

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Unit 6, St. Chads Parade,
Kirkby, Liverpool, Merseyside, L32 8RH

Pharmacy reference: 9011786

Type of pharmacy: Community

Date of inspection: 16/08/2022

Pharmacy context

This is a community pharmacy situated in the town centre of Kirkby, in Knowsley. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and a minor ailment service. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time.

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	Good practice	1.2	Good practice	The pharmacy team routinely records any errors and reviews them to help identify learning.
		1.7	Good practice	Members of the pharmacy team are provided with annual data protection training. And the pharmacy is audited yearly to check how well data is protected.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team complete regular training to help them keep their knowledge up to date.
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 ✓ Good practice

Summary findings

The pharmacy team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again. The pharmacy keeps the records it needs to by law. And each year it checks and trains members of the team so that they know how to keep private information safe.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were regularly updated by the head office. Members of the pharmacy team had signed to say they had read and accepted the SOPs. An internal compliance audit was conducted by the superintendent's field based team to check compliance with the company's procedures. On the last occasion the pharmacy had passed the audit.

Near miss incidents were recorded on a paper log. The pharmacist reviewed the records each month and discussed any learning points with the team. The pharmacist would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. She gave examples of action that had been taken to help prevent similar mistakes. Such as placing a high-alert sticker in the dispensary for different strengths of amlodipine tablets. There were records of dispensing errors and the actions taken.

Roles and responsibilities of the pharmacy team were described within SOPs. A dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) notice was displayed prominently. The pharmacy had a complaints procedure and information about this was displayed in the retail area. Any complaints would be followed up. A current certificate of professional indemnity insurance was seen.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team completed annual IG training and had confidentiality agreements in their contracts. The pharmacy was audited each year to check how well data was being managed. When questioned, a dispenser was able to correctly describe how confidential information was destroyed using the on-site shredder. A poster in the retail area described how the pharmacy handled people's information. Safeguarding procedures were available and the pharmacy team had completed safeguarding training. The pharmacist said she had completed level 2 safeguarding training. Contact details for the local safeguarding board were on display within the dispensary. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete regular training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist manager and five dispensers. All members of the pharmacy team were appropriately trained. The normal staffing level was a pharmacist and two to three dispensers. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief staff could also be requested if necessary.

The pharmacy provided the team with a structured e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing that ongoing training was up to date. Staff were allowed learning time to complete training. A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist said she felt able to exercise her professional judgement and this was respected by members of the team.

The dispenser said she received a good level of support from the pharmacist and felt comfortable asking for further help if she felt she needed it. Appraisals were conducted annually by the pharmacy manager. Each morning members of the team would discuss the day's work, and any queries or concerns which had arisen. Members of the team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. The pharmacist said there were targets for services such as the flu vaccination service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and access to it was restricted by use of a gate. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of air conditioning. Lighting was sufficient. The staff had access to a kitchenette area and WC facilities.

A consultation room was available and kept locked when not in use. The space was clutter free with a desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a power-assisted door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Leaflets in the retail area gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery record book was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

There was a process to remove any dispensed schedule 3 and 4 CDs from the retrieval system which were expiring. But the pharmacy team did not always highlight high-risk medicines (such as warfarin, lithium and methotrexate). Members of the team understood the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she would speak to patients to check the supply was suitable, but there were currently no patients meeting the risk criteria.

Some prescriptions were dispensed at an automated hub as part of the company's MediPAC service. Details were electronically transcribed from the prescriptions and the information was then transmitted to the hub where the medicines were assembled. Some items could not be dispensed at the hub, in which case the system would alert the pharmacy when the information was transcribed. Once all the prescriptions had been transcribed the pharmacist was required to complete the accuracy check to make sure the information was correct, and this was auditable. Dispensed medicines were received back from the hub within 48 hours, packed in a sealed tote. Medicines received from the hub were packed in sealed bags for each individual person's prescription, with the patient's name and address on the front. These were not accuracy checked by the pharmacy unless they opened the bag, in which case the responsibility for the final accuracy check transferred to the

pharmacy rather than the hub. When the dispensed medicines were received by the pharmacy, they were matched up against the prescription form, and any other bags from MediPAC or medicines dispensed at the pharmacy.

Some people had their medicines dispensed into multicompartiment compliance aids. These were dispensed off-site at the company's NuPAC automated dispensing hub pharmacy. These prescriptions were clinically checked by the pharmacist the first time they were dispensed and then every 6 months, or if there was a change in medication or circumstances. Prescriptions were labelled on the PMR system, and the information was transmitted to the hub. A cover sheet containing the patient details was also transmitted alongside a patient profile sheet about the medicines. The hub used automated technology to dispense the medicines into pouches on a roll. Each pouch contained the medicines to be taken at specific dosage time, for example at breakfast, and the roll was in time and date order.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 3-monthly basis. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short-dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head office. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had last been PAT tested in July 2022. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. Patients were offered its use when requesting advice or when counselling was required.

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.