

Registered pharmacy inspection report

Pharmacy Name: Hollowood Chemists Ltd, 143 West Street, CREWE,
Cheshire, CW1 3HH

Pharmacy reference: 1029619

Type of pharmacy: Community

Date of inspection: 07/11/2019

Pharmacy context

The pharmacy is located on a main road near Crewe town centre, next to a medical centre. Its main activity is dispensing NHS prescriptions and it provides other NHS services including flu vaccination and a substance misuse service. Medicines are supplied in multi compartment compliance aids for some people, to help them remember to take them at the right time. The pharmacy also sells a range of over-the-counter medicines and dispenses a few private prescriptions.

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	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
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

Members of the pharmacy team follow written procedures to help them work effectively. But they do not always record or review things that go wrong. So they may miss some opportunities to learn from them and to avoid the same mistakes happening again. They know how to keep private information safe and they keep the records that are needed by law. But they don't always take enough care to make sure their records are up to date and accurate.

Inspector's evidence

The pharmacy had a range of up to date standard operating procedures (SOPs) in place and there was a single training sheet that staff had signed to confirm they had read all of the SOPs. However, there was no indication of which version of the SOP had been read. The SOPs included a 'roles and responsibilities matrix', but it had not been filled in with details of individual members of staff. Dispensing errors were supposed to be recorded electronically and submitted to the superintendent pharmacist. The most recent record was dated 2017. A recent error had occurred, involving a mistake with two similarly named medicines. The error record had not yet been completed but the returned medicine had been left to one side, and the pharmacist explained that it was there to remind him to complete the record. He said he had discussed the error with the pharmacy team to make them aware of the risk. Near misses could also be recorded electronically but there were no records available. The pharmacist admitted he did not normally record near miss incidents but said he would discuss them with the dispensers at the time they occurred.

The pharmacy had a complaints procedure but there were no posters or leaflets to advertise it, so people may not always know how to give feedback or raise concerns. A current certificate of professional indemnity insurance was available. A responsible pharmacist (RP) notice was displayed by the main medicines counter. The RP record was maintained in an electronic format. It was up to date and generally in order, but the time RP duties had ceased was often not recorded. Controlled drugs (CD) records appeared to be in order. Running balances were recorded but were rarely audited, the last occasion being September 2019. A few random balances were checked, and two discrepancies were found. These were resolved after investigation when missed entries were identified. CD registers for methadone mixture were kept electronically and a balance check was usually performed at the end of each day. Patient returned CDs were recorded in a separate book. The records were not up to date and the pharmacist said this was because he had misplaced the book when some medicines were returned. He updated the records during the inspection. Records for private prescriptions were generally in order but no records had been made for the previous two months, during which time four prescriptions had been dispensed. Records of emergency supplies and unlicensed specials were in order.

The pharmacy had an information governance folder in place, which contained a number of policies. These had been updated and signed by staff in 2016. There was also an SOP about handling information and staff confirmed they had completed training about General Data Protection Regulations. However, there was no privacy notice on display and no other information to explain to people how the pharmacy handled their data. Confidential waste was collected separately in sacks, which were sent to the head office for disposal.

The pharmacist and pharmacy technician confirmed they had completed level 2 safeguarding training. Some staff had completed in-house training but no records of this were available. A trainee dispenser, who had worked at the pharmacy for about two years, said she did not remember doing the training. She said she would speak to the pharmacist if she had any concerns. Details of local safeguarding contacts were displayed on the dispensary wall. There was also a poster in the retail area about keeping young people safe, which had signposting information for a number of safeguarding organisations and other services.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Members of the pharmacy team are properly trained for the jobs they do. And they feel comfortable speaking up about any concerns they have.

Inspector's evidence

The pharmacy employed one regular pharmacist, a pharmacy technician, a trained dispenser who was training to be a pharmacy technician, two trainee dispensers and three medicines counter assistants (MCA). The normal staffing level was a pharmacist with three assistants working in the dispensary and two MCAs. The pharmacy team comfortably managed the workload throughout the inspection and said there were normally enough staff but that it could sometimes be more difficult when there were holidays or absences.

A MCA described how she would ask questions based on the WWHAM protocol when selling medicines, to check that they were suitable. She was aware that medicines containing codeine were open to abuse and said she would refer to the pharmacist if there were repeated requests or if she had any other concerns. Staff received access to some electronic modules for ongoing training. The pharmacy technician had kept records of modules she had completed, including asthma, CBD oil and footcare. The pharmacy team appeared to work well together. Staff said they would be comfortable speaking to the pharmacist if they had any concerns. They also had contact details for head office staff and they were aware of the whistleblowing policy.

The pharmacist said there were no specific performance targets set. There was an expectation that he would complete MURs and provide other services but he did not feel pressurised.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working. And the layout allows the team to protect people's privacy.

Inspector's evidence

The pharmacy was clean and tidy and was fitted to a good standard. The retail area and the dispensary were appropriately sized for the services provided. The dispensary was entered via the medicines counter, which was gated to prevent unauthorised access. The dispensary was screened to provide privacy. There were two consultation rooms, one of which was used only for delivery of the substance misuse service. Both rooms were clean and tidy. A sink was available in the dispensary and there were also sinks in the staff room and toilets. All were fitted with hot and cold running water. The pharmacy was well lit in all areas. Air conditioning was fitted to maintain an appropriate temperature.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services that are easy to access and it manages them effectively. It stores its medicines appropriately and the team carries out checks to make sure the medicines are kept in good condition. But members of the pharmacy team do not always know when higher-risk medicines are being handed out. So they might not always check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

The pharmacy had two entrance doors, one of which provided step free access which was suitable for wheelchairs. A variety of leaflets and posters were displayed in the retail area, providing information about pharmacy services and other healthcare matters. Staff were aware of the need to signpost people who required services they could not provide, and a signposting folder was available for reference.

The pharmacy offered a delivery service. Staff explained that they used an electronic system to manage deliveries which meant the location of the driver could be tracked. The delivery driver collected signatures on a hand-held device to confirm receipt of the delivery. When CDs were delivered the driver took the prescription form with the medicines so that the patient could sign it on the back. This meant there was a risk that the form could be lost.

A note was left if there was nobody home to receive the delivery and the medicines were returned to the pharmacy. Dispensing baskets were used to keep individual prescriptions separate and avoid medicines being mixed up during dispensing. Prescription forms were retained for dispensed medicines awaiting collection, filed separately in alphabetical order so that they could be retrieved when the medicines were handed out. Stickers were normally used to highlight when controlled drugs were present, so they could check the prescription had not expired before handing out. However, a schedule 3 CD was found present with no sticker attached. The pharmacist said prescriptions for warfarin and other high-risk medicines should have a sticker attached as an alert that counselling was needed but admitted this did not always happen. A dispenser explained that people were always asked to confirm their name and address before medicines were handed out, to make sure they were correctly identified. Owing slips were used to provide an audit trail for any medicines that could not be immediately supplied. The pharmacist was aware of the risks associated with the use of valproate during pregnancy. He said the pharmacy did not currently have any patients who met the risk criteria but knew that such patients should be counselled. He said the pharmacy had educational material to provide with any valproate they dispensed, but he was not able to locate it. This meant people may not be given all of the required information if valproate was supplied. The pharmacy supplied medicines in multi-compartment compliance aids (MDS) for about 80 patients. A file was kept containing record sheets for all the patients, showing their current medication, dosage times and date the medicines were due. This information was checked against repeat prescriptions and any changes would be confirmed with the surgery. The MDS trays were labelled with descriptions so that individual medicines could be identified. And the pharmacist confirmed that patient information leaflets were routinely supplied.

The pharmacist confirmed he was accredited to provide the flu vaccination service. Vaccinations were carried out in the consultation room and a sharps bin was available for disposal of used syringes. Two

adrenaline pens were available in case of anaphylaxis.

The substance misuse service was provided in a dedicated consultation room. An electronic pump was used to measure methadone mixture. Most substance misuse clients were provided with supervised consumption, in which case the medicine was delivered into a plastic cup while the client was present. The client was then supervised taking the medicine, but the cups were not labelled, which did not meet requirements. When this was pointed out the pharmacist agreed that he would attach dispensing labels to the cups in future. The pharmacy obtained its medicines from licensed wholesalers and some medicines were distributed within the company from a central warehouse. Unlicensed specials were ordered from a specials manufacturer, and no extemporaneous dispensing was carried out. The pharmacy did not have scanners or software to allow stock medicines to be scanned and decommissioned in line with the requirements of the falsified medicines directive. Therefore, it was not yet meeting the requirements of this legislation. Stock medicines were stored in orderly fashion and regular expiry date checks were carried out. There was a medicines fridge in the dispensary which was clean and tidy and equipped with a thermometer. The maximum and minimum temperatures were recorded daily and had remained within the required range. Controlled drugs were stored in two standard cupboards. Waste medicines were disposed of in dedicated bins that were collected periodically by a specialist waste contractor. Drug alerts were received by e-mail from the superintendent pharmacist. The e-mails were checked regularly by the pharmacy team and records were kept to show that they had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has access to the equipment it needs for the services it provides. Members of the team use the facilities in a way that protects privacy and they maintain the pharmacy equipment so that it is safe to use.

Inspector's evidence

The pharmacy had access to various reference sources including a current BNF and unrestricted internet access. A range of crown stamped conical measures were available for measuring liquids. Methadone mixture was measured using an electronic pump. The pharmacist confirmed this was cleaned and calibrated daily. All equipment appeared clean and appropriately maintained. Electrical equipment appeared in working order. The pharmacist thought the equipment had been PAT tested but there was no evidence of this.

Patient medical records were stored on computers which were username and password protected. Computer screens all faced away from public view to help to maintain confidentiality and cordless phones were available to enable conversations to take place in private if required. The consultation rooms were used for private conversations and services.

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.