

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: 24/01/2024

Pharmacy context

This is a community pharmacy situated in the town centre of Kirkby, in Merseyside. 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	Standards met	1.2	Good practice	The pharmacy team routinely records any errors and reviews them to help identify learning.
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 ✓ Standards met

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, review the records, and discuss any learning. Which helps to reduce the chances of similar mistakes happening again. The pharmacy keeps the records it needs to by law. And each year team members complete training to help remind them about 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. 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 team 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 chlorpromazine tablets. There were records of dispensing errors and the actions taken.

Roles and responsibilities of the pharmacy team were documented on a matrix. A dispenser was able to explain what their 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 correct responsible pharmacist (RP) notice was displayed prominently. The pharmacy had a complaints procedure and information about this was on display in the retail area. Any complaints were recorded and followed up. A current certificate of professional indemnity insurance was available.

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 were 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. 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 had completed level 2 safeguarding training. Contact details for the local safeguarding board were on display within the dispensary. A dispenser said they 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, a pharmacy technician who was training to become an accuracy checker, and five dispensers. All members of the pharmacy team were appropriately trained. 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. The training topics appeared relevant to the services provided and those completing the e-learning. Training records were kept showing that training was provided regularly, and team members were up to date with their training. Team members were allowed learning time to complete training. A dispenser gave examples about 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.

Team members were seen working well together and assisting one another with queries they encountered. A dispenser described how they received a good level of support from the pharmacist and felt able to ask for further help if they needed it. Appraisals were conducted annually by the pharmacy manager. Each day, members of the team discussed 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 new medicine service, but any targets did not affect their professional judgement.

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. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled using air conditioning. Lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

A consultation room was available with access restricted by use of a lock and was clean in appearance. 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. Members of the pharmacy team identify patients taking certain higher-risk medicines in order to provide counselling.

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 were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Some prescriptions were dispensed at an automated hub. 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 an accuracy check and clinical check to make sure the information was correct. And the software recorded information about who had completed these checks. Dispensed medicines were received back from the hub within 48 hours, packed in a sealed crate that clearly identified what it contained. 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 in branch, team members scanned the barcodes on bags which recorded on the system that they had been received in the pharmacy. The bags were matched up against the prescription form, and any other bags from the hub or medicines which had been dispensed at the pharmacy.

For medicines dispensed inside the pharmacy, team members initialled dispensed by and checked by boxes on dispensing labels. This helped to provide an audit trail in the event of a mistake. 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. Members of the team were seen to confirm the patient's name and address when medicines were handed out.

The pharmacist highlighted prescriptions which contained any dispensed schedule 3 and 4 CDs to remind team members to check the date on the prescription. The pharmacist had previously completed

an audit for patients taking lithium. But there was no process to audit or check patients taking other high-risk medicines (such as warfarin, or 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 was currently completing an audit to identify people who were taking valproate and record any counselling provided. But there were currently no patients meeting the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was sought, and previous records were retained for future reference. Some compliance aids were dispensed at the pharmacy for a small number of people. But most were assembled at the company's hub. The compliance aids were labelled with medication descriptions. But patient information leaflets (PILs) were not routinely supplied. So people may not always have up to date information about their medicines.

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 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

Team members 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 2023. 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 team members 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.