

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 22 Liverpool Road, Birkdale, SOUTHPORT, Merseyside, PR8 4AY

Pharmacy reference: 1034666

Type of pharmacy: Community

Date of inspection: 08/02/2024

Pharmacy context

This is a community pharmacy situated in the village of Birkdale, in Southport, Merseyside. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS Pharmacy First scheme, seasonal flu vaccinations and emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the 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
1. Governance	Standards met	1.2	Good practice	Members of the pharmacy team routinely record and review things that go wrong, so that they can learn from them. And they take action to prevent mistakes being repeated.
		1.7	Good practice	Members of the team complete regular training to make sure they know how to keep people's information safe. And the pharmacy checks how well the team is protecting people's information as part of a yearly audit.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team complete regular training to help them keep their knowledge up to date.
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again. The pharmacy keeps the records it needs to by law.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were regularly updated by the head office. Members of the pharmacy team had completed online learning and signed an electronic declaration to show they had read and accepted the SOPs.

The head office completed regular audits which reviewed areas such as the pharmacy's processes, governance, data protection, and record keeping, and identified any shortcomings. The pharmacy had passed the most recent audit without any failings being identified.

Near miss incidents were recorded on an error log and were reviewed by the accuracy checking pharmacy technician (ACPT) each month. The team discussed the review as part of their team meetings to share any learning points. Examples of action which had been taken to help prevent similar mistakes being repeated included placing alerts on the patient medical record (PMR) system for people who were prescribed medicines with formulations which were infrequently dispensed. The team also kept records of dispensing errors and the action they had taken in response.

Roles and responsibilities of the pharmacy team were described on a matrix. A dispenser 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. Team members wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) notice was displayed prominently.

The pharmacy had a complaints procedure and information about this was displayed in the retail area. Any complaints would be recorded and followed up by the head office. A current certificate of professional indemnity insurance was available.

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, and both were found to be accurate. 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. The head office checked how well the team was following the company's IG procedures as part of their audits. When questioned, a dispenser was able to correctly describe how confidential information was destroyed using an on-site shredder. A poster in the retail area described how the pharmacy handled people's information.

Safeguarding procedures were available and the pharmacy team had completed safeguarding training. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding

board were on display within the dispensary. A dispenser said they would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy team included a pharmacist, an ACPT, a pharmacy manager, who was a trainee pharmacy technician, and four dispensers. All members of the pharmacy team were appropriately trained for their roles. The volume of work appeared to be well managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief staff could also be requested if necessary.

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. Team members had recently completed a training package about the new NHS pharmacy first scheme. Training records were kept showing that training was provided regularly, and team members were up to date with allocated training. Team members were allowed learning time during working hours to complete training.

A dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist said they felt able to exercise their professional judgement and this was respected by members of the team.

Team members were seen working well together and assisting one another with any queries that arose. A dispenser described how they received a good level of support from the pharmacist and the rest of the pharmacy team. And they felt able to ask for further help if they needed it. Appraisals were conducted annually by the pharmacy manager. Members of the team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. The pharmacist said there were targets for services such as the pharmacy first scheme, but this did not affect their professional judgement.

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 and access to it was restricted. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric heaters. Lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

A consultation room was available with access restricted by use of a lock and it was clean in appearance. The space was clutter free with a 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 accessible. 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 pharmacy team identify patients taking certain higher-risk medicines so that the pharmacist can make sure they are taking the medicines safely.

Inspector's evidence

The pharmacy was located in a listed building which had a step to gain access. There was a bell for people outside the pharmacy to alert team members if they required assistance to enter. A portable ramp was available. If a person was unable to get into the pharmacy, the team said they would offer delivery of their medicines and provide any counselling or advice by telephone. Leaflets in the retail area gave information about the services offered and information was also available on the pharmacy's website. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after the medicines had been accuracy checked and a delivery record book was used to obtain signatures from the recipient to confirm delivery. 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 a remote 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 the dispensing label. This helped to provide an audit trail in the event of a mistake or query. The pharmacy team 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.

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. Members of the team were seen to confirm the patient's name and address when medicines were handed out. Dispensed prescriptions which contained any schedule 3

and 4 CDs were highlighted with a sticker to remind team members to check the date on the prescription. The pharmacy had completed audits for people taking anticoagulants and antibiotics. These audits identified people who were taking these medicines in order to provide counselling. Details of any counselling were recorded on the pharmacy's patient medical record. Members of the team understood the risks associated with the use of valproate during pregnancy and the need to supply in its original packaging. Educational material was available to hand out when the medicines were supplied. The pharmacist had completed an audit to identify people who were taking valproate, but there were currently no people who met the risk criteria.

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. Almost all of the compliance aids were assembled at the company's hub. The compliance aids were labelled with medication descriptions. But patient information leaflets (PILs) were not routinely supplied. So people may not always have up to date information about their medicines.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 3-month cycle. A date checking matrix was kept as a record of what had been checked. Short-dated stock was highlighted using a highlighter pen, and liquid medication had the date of opening written on. 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 were clean medicines fridges, each equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range.

Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head office. Alerts were printed and filed, and action taken was written on, initialled and signed.

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 BNF, BNFc and Drug Tariff resources. Electrical equipment had been PAT tested in December 2023. There was a selection of liquid measures with British Standard and Crown marks. 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.