

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Unit 4, Church Hill

Neighbourhood Centre, Tanhouse Lane, REDDITCH, Worcestershire,
B98 9AA

Pharmacy reference: 1120792

Type of pharmacy: Community

Date of inspection: 24/01/2024

Pharmacy context

This is a community pharmacy in Redditch, Worcestershire. The pharmacy is in a small parade of shops, underneath a GP surgery and adjacent to a dental practice, in a residential area. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. It also offers the New Medicine Service (NMS), local deliveries and blood pressure checks. In addition, its team members provide multi-compartment compliance packs for some people who find it difficult to manage their medicines at 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
1. Governance	Standards met	1.2	Good practice	The pharmacy ensures that the safety and quality of its services are regularly reviewed and monitored. Team members routinely record, review and seek to learn from their mistakes.
		1.8	Good practice	The pharmacy's team members actively ensure the welfare of vulnerable people. The pharmacy can demonstrate that it has taken appropriate action in relation to concerns identified, the relevant processes are in place to assist with this and team members are suitably trained.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake.
		2.5	Good practice	Staff are empowered to make and implement suggestions to improve the pharmacy's working practices.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy's services are provided appropriately using verifiable processes. The pharmacy's team members have incorporated safe practice for people prescribed higher-risk medicines into their working routine.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has safe and effective procedures in place. It has suitable systems to identify and manage the risks associated with its services. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They actively protect the welfare of vulnerable people. The pharmacy safeguards people's private information appropriately. And it generally maintains its records as it should.

Inspector's evidence

The pharmacy was efficiently run. It was clean and tidy, with clear benches in the dispensary, organised processes in place and capable members of staff. People were observed to be served promptly. The pharmacy had current electronic standard operating procedures (SOPs) which provided the team with guidance on how to carry out tasks correctly. The staff had read them. Members of the pharmacy team understood their roles well and worked in accordance with the company's set procedures, but they also made suggestions and modified internal procedures when needed. This helped make necessary improvements (see Principle 2). Team members did not have set tasks, instead everyone could do every job. This helped make them efficiently manage the workload. Staff were observed to work independently of the responsible pharmacist (RP) in separate areas of the pharmacy. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

Once prescriptions had been assembled, the RP usually carried out the final accuracy-check but the accuracy checking technician (ACT) could also assist with this. For the latter, the RP clinically checked the prescription first before other staff assembled it. The clinical check was marked on the prescription. This helped identify that this stage had been completed. The ACT was not involved in any other dispensing process other than the final check, and there was an SOP to cover this process.

The pharmacy had suitable internal processes and systems to identify and manage risks associated with its services. The dispensary had designated areas for different processes to take place. This included a section for people who required multi-compartment compliance packs, labelling and the preparation of prescriptions, assembled prescriptions requiring delivery and a section for the pharmacist to undertake the final accuracy-check of assembled prescriptions. Staff routinely recorded their near miss mistakes. The details were collated and reviewed formally every month by the RP which helped identify any trends or patterns. Remedial activity was then undertaken to help minimise mistakes. The documented information seen also helped demonstrate this. Staff explained that certain medicines were effectively separated and highlighted to help reduce the likelihood of mistakes happening. This included those that looked-alike and sounded-alike. The team had also highlighted 'high alert' medicines. The RP's process to handle incidents was suitable and in line with requirements, it involved appropriate handling of the situation, formal reporting, and investigation to identify the root cause. The necessary changes were then implemented in-house.

All staff including the pharmacist had been trained to level one or level two to safeguard the welfare of vulnerable people. Team members could recognise signs of concerns; they knew who to refer to in the event of a concern and described concerns seen as well as how they had responded. Contact details for the local safeguarding agencies were also easily accessible.

The pharmacy's team members had been trained to protect people's confidential information. The team ensured confidential information was protected as no sensitive details were left in the retail area or could be seen from the retail space. Bagged prescriptions awaiting collection were stored with people's names and addresses facing towards the dispensary. Confidential information was stored and disposed of appropriately. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were mostly compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. Records about supplies of unlicensed medicines, emergency supplies and records verifying that fridge temperatures had remained within the required range had been appropriately completed. However, on occasion, incomplete or incorrect details about prescribers had been documented within the electronic private prescription register and there were some gaps within the RP record. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team are suitably qualified for their roles. The company provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date. And they can confidently make as well as implement suggestions to improve the pharmacy's working practices. This has made internal processes more efficient.

Inspector's evidence

The pharmacy had enough staff to manage its workload and the team was up to date with this. At the inspection, the regular RP and manager, two trained dispensers and the ACT were present. All the pharmacy staff were fully trained through accredited routes. The team's certificates of qualifications obtained were seen and their competence was demonstrated. The pharmacy's team members worked well together; some were also long-standing members of staff. They knew which activities could take place in the absence of the RP and referred appropriately. Relevant questions were asked before selling medicines. As they were a small team, meetings and discussions took place regularly and informal performance reviews were described. The staff were provided with resources for ongoing training through the company's e-learning platform. This helped ensure they continually learnt and kept their knowledge up to date.

Team members explained that they enjoyed working in the pharmacy due to the other staff and positive environment. They were also able to feedback and improve on the pharmacy's internal processes, suggestions were incorporated and helped improve the pharmacy's internal processes. Examples included changing the timing of text messages when people's medicines were ready to collect, creating a 'safe haven' cupboard and an additional record sheet for multi-compartment compliance packs.

Most of the pharmacy's prescriptions were processed off-site (see Principle 4), staff said that on occasion, boxes containing assembled prescriptions were missing and previously, the pharmacy team sent text messages when prescriptions arrived. This had however, resulted in people arriving before assembled prescriptions had returned from the company's hub. In response, they now sent text messages when the assembled prescription bag came back and had been matched to the original prescription. This meant people's prescriptions were always ready when they came in to collect them. The 'safe haven' cupboard contained boxes which clearly highlighted how long certain paperwork needed to be retained for before being disposed of appropriately. The additional record sheet for compliance packs highlighted when they had been collected or delivered. Staff explained that some of the people who received the compliance packs were very forgetful and could not recall collecting or having their medicines delivered. This additional record had therefore helped field queries more effectively.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises provide a suitable environment for people to receive healthcare services. The pharmacy is kept clean, it is secure, and professionally presented. And it has a separate space where confidential conversations or services can take place.

Inspector's evidence

The pharmacy premises were very spacious. This included the retail area, consultation room, dispensary, and staff areas at the very rear. The dispensary had plenty of space to carry out dispensing tasks safely. The consultation room enabled private conversations and services to take place. The room was signposted, kept locked when not in use and it was appropriate for its intended purpose. The pharmacy was clean and tidy. The premises were bright, suitably ventilated, and professional in appearance. The ambient temperature was suitable for the storage of medicines. The pharmacy was secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has safe working practices. People can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. Team members identify people with higher-risk medicines so that they can provide the appropriate advice. This helps ensure they take their medicines correctly.

Inspector's evidence

People could enter the pharmacy through wide, double doors from a ramp and stairs outside. The retail area consisted of clear, open space. This helped people with restricted mobility or using wheelchairs to easily access the pharmacy's services. Staff were also observed actively offering to help and assisting the latter before the inspector announced their presence. There were three chairs inside the pharmacy if people wanted to wait for their prescriptions and a car park with enough spaces available outside. Some posters were on display promoting health and the pharmacy's services. The pharmacy's opening hours were also on display. Staff could make suitable adjustments for people with diverse needs, they would use simple language or different gestures to aid people when required. They also described speaking slowly and clearly to help people to lip read and written communication was used for people who were deaf or partially deaf. Staff described and could easily signpost people to other organisations or providers of care when needed.

The workflow involved prescriptions being prepared by staff, the RP checked medicines for accuracy from a separate area and a designated space was used to store compliance packs. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail. Most people's prescriptions, however, were dispensed off-site at the company's hub and delivered to the pharmacy once assembled. This included people who were provided compliance packs. The latter was in the form of a pouch-based system (see below). Staff explained that the process involved obtaining people's consent after explaining how the system worked. Once the prescription had been labelled on the pharmacy system, a clinical check had taken place and then marked as accuracy checked on the system, the details were submitted to the company's hub for assembly. Prescriptions were matched to the delivery once received.

People requiring compliance packs had been identified as having difficulty in managing their medicines. The team ordered prescriptions on behalf of people. They identified any changes that may have been made, updated their records to reflect this, obtained hospital discharge information where possible and queried with the prescriber if required. Appropriate records had been maintained to verify this. No higher-risk medicines were supplied inside compliance packs. The pharmacy provided a delivery service and the team kept records about this service. People's signatures were obtained upon receipt. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

The team routinely identified people prescribed higher-risk medicines. On handing-out assembled prescriptions, staff asked details about relevant parameters, such as blood test results for people prescribed these medicines. After obtaining this information, records were kept about this. Team

members were also aware of risks associated with valproates. Staff ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them, and had identified people at risk, who had been supplied this medicine. People were counselled accordingly.

The pharmacy's stock was stored in a very organised way. Licensed wholesalers were used to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were routinely identified. There were no date-expired medicines or mixed batches seen. Medicines were kept appropriately in the fridge. Dispensed medicines requiring refrigeration and CDs were stored within clear bags. This helped to easily identify the contents upon hand-out. CDs were stored under safe custody. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean. And the team ensure they are used appropriately to protect people's confidential information.

Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included access to suitable reference sources, a range of clean, standardised conical measures for liquid medicines, counting triangles, a legally compliant CD cabinet and an appropriately operating pharmacy fridge. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. Computer terminals were positioned in a location that prevented unauthorised access. The pharmacy had cordless telephones so that private conversations could take place if required and confidential waste was disposed of via a shredder.

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.