

# Registered pharmacy inspection report

**Pharmacy Name:** Rowlands Pharmacy, St. Anns Walk, MIDDLEWICH, Cheshire, CW10 9BE

**Pharmacy reference:** 1117214

**Type of pharmacy:** Community

**Date of inspection:** 14/08/2023

## Pharmacy context

This is a busy pharmacy located adjacent to a medical centre. It mainly dispenses NHS prescriptions and sells a wide range of over-the-counter medicines. It provides a delivery service to people's homes. And it dispenses medication into multi-compartment compliance packs for some people who need help taking their medicines. A large proportion of the pharmacy's prescriptions are sent and dispensed off-site at the Rowlands central hub and returned back to the pharmacy for collection or delivery to their customers

## 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 adequately manages risks to make sure its services are safe, and effective. It has written procedures to help make sure its team members work safely. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them and take steps to help stop the same sort of mistakes from happening again. The pharmacy keeps people's private information safe and team members understand their role in safeguarding vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) on a staff portal. Each member of the pharmacy team had access to an individual login to the staff portal where they required to read the pharmacy's SOPs and accept them. Team members and the manager were notified if there were any outstanding SOPs that were yet to be read. The roles and responsibilities of the pharmacy team members were set out in the SOPs and they performed duties which were in line with their role. Team members were wearing uniforms. The name of the responsible pharmacist (RP) was displayed. The RP record was continuous and had been filled in correctly. A sheet was available in the dispensary to record dispensing mistakes which were identified before the medicine was handed to a person (near misses). Previous sheets had entries made by members of the pharmacy team. These entries were analysed by the pharmacy manager monthly and discussed as a team so that they could learn from them and avoid repeating them in the future. The outcomes from these reviews were documented, and the reviews included analysing the information for patterns or trends. There was a written procedure in the event of a wrong medicine reaching a person (dispensing errors). Any errors were reported on the company's intranet system and learning points were included, but there had not been any of these type of errors for some time. The outcome of these errors were not always shared back with the pharmacy team by their head office.

A business continuity plan was accessible which gave guidance and emergency contact numbers to use in the case of systems failures and disruption to pharmacy services. Records of private prescriptions dispensed were recorded electronically on the pharmacy's computer system. The entries examined complied with requirements. Records of unlicensed medicines supplied contained all the required information. Controlled drug (CD) registers were kept and complied with requirements. The pharmacy manager undertook regular CD balance checks. Three CD balances were checked and found to be correct. The pharmacy kept a register of CDs returned by people for destruction. These were stored separately and disposed of appropriately. Out-of-date CDs were also stored separately. The CD cupboards were organised and very tidy. Clear bags were used for assembled CDs and fridge lines to allow for an additional check when handed out. A large proportion of the people on repeat medication had their medication prepared off-site at the pharmacy's central hub. The pharmacy had an SOP for this service with details on who was responsible for each stage of the process. There were notices in the retail area of the pharmacy informing people on how to make a complaint or give feedback.

The pharmacy had current indemnity insurance, and this was displayed in the dispensary. The pharmacy had an information governance (IG) file, and this contained policies on handling data, confidentiality and data protection. Team members had completed training on the General Data Protection Regulation (GDPR) and IG on the company's online training system. Confidential waste was stored separately for

collection by a third-party company for shredding. The pharmacy's delivery logbook contained individual sheets for each person which meant people could not see the names of others who have had or were due for delivery. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public. The consultation room was locked. There was a chaperone notice on display in the consultation area. Members of the pharmacy team were made aware to offer a chaperone to a person if it seemed appropriate and would allow a person's representative to join them in a consultation if this was requested. The pharmacy had a safeguarding folder which included the SOP and information of the local safeguarding leads. Pharmacy team members had completed their training modules on the internal intranet system on safeguarding.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members work well together and have the right qualifications for the jobs they do. They keep their skills up to date and the pharmacy supports their development by providing them with protected time to undertake their training at work. The team members are comfortable providing feedback and they discuss any incidents which occur.

### Inspector's evidence

At the time of the inspection there was the RP, a pharmacy manager who was an NVQ3 level pharmacy technician awaiting a certificate for the completion of his accuracy checking technician (ACT) course, seven NVQ2 qualified dispensers and one NVQ3 technician. The pharmacy had recently merged with another pharmacy. Staff from the pharmacy that had recently closed down had transferred to this pharmacy. The staffing level was adequate for the volume of work during the inspection. Most of the dispensary work witnessed was preparing repeat prescriptions which the patients ordered directly from the surgery, with approximately 50% dispensed by the pharmacy's central hub. The pharmacy team were observed working collaboratively with each other. Planned absences were organised by the manager.

Pharmacy team members kept their skills and knowledge up to date by completing appropriate training using the company's internal online training system. Information on new modules were sent to the pharmacy via its internal intranet system. A record of the completed training could be viewed on a pharmacy team member's personal profile. The pharmacy manager was kept up to date if any team members had outstanding training that required completing. The pharmacy's head office notified the staff and the manager when there were new modules to complete. Members of the pharmacy team were given time to complete training during working hours, but this was sometimes difficult due to how busy the pharmacy was. Team members had regular appraisals with the pharmacy manager and day-to-day issues were discussed as a team as they arose. The pharmacy team members felt there was an open and honest culture in the pharmacy and said they would feel comfortable talking to the manager about any concerns they might have and were comfortable making suggestions. There was a whistleblowing policy and the pharmacy team members understood that they could raise concerns to an appropriate person. The pharmacy team members had targets that were set by the company's head office but did not feel under undue pressure to meet them. Pharmacy assistants were able to explain examples of medication requests where they would decline a sale if they felt it was inappropriate and they would refer to the pharmacist for more expert knowledge on certain presentations. The pharmacist stated he did not feel under any undue pressure to deliver any services and was comfortable using his professional judgement in offering a service to a customer

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, bright and suitable for the provision of healthcare services. It has two private consultation rooms that enables it to provide members of the public with the opportunity to have confidential conversations. The pharmacy prevents unauthorised people accessing its premises so that it keeps its medicines safe.

### Inspector's evidence

The premises were generally clean, tidy and in a good state of repair. The retail area was professional in appearance. There was a barrier which controlled access to restricted areas of the pharmacy.

The dispensary had recently been refitted. There was enough clear workspace to allow for safe dispensing of medication. Fixtures and fittings were suitable for their intended purpose. There were clearly defined dispensing and checking areas. There was an additional area to sort medication which had been dispensed at the company's hub and a further space to arrange the deliveries for its customers. The floors and passageways were free from clutter and obstruction. Lighting was good throughout. The premises were secure from unauthorised access. The pharmacy shelves were generally tidy. The pharmacy had a clean, well-maintained sink in the dispensary which was used for medicines preparation. The pharmacy had a toilet for staff which had a wash hand wash basin with hot and cold running water and antibacterial hand wash. Handwashing notices were displayed above the sinks.

Pharmacy team members had access to two consultation rooms for private conversations with people. The availability of the rooms was highlighted by a sign on the door

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a number of healthcare services that are managed well. Pharmacy team members have an understanding of higher risk medication. The team complete a range of checks and audit processes which assist the pharmacy in providing its dispensing services safely. The pharmacy sources, stores and supplies medicines safely. The pharmacy supplies medication to several care homes and the assembly of multi-compartment compliance aid packs are well organised.

### Inspector's evidence

The pharmacy had level access from the street outside and it was possible for customers to enter with prams and wheelchairs. The pharmacy opening hours were displayed in the window of the pharmacy. A list of the services provided by the pharmacy was displayed in the retail area of the pharmacy. A variety of promotional leaflets were also available in the same area of the pharmacy. The pharmacy provided a large range of over-the-counter (OTC) medication by dispensers who had been trained on the medicines-counter-assistance course. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Dispensing assistants knew what questions to ask when making a medicine sale and when to refer the patient to a pharmacist. They were comfortable referring queries to the RP when required and when requested by a customer. The team members were clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if it was suspected a customer might be abusing medicines such as a codeine containing product.

The pharmacy dispensed a lot of repeat medication, and a large proportion of this service was dispensed off-site at the pharmacy's central hub and returned to the pharmacy for collection or delivery to their customers. Each delivery was recorded, and a signature was obtained from the customer. A note was left if the person was unavailable to receive the delivery and the medicine was returned to the pharmacy.

The pharmacy's dispensary shelves were generally well organised and tidy. Different coloured baskets were used to differentiate between prescriptions. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. There was a separate designated area for the RP to check dispensed medication. Stickers were put on assembled prescription bags to indicate when a fridge line or CD were prescribed. Clear bags were used when fridge items and CDs were dispensed. The pharmacy team members were aware of the risk associated with valproate in pregnant women. Valproate medication were stored separately and warning cards were attached to the individual boxes of valproate-containing medicines.

The pharmacy provided medicines in multi-compartment compliance pouches for people. These were prepared externally at the pharmacy's central hub in a box with individual perforated detachable pouches. Individual pouches contained the name and strength of each medicine. They also contained instructions on how to take the medicines. A description of what each medicine looked like was printed on the outside of the box which contained the roll of the pouches. Records marking where each medication belonged were sent to the central hub. Information leaflets about their medicines were sent out on the first issue and subsequent supplies were supplied every so often. The pharmacy supplied regular and one-off medication to four care homes. The medication was supplied in original pack containers with accompanying medication administration record (MAR) charts.

Controlled drugs (CDs) were stored securely and complied with requirements. Returned CDs and CDs which were date expired were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits.

The pharmacy team had completed clinical audits in inhaler supply, codeine containing medication, valproate prescriptions and antibiotic supplies. The pharmacy offered the NHS commissioned blood pressure service to its customers. This was delivered by the pharmacist and the registered pharmacy technicians and there was evidence of clinical interventions where a person had an irregular heartbeat and elevated blood pressure. They were referred to their regular doctor. The pharmacy team members kept a record in their own digital system of any clinical interventions. The pharmacy also offered the seasonal flu vaccination service, smoking cessation, the national oral contraceptive service and the pharmacist was commissioned to deliver a local minor ailment service which included the treatment of urinary tract infection in women, impetigo and eye infections for children under the age of two. The necessary training required to deliver the services were kept in the pharmacy and the associated SOPs.

The pharmacy had a documented procedure for checking stock for short-dated and expired medicines. When questioned, a dispensing technician explained that team members completed date checking for different sections of the dispensary every week and records were available to demonstrate this. The pharmacy team highlighted medicines that were due to expire by attaching a sticker to the pack and bringing it out to the front so that it got dispensed first. A team member explained that they would highlight a short-dated medicine by three months. Out of date medication were separated and details were entered on the company's intranet system and placed in designated bins. A spot check did not find any medicines that were out of date. Dates had been added to opened liquids with limited stability. Look-alike and sound-alike (LASA) medicines were identified and were either separated. Recognised licensed wholesalers were used to obtain medicines and appropriate records were maintained for medicines ordered from 'Specials'. Alerts and recalls were received via e-mail messages from the superintendents (SI) office and from the NHS area team. These were read and acted on by a member of the pharmacy team and subsequently filed.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. The team uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy had the equipment it needed to provide the services it offered. The pharmacy team had access to the internet for the most up-to-date information. For example, the electronic British National Formulary (BNF) and medicines compendium (eMC) websites. The pharmacy had a set of clean, well-maintained measures available for medicines preparation. Separate measures were used for methadone solution. It had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle which was used for cytotoxic drugs. There were four clean medical fridges, each storing different lines of medication. The minimum and maximum temperatures were being recorded regularly in the pharmacy's digital system and had been within range throughout the month.

All electrical equipment appeared to be in good working order and had been PAT tested. It keeps its computer terminals in secure areas of the pharmacy, away from the public view. And these were password protected. Individual electronic prescriptions service (EPS) smart cards were used appropriately. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy. People in the pharmacy could not see private information on medicines awaiting collection.

### 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.