

# Registered pharmacy inspection report

**Pharmacy Name:** Holmfield Chemist, 1 High Street, Codnor, DERBY,  
Derbyshire, DE5 9QB

**Pharmacy reference:** 1030356

**Type of pharmacy:** Community

**Date of inspection:** 06/12/2022

## Pharmacy context

This community pharmacy is located on a main road in the centre of the village. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines.

## 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	1.2	Good practice	The pharmacy team records and analyses adverse dispensing incidents to identify learning points which it incorporates into day-to-day practice to help manage future risks.
<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 effectively manages risks to make sure its services are safe, and it acts to improve patient safety. It completes the records that it needs to by law and asks its customers for their views and feedback. Members of the pharmacy team work to professional standards, and they are clear about their roles and responsibilities. They record their mistakes so that they can learn from them, and they act to help stop the same sort of mistakes from happening again. The team has written procedures on keeping people's private information safe. And team members understand how they can help to protect the welfare of vulnerable people.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided, with signatures showing that all members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. They were wearing uniforms and name badges showing their roles. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

A business continuity plan was in place which gave guidance and emergency contact numbers to use in the case of systems failures and disruption to services. The pharmacy team discussed and recorded dispensing incidents and near misses. A designated member of the team reviewed the errors each month and completed a patient safety report, which included any learning points they identified. The monthly reports were used to complete an annual patient safety report. Team members were able to give examples of their actions following incidents which helped to avoid the same type of thing happening again. For example, different strengths of medicines had been clearly separated. Alert stickers had been placed in front of some of the look-alike and sound-alike drugs (LASAs) such as prednisolone, propranolol and pregabalin, so extra care would be taken when selecting these.

A notice was on display describing the pharmacy's complaint procedure and the details of who to complain to. This was also outlined in practice leaflets, along with an explanation of the role of the local Patient Advice and Liaison Service (PALS). The medicine counter assistant (MCA) described how she would deal with a customer complaint and how she would refer it to the pharmacy manager or pharmacy Superintendent (SI). A customer satisfaction survey had just been carried out. The results had not yet been received. Every three months the pharmacy received a 'mystery shopper' report. The pharmacy team always scored highly on these reports, with the only area for improvement usually being not maximising sales, which the SI did not consider a priority. The SI said the team encouraged people to leave reviews about the pharmacy, and he responded to any negative feedback where possible.

A current certificate of professional indemnity insurance was on display in the pharmacy. The controlled drug (CD) registers were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately. The RP record was generally in order, although the SI had forgotten to sign in as RP the day before the inspection. The prescriber details were missing from a couple of the recent private prescription entries. The SI completed the details when this was pointed

out, to avoid any potential confusion.

All members of the pharmacy team had read and signed policies in the information governance (IG) file which included a data protection and confidentiality code of conduct. Confidential waste was shredded. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public. A privacy statement was on display, in line with the General Data Protection Regulation (GDPR).

The SI had completed level three training on safeguarding. Other staff had completed level one or two depending on their role. The trainee dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. There was a safeguarding policy and guidance containing the contact numbers of who to report concerns to in the local area. The pharmacy had a chaperone policy, and there was a notice highlighting this to people. The pharmacy was registered for the 'Safe Space' initiative where pharmacies were providing support for victims of domestic abuse. The team was aware of the code words 'Ask ANI' and would make the consultation room available when necessary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members work well together, and they have the right training and qualifications for the jobs they do. Team members are comfortable providing feedback to their manager and they receive feedback about their own performance.

### Inspector's evidence

The SI was working as the RP. There was an NVQ2 qualified dispenser (or equivalent), a trainee dispenser and a medicines counter assistant (MCA) on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and people who visited the pharmacy. A holiday planner was used, and planned absences were organised so that not more than one person was away at a time. Team members were flexible with their working hours and absences were covered by re-arranging the staff rota, which was prepared a month in advance.

Members of the pharmacy team carrying out the services had the required qualifications, and their certificates were on display. The trainee dispenser was on an accredited training course and was given protected time to complete it. Other members of the team carried out ad-hoc training, although this was not always recorded. The pharmacy team were given formal appraisals where performance and development were discussed. Informal meetings were held where a variety of issues were discussed, and concerns could be raised. The trainee dispenser confirmed there was an open and honest culture in the pharmacy. She said she felt comfortable admitting errors and said that learning from mistakes was encouraged. Team members were encouraged to make suggestions and the trainee dispenser explained that it had been her suggestion to test people's blood pressure whilst they waited for the flu vaccination. She said she would feel comfortable talking to the SI about any concerns she might have. There was a whistleblowing policy.

The SI was empowered to exercise his professional judgement and could comply with her own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because he felt it was inappropriate. Team members said they did not feel under any pressure to achieve targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has a private consultation room that enables it to provide members of the public with the opportunity to receive services in private and have confidential conversations.

### Inspector's evidence

The pharmacy premises, including the shop front and fascia were clean and in a good state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with two chairs. The temperature and lighting were adequately controlled.

There was a separate stockroom where excess stock was stored. A section of this room was used for the assembly and storage of multi-compartment compliance aid packs. Staff facilities included a kitchen and a WC, with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water.

The consultation room was equipped with a sink, and was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign above the door and in the practice leaflet. This room was used when carrying out services such as flu vaccinations and when customers needed a private area to talk. There were Perspex screens at the counter which were fitted to help prevent the spread of infection during the pandemic.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are generally well managed and easy for people to access. The pharmacy team members are helpful and give healthcare advice and support to people in the community. The pharmacy sources, stores and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. A list of the services provided by the pharmacy was displayed in the window, along with the opening hours, and outlined in the practice leaflet. The pharmacy team was clear what services were offered and where to signpost people to a service not offered. There was a range of healthcare leaflets and an area dedicated to healthy living, which contained advice and information on weight loss.

There was a home delivery service with associated audit trail. The service had been adapted to minimise contact with recipients, during the pandemic. The delivery driver confirmed the safe receipt in their records. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was adequate in the dispensary, and the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Speak to Pharmacist' stickers were used to highlight when counselling was required and high-risk medicines such as warfarin, steroids and methotrexate were targeted for extra checks and counselling. The team was aware of the valproate pregnancy prevention programme. A recent audit had been carried out which identified that the pharmacy did not have any patients receiving valproate in the at-risk group. The SI confirmed that he would always have discussions about pregnancy prevention with anyone in the at-risk group and would make a note on their patient medication record (PMR) confirming this. He said he always supplied valproate in the original packaging to ensure the patient received the appropriate information.

The SI supplied some prescription only medicines (POMs) under patient group directions (PGDs) for minor ailments such as urinary tract infections (UTIs). If the patient consented to the sharing of information, their GP was informed of the supply so their records could be updated. If their GP had not signed up to receive automatic notification, then a paper copy was sent to the GP practice. This notification system was used to inform the patient's GP when carrying out flu vaccinations and blood pressure testing. The SI explained that he had urgently referred a person to their GP when he identified that their blood pressure was very high.

Around thirty people received their medication in multi-compartment compliance aid packs. These were well managed with an audit trail for communications with GPs and changes to medication. Medicine descriptions were usually included on the packaging to enable identification of the individual medicines. Packaging leaflets were included so people were able to easily access additional information about their medicines. Disposable equipment was used. An assessment was made by the pharmacist, for new people requesting a compliance aid pack, as to the appropriateness of a pack or if other adjustments might be more suitable to the patient's needs. For example, some people received their medication in original packs with medicine administration record (MAR) charts.

The MCA explained what questions she asked when making a medicine sale and when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be misusing medicines such as a codeine containing product. There was a notice behind the counter which reminded team members of the wording to use when asked for a codeine containing medicines.

CDs were stored in a CD cabinet which was securely fixed to the wall. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials'. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Expired and unwanted medicines were segregated and placed in designated bins.

Alerts and recalls were received via email messages from the Medicines & Healthcare products Regulatory Agency (MHRA). These were read and acted on by a member of the pharmacy team. A copy was retained in the pharmacy with a record of the action taken so the team were able to respond to queries and provide assurance that the appropriate action had been taken.



## 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. They maintain the equipment so that it is safe, and they use it in a way that protects privacy.

### Inspector's evidence

The pharmacist could access the internet for the most up-to-date reference sources. For example, the electronic British National Formulary (BNF) and BNF for children. There were two clean medical fridges. One was in the consultation room. It was empty but had been used to store flu vaccines during the last season. The main fridge was in the dispensary. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order and had been PAT tested.

There was a selection of clean glass liquid measures with British standard and crown marks. The pharmacy had a range of clean equipment for counting loose tablets and capsules. Medicine containers were appropriately capped to prevent contamination. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

### 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.