

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Castle Pharmacy, 12 The Green,  
ROWLAND'S CASTLE, Hampshire, PO9 6BN

**Pharmacy reference:** 1102866

**Type of pharmacy:** Community

**Date of inspection:** 07/06/2024

## Pharmacy context

This is a community pharmacy located in the village of Rowlands Castle in Hampshire. It serves its local population and is open six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS and private prescriptions, provides the Pharmacy First service and the blood pressure case finding service. It also provides a local delivery service and prepares multi-compartment compliance aids for people in their own homes. In addition, the pharmacy provides seasonal flu and COVID vaccinations.

## 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	4.2	Good practice	The pharmacy completed a checklist of legal and professional requirements every time they dispensed valproates to ensure that people were aware and informed of the risks.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has appropriate written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

### Inspector's evidence

Standard Operating Procedures (SOPs) for dispensing tasks were in place and had recently been updated by the Superintendent Pharmacist. Staff roles and responsibilities were described in the SOPs, and they were reviewed every two years or when there were any significant changes. The team members had signed the SOPs off to say they had read, understood and agreed to abide by them. The team members demonstrated a clear understanding of their roles and worked within the scope of their role.

There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The complaints procedure was detailed in a leaflet available in the pharmacy by the seating area. The leaflet explained that any comments, suggestions, or complaints could be forwarded to the staff, the Patient Advisory Liaison Service (PALS) and Independent Complaints Advocacy Service (ICAS).

One of the dispensers explained how the pharmacy team members all recorded their own near miss incidents on a near miss record in the dispensary. These were then reviewed every month and a root cause analysis of the incidents was carried out. The team would then share this information between them in regular team meetings and they would highlight areas of improvement. Recently the team had some incidents with the strengths of amitriptyline and amlodipine and so they separated the different strengths on the shelves with other products. The team had also highlighted medicines with names that looked alike and sounded similar to ensure they took extra care with them.

There was a workflow in the pharmacy where labelling, dispensing, checking was all carried out at different areas of the dispensary work benches. A valid certificate of public liability and professional indemnity insurance was available in the pharmacy. The controlled drug register was maintained, and a balance check was carried out every week by the team. Records of this were complete. The responsible pharmacist record was maintained, and the correct responsible pharmacist notice was displayed in pharmacy where the public could see it. The maximum and minimum fridge temperatures were recorded daily and were in the correct temperature range. The electronic private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately.

The pharmacy was registered with the Information Commissioners Office (ICO). The computers were all password protected and the screens were not visible to people waiting in the pharmacy. There were

cordless telephones available for use and confidential wastepaper was collected on the workbenches and later shredded. The pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy which contained all the contact and signposting information should the team suspect a safeguarding incident. They also had posters on display in the dispensary which highlighted the safeguarding actions they should take if there was an incident. The pharmacy displayed their chaperone policy inside and outside the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

During the inspection, there were two pharmacists, one foundation year pharmacist trainee, one trainee technician completing the NVQ Level 3 course from the NPA and two dispensers. The team explained that they felt they had enough staff for their dispensing level, and they would all work together to ensure they covered the hours when people were away. Staff were observed following the SOPs and referring to the pharmacists appropriately.

The staff were kept up to date by the pharmacist to ensure they were aware of the latest professional developments. The foundation trainee pharmacist was observed referring to the pharmacist appropriately when someone presented with symptoms of a sore throat. He asked appropriate questions to obtain more information and then relayed this to the pharmacist who assisted the patient. The team explained that there was an open environment in the pharmacy, and they could provide feedback to the superintendent or the pharmacist about their work as well as make suggestions for changes they would like to see. There was a whistleblowing policy for the company which all the members of staff had signed to say they read and understood and this was highlighted in a poster on the wall of the dispensary. There were no targets in place for services and staff members stated they would never compromise their professional judgement for financial gain.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are bright, clean and secure and suitable for the provision of healthcare services. The pharmacy prevents people accessing its premises when it is closed to protect people's private information and to keep its medicines stock safe. People can have a private conversation with a team member in the consultation room.

### Inspector's evidence

The pharmacy was located on the high street in Rowlands Castle next door to the surgery. There was a car park in front of the pharmacy. The pharmacy included a retail area and medicine counter, dispensary and consultation room.

The pharmacy was laid out with the professional areas clearly defined away from the main retail area. The consultation room was signposted as being available for private discussions. Patient confidentiality could be maintained, and prescriptions were screened from public view. The dispensary was tidy, and shelving was used to hold stock. The area was generally well maintained. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. The team members reported that they cleaned the pharmacy regularly and there was a cleaning rota available.

The ambient temperature was suitable for the storage of medicines and was regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. There was a fire exit at the back of the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high risk medicines well and they ensure all high risk medicines are dealt with safely on each supply. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

### Inspector's evidence

There was a range of leaflets available to people about services on offer in the pharmacy and general health promotion in the retail area of the pharmacy and in the consultation room. There was step-free access into the pharmacy. The team explained that they provided a delivery service for housebound people and those who had difficulty accessing the pharmacy. There was also seating available should people require it when waiting for services.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. Team members explained that when dispensing valproates, they pulled up the safety information card on the boxes and ensured the dispensing label was placed behind it. They were also aware of the requirements to only provide original packs when dispensing valproates. The dispenser demonstrated a checklist of legal and professional requirements for supplying valproates which they used every time they dispensed valproates. She explained that by doing this, they could guarantee that they always had appropriate conversations with people about valproates and how they could safeguard against any unwanted effects. Another dispenser also demonstrated how they highlighted prescriptions for valproates as 'high risk' and how they attached cards to the completed prescriptions to ensure that conversations took place. The team were also aware of the risks with isotretinoin and took similar appropriate actions.

The pharmacy provided the Pharmacy First service and the team had all completed the appropriate training. The PGDs were all signed and complete, and the pharmacist was familiar with the pathways. The pharmacy team also provided a hypertension case finder service where they would target people more at risk of hypertension for blood pressure checks. The pharmacist also provided a contraception service whereby they could initiate people on appropriate contraceptives after completing a consultation and then they were followed up appropriately and provided with suitable advice and medicines.

The team described how they work proactively to assist patients and find them alternatives when items are out of stock or products are difficult to get hold of. The pharmacy team explained that they had recently won several national awards and they believe this demonstrated their level of commitment to their community and the people who use their services.

The pharmacy obtained medicinal stock from several licensed wholesalers. Invoices were seen to verify this. Date checking was carried out regularly and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being

used for the disposal of medicines returned by patients. The team also had a designated bin for the disposal of hazardous waste and a list of hazardous waste medicines. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team via email, and they were actioned appropriately with the action taken noted. They had recently actioned a recall for Lamotrigine.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. Facilities are used in a way that suitably protects people's confidentiality and dignity.

### Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml and 50ml measures. Measures for methadone liquid were separated from the other measures and marked to show they should not be used for other medicines. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. The pharmacy uses separate triangle and counters for cytotoxic medication such as methotrexate. Up-to-date reference sources and pharmacy textbooks were available. Internet access was also available should the staff require further information sources.

The computers were all password protected and conversations inside the consultation could not be overheard. Electrical equipment appeared to be in good working order. The pharmacy had a recommended blood pressure monitor available to provide the hypertension case-finding service. The pharmacy also had several items of equipment for the Pharmacy First service which were stored appropriately. Medicines awaiting collection were stored in a manner which was inaccessible to people. Patient information was not visible from the counter.

### 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.