

# 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:** 11/01/2024

## Pharmacy context

The pharmacy is located on a busy main road in a residential area and is next to a medical centre. NHS dispensing is the main activity, mainly for patients of the medical centre. The pharmacy also provides a number of other NHS services and sells a range of over-the-counter medicines. It supplies medicines in multi-compartment compliance aids (MDS) for some people, to help them take them at the right times. Most MDS dispensing is done off-site at a hub pharmacy.

## 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 has written instructions to help its team work safely and effectively. Members of the team record things that go wrong so that they can learn from them. And they take action to help avoid mistakes being repeated. The pharmacy keeps the records that are needed by law, and there are some checks in place to provide assurance that records are being properly maintained. And members of the team understand their responsibilities to protect confidential information.

### Inspector's evidence

The pharmacy had a full set of written standard operating procedures (SOPs) that were dated to show they had been introduced in July 2023. Members of the pharmacy team had signed training records for each of the SOPs to confirm they had read and understood them. The pharmacy had recently completed a professional standards audit to check that some of the key procedures were being properly followed.

A responsible pharmacist (RP) notice was prominently displayed at the medicines counter. When questioned, team members were able to describe their roles and responsibilities. And dispensing labels were initialled by the dispenser and checker to provide an audit trail. The pharmacy complaints procedure was explained on a notice in the retail area. Dispensing errors were recorded on the pharmacy computer. A recent record related to an incident where a split pack of metronidazole tablets had been supplied instead of a full pack. The incident had been discussed with the team and they had been reminded to clearly mark split packs so they could be easily identified. Near-miss incidents were recorded on a separate log. The records were reviewed every two or three weeks by the pharmacist and any learning points were discussed with the team. The pharmacist was able to give examples of action being taken to avoid mistakes being repeated. For example, warning stickers were attached to shelves to highlight some medicines that needed to be carefully checked, and some medicines, such as methotrexate had been distinctly separated from other stock to prevent picking errors.

An electronic controlled drugs (CD) register was in use and appeared to be up to date. Running balances were recorded and balance checks were completed about every two weeks. A random balance was checked against stock and found to be correct. Patient returned CDs were recorded separately. All patient returns and expired medicines had recently been destroyed and records showed that this had been appropriately witnessed. RP records were held on the pharmacy computer and appeared to be up to date and in order. Each month a copy of the RP record was sent to head office for scrutiny, so that any discrepancies could be taken up with the pharmacist involved. Records of private prescriptions and unlicensed specials were appropriately maintained.

An information governance policy was available, and all staff had received training. A notice in the retail area gave information about how the pharmacy handled confidential information, and this was also explained in the pharmacy's practice leaflet. When questioned, team members understood the need to protect confidential information, and a shredder was being used to destroy confidential waste. The pharmacist confirmed he had completed level 3 safeguarding training, and that members of the team had also been trained. Details of local safeguarding contacts and reporting procedures were available. A

notice on the consultation room door explained the chaperone policy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to manage the workload. Members of the team receive the training they need for the jobs they do. They work well together as a team and know how to get help if they need it.

### Inspector's evidence

The RP had previously worked at the pharmacy as a locum but had recently been employed full-time as the pharmacy manager. The pharmacy also employed a pharmacy technician, who worked as an accuracy checker (ACT), six dispensers, five of whom were still completing their training, and a part-time medicines counter assistant. The normal staffing arrangement was a pharmacist supported by three or four assistants. During the inspection, the pharmacy team was kept busy but appeared to be able to manage the workload.

The team worked well together and seemed comfortable dealing with customers, selling medicines and carrying out the routine dispensing activities. They appeared to deal with medicine sales confidently and were seen asking the pharmacist for advice when needed. The team was aware that some medicines could be misused but were not aware of any requests for regular repeat sales and had no current concerns. The pharmacy had a whistleblowing policy in place. And team members knew how to contact head office and said they would do so if they had any concerns that they didn't want to raise in the branch. The RP said he did not feel under pressure to meet any targets for professional services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for healthcare. The dispensary is well organised, and a consultation room is used when people need privacy.

### Inspector's evidence

The pharmacy was clean and tidy. There were two entrances, at the front and rear, and the medicines counter spread around the perimeter of the dispensary so that people could approach from either side. There were two consultation rooms. One could be entered directly from the dispensary and housed an automated methadone measuring system. The pharmacist explained that the room was not normally used for consultations so people used the other room which was located at the rear of the retail area. The second room was clean and tidy and appropriately equipped.

There was sufficient clear bench space in the dispensary to allow safe working. There was a small stock room at the rear of the dispensary and further stock rooms upstairs. Toilet facilities were also available upstairs and they were clean and tidy. There was a dispensary sink fitted with hot and cold water. Air conditioning was fitted, and all parts of the pharmacy were well lit. The entrances to the pharmacy were lockable and doors and windows were protected with shutters.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services that are easy to access, and the dispensing operation is generally well organised. Stock medicines are obtained from licensed suppliers and stored appropriately. And the team carries out checks to help make sure they are kept in good condition.

### Inspector's evidence

The pharmacy had two entrances, one at the front and one at the back, which was closer to the medical centre. The rear entrance had a small step, but the front entrance was level and had an automatic door that was suitable for wheelchairs. There was a notice in the pharmacy window identifying the services that were available and some further information about them was provided in leaflets and posters inside. Opening hours were prominently displayed.

The pharmacy offered a delivery service. The driver used a hand-held electronic device to manage the deliveries and keep a record. They got signatures on the device from people who were able to sign. If people were not home to receive the delivery, the driver left a note and returned the medicines to the pharmacy. Dispensing baskets were used to keep individual prescriptions separate and avoid medicines being mixed up during dispensing. The RP confirmed that prescriptions were always clinically checked by a pharmacist before the ACT was allowed to accuracy check. He explained that he initialled the prescription form to confirm he had completed the check.

Medicines that were supplied in MDS trays were mostly assembled offsite at a hub pharmacy that used a dispensing robot. Prescriptions for the hub were clinically checked at the pharmacy. The labelling information was then transmitted to the hub for them to assemble the MDS. The dispensed medicines were then accuracy checked at the hub and returned to the pharmacy in sealed bags for handout to patients. The MDS were labelled with QR codes that could be scanned to provide the relevant patient information leaflets. However, printed leaflets were not provided so patients unable to scan the QR code may not receive all of the information they may need. The pharmacy still dispensed some MDS on site, if they were not suitable to send to the hub – for example, if the prescription included a CD or fridge line.

Dispensed medicines awaiting collection were bagged and kept on dedicated shelves. Stickers were attached when CDs were included so that the team could check the prescription was still valid when the medicines were handed out. And stickers were also used to highlight certain higher-risk medicines, such as warfarin or lithium, so the team would know when they were being handed out and they could decide whether counselling was needed. The team were heard confirming names and addresses before medicines were handed out, to make sure they were being given to the right person. Owing slips were used to provide an audit trail for any medicines that could not be immediately supplied.

The RP was aware of the risks associated with the use of valproate during pregnancy and confirmed they would counsel patients when they were handed out. The team was aware of recent changes to the law that meant valproate should normally be supplied in original packs which included all necessary information. And they knew how to attach dispensing labels so that important warnings were not obscured. The RP explained that valproate was still being repackaged for a few patients following

discussions with their GP and risk-assessments. Extra educational material was available to supply with any valproate that was re-packaged.

The pharmacy obtained its medicines from licensed wholesalers and unlicensed specials were ordered from a specials manufacturer. No extemporaneous dispensing was carried out. Stock medicines were stored tidily on the dispensary shelves. The dispensary stock was divided into sections and members of the team were each given responsibility for one section. They were then expected to carry out regular expiry date checks of medicines in their section. A record chart was available for each section, for the team member to record dates when checks had been completed. The charts showed checks had been completed recently and the RP confirmed that all stock was checked on a three-month cycle. Short date stickers were used to highlight any medicines found within 6 months of their expiry dates.

The pharmacy had previously provided a covid vaccination service from associated premises. This service had now been discontinued but a few covid vaccinations were still being administered at the pharmacy, using the consultation room. A flu vaccination service had also been provided during the season. Appropriate equipment was available to provide vaccinations, including adrenaline injections in case of anaphylaxis.

There were two fridges being used to store medicines and both were equipped with maximum/minimum thermometers. One of the fridges was used to store vaccines and this was equipped with a data logger, which apparently sent daily temperature reports to head office. The other fridge was equipped with a maximum/minimum thermometer and temperatures were checked and recorded daily. Controlled drugs were being stored appropriately in two 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 MHRA and from the company head office. Records were kept to show that the alerts had been dealt with.



## 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. Equipment is appropriately maintained so that it is safe to use, and it is used in a way that protects privacy.

### Inspector's evidence

The pharmacy had various reference books, including recent editions of the BNF and the team could also access the internet for the BNF and for general information. A range of crown stamped measures were used to measure liquids. They were clean and stored appropriately. An automated pump was used to measure methadone. The RP confirmed that the methadone mixture was stored in the CD cupboard overnight and that the machine was cleaned and calibrated each morning.

Electrical equipment appeared to be in good working order and stickers showed that PAT testing had been carried out in August 2023. A blood pressure meter was in use and a calibration certificate dated September 2023 was displayed nearby. The dispensary was screened to provide privacy for the dispensing operation. The consultation room was used for services that required privacy and for confidential conversations and counselling. A cordless phone was available so that phone calls could be made without being overheard. Pharmacy computer screens were positioned so that they were not visible to the public.

### 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.