

# Registered pharmacy inspection report

**Pharmacy Name:** Rowley Pharmacy, 352 Oldbury Road, Whiteheath, Rowley Regis, WARLEY, West Midlands, B65 0QH

**Pharmacy reference:** 1038676

**Type of pharmacy:** Community

**Date of inspection:** 20/03/2023

## Pharmacy context

This community pharmacy is situated within a small parade of shops on a busy main road in the West Midlands. It dispenses NHS prescriptions, private prescriptions and it sells over-the-counter medicines. It also provides a range of other services including the NHS hypertension case finding service and a substance misuse service. The pharmacy offers a home delivery service, and it supplies medicines in multi-compartment compliance aids for some people to help them take their medicines at the right time. The pharmacy also supplies medicines to a local care home.

## 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 suitably manages the risks associated with its services. It maintains the records it needs to by law and it keeps people's private information safe. Pharmacy team members are clear about their roles and responsibilities, and they understand how to raise concerns to help protect the health and wellbeing of vulnerable people.

### Inspector's evidence

The pharmacy had some systems in place to help manage risks. For example, it had a set of standard operating procedures (SOPs) which covered the services provided by the pharmacy. Most of the procedures had been reviewed in April 2022 but there were others which did not have version control details. Pharmacy team members signed record sheets to confirm that they had read and agreed to follow the procedures. The pharmacist, who had been working at the pharmacy for a few weeks, had not yet read all the procedures. Pharmacy team members demonstrated a clear understanding of their roles and responsibilities and the dispensers clearly explained the activities that could and could not take place in the absence of a responsible pharmacist (RP). The pharmacy kept a record of near misses. The current log being used was dated for the week commencing 31 January and four entries had been recorded. Sections detailing the potential cause of the near miss and action taken in response had not always been completed, which could limit the effectiveness of any near miss reviews due to the lack of information. Near misses were discussed informally at the end of each month and team members gave examples of changes that had been made within the dispensary to help prevent the risk of picking errors. These included moving stock and the use of 'look alike, sound alike' (LASA) warning stickers. The pharmacist explained the actions he would take if a dispensing incident were to occur. This included making a record of the error and reporting it to the superintendent pharmacist. The pharmacy had professional indemnity insurance arrangements in place and the certificate displayed was valid until August 2023.

The pharmacy received verbal feedback from patients and team members noted that the comments were usually positive. A feedback questionnaire had also been completed in recent weeks and people were also available to comment on services received from the pharmacy via online reviews.

The correct RP notice was displayed near to the medicines counter and the RP log was suitably maintained. As were records for private prescriptions and unlicensed specials. Controlled drug (CD) registers kept running balances and regular balance checks were completed.

The pharmacy explained the way that it stored and processed people's data on a poster near to the medicine counter. Pharmacy team members shredded confidential waste throughout the day and made sure that no confidential information was visible from the medicine counter. Most of the team members held their own NHS Smartcards. But the smartcard of a team member who was not present at the inspection was in one of the computers, which may mean that smartcards are not always being appropriately secured when not in use.

The pharmacist had completed safeguarding training. Both he and a dispenser explained some of the types of behaviours that might cause them concern. The contact details of local safeguarding agencies were available. The pharmacy also had a chaperone policy which was displayed in the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members effectively manage the workload in the pharmacy. They complete training to keep their knowledge up to date and they receive feedback on their development. Team members work well together, and they feel comfortable raising concerns or discussing issues.

### Inspector's evidence

The pharmacy team included the RP and two apprentice dispensers. The team worked well together and the workload was managed effectively. The company which owned the pharmacy had a few other pharmacies in the local area and team members from all branches worked together to provide cover for periods of leave and sickness in each of the pharmacies.

The dispensers were both enrolled on apprenticeships, with different providers. They described the training they completed as part of their courses, which included attendance at online classes and the completing regular assignments. They had regular reviews with their course tutors who attended at the pharmacy and they also received feedback from the pharmacists working in branch. Team members also completed over the counter training modules on an ad hoc basis. One team member discussed the sale of over-the-counter medicines. She explained the questions that she would ask to help make sure sales were safe and appropriate, and she showed an awareness of some medications which were susceptible to abuse and misuse. Any concerns were referred to the pharmacist and examples of this were seen during the inspection.

There was an open culture within the pharmacy. Team members worked well together and were happy to approach the pharmacist in charge and other members of the company, including the superintendent pharmacist, with any concerns or feedback. The dispensers said that they would contact the human resources team if they needed to raise a concern anonymously.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy and provides a suitable environment for healthcare. It has a consultation room so that people can have a conversation with pharmacy team members in private.

### Inspector's evidence

The pharmacy was suitably maintained and an appropriate size for the services it provided. The spacious retail area stocked a range of products suitable for a healthcare-based business and there were chairs available for use by people who were waiting. The dispensary had defined work areas to aid the workflow and team members had access to a WC with handwashing facilities. The lighting and ambient room temperature were appropriate.

There was a consultation room, which was clearly advertised from the retail area. The room was equipped with a desk and seating to enable private and confidential discussions.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are suitably managed so that people receive their medicines safely. The pharmacy gets its medicines from licensed suppliers and team members carry out regular checks to help make sure medicines are suitably stored and fit for supply.

### Inspector's evidence

The pharmacy had a step-free entrance from the main street and a manual door. Some of the pharmacy's services were advertised on the front window and there was a range of healthcare literature in the retail area and on a display behind the medicine counter.

Prescriptions were dispensed using baskets, to help prevent them being mixed up. Team members signed dispensed by and checked by boxes on dispensing labels as a record of who was involved in the assembly process. The pharmacy had a range of stickers which were used to identify prescriptions for refrigerated medicines and where the pharmacist wished to provide additional counselling. But the stickers were not always used to highlight higher risk medicines such as warfarin and methotrexate, so the pharmacy may miss opportunities to provide these people with additional counselling about their medicines. Prescriptions for schedule three and four CDs were not always identified, which may increase the risk that a supply could be made after the prescription had expired. The pharmacist discussed the risks of supplying valproate-based medicines to people who may become pregnant. The pharmacy had the necessary warning and education literature available and had completed checks to identify any patients who may be affected.

The pharmacy provided a prescription collection service. Team members kept records of reorder dates and tracked prescription requests using an audit trail to help identify any unreturned prescriptions or missing medicines. Similar audit trails were in place for people who received their medicines in multi-compartment compliance aids and changes to medications were recorded on a master record sheet. The pharmacist explained the checks he would complete to ensure that medicines were suitable to be placed into a compliance aid. Completed multi-compartment compliance aid packs contained patient identifying labels on the front and descriptions of individual medicines. However, the backing sheet did not contain the necessary warning labels, so people may not always have the information they need to take their medicines appropriately. Patient leaflets were supplied. The pharmacy used an online system to help manage the home delivery service. Signatures were obtained as confirmation of delivery and medicines from failed deliveries were returned to the pharmacy with a card left for the intended recipient.

The pharmacy also provided a hypertension (high blood pressure) case finding service. Pharmacy team members explained who was eligible for the service and the actions that were taken in response to different blood pressure readings, including an urgent referral to hospital where relevant. The blood pressure machine was suitably maintained and cleaned between uses.

Stock medicines were stored on large shelving units, in an organised manner and in the original

packaging provided by the manufacturer. Team members completed date checking, and they marked and recorded short-dated medicines which were removed from the shelves prior to expiry. And liquids recorded the date of opening. No out-of-date medicines were identified from random checks of the dispensary shelves. Returned and expired medicines were stored in suitable medicines waste bins.

The pharmacy refrigerator was fitted with a maximum and minimum thermometer. The temperature was checked and recorded each day and the fridge was within the recommended temperature range. CDs were stored appropriately with expired and returned medicines segregated from stock. Two random balance checks were found to be correct.

The pharmacy received alerts for the recall of faulty medicines and medical devices via email. Alerts were printed and a record was kept of the action that had been taken in response.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Pharmacy team members have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe and suitable to use.

### Inspector's evidence

The pharmacy had access to the British National Formulary (BNF) and internet access was also available to access additional resources. The pharmacy had a range of British Standard and Crown stamped liquid measures, some of which were clearly marked for use with CDs. Counting triangles for tablets were also available, and equipment was clean and suitably maintained.

Electrical equipment was in working order, and the pharmacy computers were all placed out of public view. Computer systems were password protected and a cordless phone was available to enable conversations to take place in private.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.