

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, 21 Lyndale, Ashurst,  
SKELMERSDALE, Lancashire, WN8 6UJ

**Pharmacy reference:** 1033933

**Type of pharmacy:** Community

**Date of inspection:** 01/11/2023

## Pharmacy context

This is a community pharmacy situated on a shopping parade. It is located in a residential area of Skelmersdale. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and a minor ailment service. The pharmacy supplies some medicines in multi-compartment compliance packs to people to help them take their medicines at the right time.

## 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 follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They discuss things that go wrong, so that they can learn from them. But they do not always keep records of mistakes, so some learning opportunities may be missed.

### Inspector's evidence

There was an electronic set of standard operating procedures (SOPs). These had been issued in April 2023, and their stated date of review was April 2025. Electronic records showed that members of the pharmacy team had read and accepted the SOPs.

The pharmacy had systems in place to identify and manage risk, such as records of dispensing errors and their learning outcomes. A paper log was available to record any near miss incidents which had occurred, but few had been noted. Members of the pharmacy team said the pharmacist would highlight mistakes to them during the accuracy check, discuss learning, and ask them to rectify their own errors. But team members acknowledged that not all incidents had been recorded. They gave examples of action they had taken to help prevent errors, such as moving olanzapine away from omeprazole to avoid the risk of them being mixed up because of their similar names.

Roles and responsibilities of the pharmacy team were described in individual SOPs. When questioned, a pharmacy technician was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The correct responsible pharmacist (RP) notice was on display. Team members wore standard uniforms and had badges identifying their names and roles. The pharmacy had a complaints procedure and a notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Any complaints would be recorded and sent to the head office to be followed up. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. Two random balances were checked. One was found to be inaccurate due to a missed entry, which was rectified during the inspection. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team completed annual IG training and had confidentiality agreements in their contracts. When questioned, a technician was able to describe how confidential information was destroyed using the on-site shredder. A notice in the retail area explained how the pharmacy handled people's information.

Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The pharmacist said she had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A pharmacy technician said they would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete training to help them keep their knowledge up to date.

### Inspector's evidence

The pharmacy team included two pharmacy technicians and a dispenser. The pharmacy had a regular pharmacist on a Monday and Tuesday and used locum pharmacists for the rest of the week. The company had recently recruited a new pharmacy manager, who was also a trained dispenser, and was due to start the following week. All members of the pharmacy team were appropriately trained. The workload appeared manageable. Staffing levels were maintained by relief colleagues, and a staggered holiday system.

The pharmacy provided the team with a structured e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. For example, they had recently completed a training package about antibiotic stewardship. Training records were kept showing that ongoing training was up to date.

A pharmacy technician was seen to sell a pharmacy only medicine using the WWHAM questioning technique. They said they felt comfortable refusing sales of medicines they thought were inappropriate and would refer people to the pharmacist if needed.

The locum pharmacist said she felt able to exercise her professional judgement and this was respected by members of the pharmacy team. A pharmacy technician, who had recently joined the pharmacy team, remarked about the good level of support they had received. Team members had not recently received appraisals, but they expected these to recommence once the new pharmacy manager had begun working. Members of the team had ongoing discussions about their work, and they held regular huddles in the morning to catch up on where they were up to. They were also aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or superintendent's office. A poster was displayed in toilet which encouraged staff to raise concerns. There were no targets for professional services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

### Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. Access to the dispensary was restricted by a gate and customers were not able to view any patient sensitive information due to its position. The temperature was controlled by the use of electronic heaters. Lighting was sufficient. Team members had access to a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. Members of the team undertake audits for certain medicines to help identify people who may benefit from extra advice. But they do not always know when they are handing out higher-risk medicines. So they may not always check that the medicines are still suitable or give people advice about taking them.

### Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Various leaflets gave information about the services offered and information was also available on the website. Members of the pharmacy team were able to list and explain the services they offered. The pharmacy opening hours were on display.

The pharmacy had a delivery service. Records were kept showing when medicines had been delivered. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Some prescriptions were dispensed at an automated hub. Details were electronically transcribed from the prescriptions and the information was then transmitted to the hub where the medicines were assembled. Some items could not be dispensed at the hub, in which case the system would alert the pharmacy when the information was transcribed. Once all the prescriptions had been transcribed, the pharmacist was required to complete an accuracy check and clinical check to make sure the information was correct. And the software recorded information about who had completed these checks. Dispensed medicines were received back from the hub within 48 hours, packed in a sealed crate that clearly identified what it contained. Medicines received from the hub were packed in sealed bags for each individual person's prescription, with the patient's name and address on the front. These were not accuracy checked by the pharmacy unless they opened the bag, in which case the responsibility for the final accuracy check transferred to the pharmacy rather than the hub. When the dispensed medicines were received in branch, team members scanned the barcodes on bags which recorded on the system that they had been received in the pharmacy. The bags were matched up against the prescription form, and any other bags from the hub or medicines which had been dispensed at the pharmacy.

For medicines dispensed inside the pharmacy, team members initialled dispensed by and checked by boxes on dispensing label. This helped to provide an audit trail in the event of a mistake. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was sought, and previous records were retained for future reference. Some compliance

aids were dispensed at the pharmacy for a small number of people. But most were assembled at the company's hub. The compliance aids were labelled with medication descriptions. But patient information leaflets (PILs) were only supplied when medicines were dispensed on the first occasion. So people may not always have up to date information about their medicines.

Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen to confirm the patient's name and address when medicines were handed out. Stickers were available to highlight any schedule 3 or 4 CDs to remind the team to check the validity of the prescription at the time of supply. But a bag containing diazepam was found without a sticker attached indicating this process may be unreliable. Members of the team were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. Team members said the pharmacist had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded on the patient medical record (PMR).

The pharmacy team was currently undertaking an audit for people who were taking anticoagulants as part of the NHS Pharmacy Quality Scheme. Part of the audit was to provide information and counselling to people who would benefit from it. But there was no process to routinely identify or review people taking other high-risk medicines (such as lithium and methotrexate), to ensure these people also received appropriate counselling.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of medicines were meant to be checked on a three-month basis. But the team had fallen behind since earlier in 2023. A date checking matrix was available for team members to record what they had checked. Short-dated stock was highlighted using a sticker and liquid medication had the date of opening written on. A spot check did not find any medicines which had passed their expiry date.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received electronically from the head office. Team members actioned the alerts, and then kept records showing who actioned them and when.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

### Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFC and Drug Tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had been PAT tested within the last 12 months. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. Patients were offered its use when requesting advice or when counselling was required.

### 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.