthcare services and it manages them well. The pharmacy team members are helpful and give advice and support to people in the community. Team members appropriately manage higher-risk medication. The team completes a range of checks and audit processes which assist the pharmacy in providing its dispensing services safely. The pharmacy sources, stores and supplies its medicines safely.

Inspector's evidence

The pharmacy did not have level access from the street outside, but there was a bell at the door and it was possible for customers to enter with prams and wheelchairs with assistance if necessary. The pharmacy opening hours were displayed in the window of the pharmacy. A list of the services provided by the pharmacy was displayed on the door of the consultation room. There was a variety of healthcare leaflets and cards providing information on common conditions and their treatment. There was a healthy living table which contained information on cardiovascular conditions and smoking cessation. The pharmacy provided a large range of over-the-counter (OTC) medication by dispensers who had been trained on the medicines counter assistant course. Pharmacy-only medicines were stored behind the medicine counter so that sales could be controlled. A dispenser knew what questions to ask when making a medicine sale and when to refer the patient to a pharmacist. She was comfortable referring queries to the RP when required. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product. The pharmacy was commissioned to deliver emergency hormonal contraception but this was dependent on an accredited locum pharmacist being present. People were appropriately signposted to an alternate pharmacy which was providing the service when necessary.

The pharmacy dispensed a lot of repeat medication and a large proportion of this service was dispensed off-site at the pharmacy's central hub and returned to the pharmacy for collection or delivery to their customers. The pharmacy offered a delivery service for customers if this was required. Each delivery was recorded, and a signature was obtained from the customer. A note was left if the person was unavailable to receive the delivery and the medicine was returned to the pharmacy.

The pharmacy's dispensary shelves were well organised and tidy. Different coloured baskets were used to differentiate between prescriptions. Dispensed-by and checked-by boxes were initialled on the medication labels to provide an audit trail. There was a separate designated area for the RP to check dispensed medication. Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. The pharmacy team members were aware of the risk associated with valproate in pregnant women. Warning cards were attached to the individual boxes of valproate-containing medicines.

The pharmacy provided medicines in multi-compartment compliance packs for people. These were prepared externally at the pharmacy's central hub in a box with individual perforated detachable pouches. Written consent for this service was recorded and kept at the pharmacy. Records marking where each medication belonged were sent to the central hub. Individual pouches contained

descriptions of what each medicine looked like printed onto them. This was to help people identify individual medicines. Information leaflets about their medicines were sent out on the first issue only so people might not have easy access to all of the information they need. Subsequent supplies of leaflets would be provided if a person requested them.

Controlled drugs (CDs) were stored securely. Returned CDs and CDs which were date expired were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits.

The pharmacy had a documented procedure for checking stock for short-dated and expired medicines. A dispenser explained that team members completed date checking for different sections of the dispensary every week and records were available to demonstrate this. The pharmacy team highlighted medicines that were due to expire by attaching a sticker to the pack and bringing it out to the front so that it got dispensed first. A dispenser gave an account of how far in advance they would highlight a short-dated medicine, which was usually three months. Out-of-date medication was separated and placed in designated bins, and details were entered on the company's intranet system. A spot check did not find any medicines that were out of date. Dates had been added to opened liquids with limited stability. Recognised licensed wholesalers were used to obtain medicines and unlicensed medicines were obtained from 'specials' manufacturers. Alerts and recalls were received via e-mail messages from the superintendent's (SI) office and from the NHS area team. These were read and acted on by a member of the pharmacy team and subsequently filed so the team were able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services it offered. The pharmacy team had access to the internet for the most up-to-date information. For example, the electronic British National Formulary (BNF) and medicines compendium (eMC) websites. The pharmacy had a set of clean, well-maintained measures available for liquid medicines preparation. Separate measures were used for certain liquids. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle which was used for cytotoxic drugs. There were three clean medical fridges. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order and had been PAT tested. The computer terminals were in secure areas of the pharmacy, away from the public view. And these were password protected. Individual electronic prescriptions service (EPS) smart cards were used appropriately. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.