

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, 10 Birmingham Road,
WALSALL, West Midlands, WS1 2NA

Pharmacy reference: 1088389

Type of pharmacy: Community

Date of inspection: 23/09/2024

Pharmacy context

This is a traditional community pharmacy located in a residential area, not far from Walsall town centre. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy primarily dispenses NHS prescriptions, and it provides some other NHS funded services. Some prescriptions are assembled at the company's central dispensing hub and returned to the pharmacy for onward supply.

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	N/A	N/A	N/A
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 generally manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. The pharmacy has written procedures to make sure the pharmacy team work safely. Pharmacy team members record their mistakes so that they can learn from them. And they generally make changes to stop the same sort of mistakes from happening again.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs were available electronically on the pharmacy's intranet system. Team members had a personalised electronic learning (eLearning) library which could be accessed from the pharmacy computers or on their own devices, which allowed them to undertake training at home. SOPs that were relevant to the individual's job role were uploaded to their eLearning library. Each SOP had a 'test your understanding' style quiz at the end so team members could demonstrate that they had understood the content. Online SOPs allowed the pharmacy manager and head office to track when training had been completed and address any outstanding training requirements.

A near miss log was available and some near misses were recorded every month. Near misses were discussed with the dispenser involved to help make sure they learnt from the mistake, and any learning was shared with the team. The team demonstrated examples of medicines that had been highlighted to reduce the risk of them being selected in error during the dispensing process. The company process was to complete a monthly patient safety report; however, this had not been completed for several months. This meant that learning opportunities could have been missed. The pharmacy manager was aware of this and explained that she was new to the role. She agreed to incorporate this as a regular task and consider delegating it to the trainee pharmacist as part of his development. A dispenser explained how they would handle a dispensing error and gather as much information as possible from the person, investigate, identify preventative actions. The pharmacy manager would then use a form on the intranet to report the incident to the Superintendent.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales and discussed how they managed requests for codeine containing medicines. The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team verbally, in writing or by contacting head office. The pharmacy team members tried to resolve issues that were within their control and involved the area manager or head office if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and a random balance check matched the balance recorded in the register. Private prescription records

were seen to comply with requirements. Specials records were marked with a source to supply audit trail.

Confidential waste was stored separately from general waste and destroyed securely by a specialist company. The pharmacy team members had their own NHS Smartcards and they confirmed that passcodes were not shared. The regular pharmacist had completed accredited safeguarding training and the rest of the team completed online safeguarding training as part of their annual mandatory training. The pharmacy team demonstrated that they understood what safeguarding meant. A dispensing assistant gave examples of types of safeguarding and wellbeing concerns that she had come across and described what action she had taken to support the person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. Team members plan absences in advance, so the pharmacy has enough staff cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacy manager (trained dispensing assistant), a pharmacist, a trainee pharmacist, three trained dispensing assistants, and two home delivery drivers. Pharmacy team members completed ongoing training and training needs were identified to align with new services, seasonal events, and the NHS Pharmacy Quality Scheme (PQS). The trainee pharmacist received protected training time every week and confirmed that the tasks that he was being asked to do aligned to the learning outcomes.

Holidays were discussed with other team members to ensure no-one else had already booked the same week. Cover was provided by other staff members as required and the area manager was contacted if the team required additional support. The pharmacy manager and area manager regularly reviewed the staffing levels based on a budget set by head office. A local surgery had recently moved to another part of the town which had affected the number of people using the pharmacy and therefore the staffing level required at the pharmacy. This had led to some changes in staffing numbers and skills mix which had been monitored by the pharmacy's management to ensure the workload could be managed.

The pharmacy team worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. The team discussed any pharmacy issues as they arose and held regular huddles within the dispensary during quieter times. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacy manager or pharmacist and felt that they were responsive to feedback. Team members said that they would speak to other members of the team, contact head office or the GPhC if they ever felt unable to raise an issue internally. The RP was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can speak to the pharmacy team members in private when needed.

Inspector's evidence

The premises and fittings were dated but appeared to be well maintained. Any maintenance issues were reported to head office and various maintenance contracts were in place. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops and there was ample space to store completed prescriptions. The pharmacy was lacking in useable storage space for care home supplies, such as the dressings and nutritional supplement drinks so these were ordered from the wholesalers when the prescriptions were received and stored in boxes on the shop floor until they were ready for delivery. This detracted from the professional image of the pharmacy and meant that people using the pharmacy could not browse part of the shop without asking for assistance.

The dispensary was clean and tidy. The pharmacy was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available. The temperature in the dispensary felt comfortable and lighting was adequate. There was a private consultation room which was used by the pharmacy team during the inspection. The consultation room was professional in appearance and signposted to people using the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are accessible. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

Inspector's evidence

The premises had some private parking outside and steps from the pavement. There was a doorbell which was clearly marked with a notice to press for assistance. A home delivery service was available for people who could not easily visit the pharmacy. A range of health promotion leaflets were available, and pharmacy staff used local knowledge and the internet to support signposting.

The pharmacy offered the NHS Pharmacy First service. Posters were displayed advertising the service to people using the pharmacy. The team had undergone training and had read the company SOPs. They had quick reference guides available and the NHS PGDs (patient group directions) and supporting documentation had been printed for reference.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Stickers and notes were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding. The team had a clear understanding of the risks associated with the use of valproate containing medicines, and the need for additional counselling. They knew to supply valproate containing medicines in original containers and had received a recent alert from head office about the requirement to provide additional counselling to men who had been prescribed valproate.

The company used a hub and spoke model for dispensing repeat prescriptions. All prescriptions were labelled at the pharmacy. As part of the process prescriptions were identified as being suitable to be sent for hub dispensing. The pharmacist completed an accuracy check and clinical check on the computer system before releasing the labelling information for dispensing at the hub. Dispensed medicines were then returned in barcoded bags to be reconciled with the prescription form and put into the pharmacy's retrieval system. There was a contingency process for people that came to collect their prescription before it had been received and for medicines out of stock at the hub.

Medicines were supplied in multi-compartment compliance packs for some people. Rowlands used a system called PilPouch and these were also dispensed using a hub and spoke model. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. Each patient had a record showing the dosage time and which external items they required. A 'Community Monitored Dosage System Suitability Assessment' was available on the intranet, but it was not routinely used by the team when people requested compliance pack to check their suitability. A limited number of compliance packs were dispensed at the pharmacy, for people

who preferred not to have the PilPouch system, or had frequent changes to their packs.

The pharmacy supplied regular prescription medication (monthlies) and any additional medication that was be prescribed during the month (acutes). Some care homes had chosen to make their own arrangements to obtain acute prescriptions due to their distance from the pharmacy. Monthlies were sent to the care homes on a specific date so that the staff at the home could book the medication in and acutes were sent as soon as possible after the prescription was received by the pharmacy.

A random sample of dispensary stock was checked, and all medicines were found to be in date. Date checking records were maintained and short dated medicines were clearly marked as a visual reminder. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in a designated area. Medicines were obtained from a range of licenced wholesalers. Drug recalls were received electronically and marked when they were actioned. The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team uses it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF) and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough computer terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available. Equipment for clinical consultations had been suitably procured and was stored appropriately. Some of the equipment was single use, and ample consumables were available.

Computer screens were not visible to members of the public. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.