

Registered pharmacy inspection report

Pharmacy Name: Hollis Pharmacy, 285 Upper Grosvenor Road,
TUNBRIDGE WELLS, Kent, TN4 9EX

Pharmacy reference: 1033011

Type of pharmacy: Community

Date of inspection: 13/02/2020

Pharmacy context

The pharmacy is near a small parade of shops and a train station. It is surrounded by residential premises. And the nearest town centre is around two miles away. The people who use the pharmacy are mainly older people. It is an independent family-run pharmacy which is part of a small chain. It offers a variety of services including Medicines Use Reviews and the New Medicine Service. And it provides multi-compartment compliance packs to a small number of people who live in their own homes and provides substance misuse medications to a small number of people.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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

Overall, the pharmacy identifies and manages the risks associated with its services. The pharmacy protects people's personal information and people can provide feedback about its services. It largely keeps the records it needs by law. But the staff are not all fully aware of which tasks they can and cannot do if the pharmacist is not there. This could mean that tasks may be undertaken without suitable supervision.

Inspector's evidence

The pharmacy adopted adequate measures for identifying and managing risks associated with its activities. The pharmacy had all the standard operating procedures (SOPs) required by law. Staff had signed to indicate that they had read and understood the SOPs. Near misses were highlighted with the team member involved at the time of the incident; they identified and rectified their own mistakes. A near miss log was available but the pharmacist said that there had not been any recent near misses. He said that he would review the log for patterns if there were several errors made. Dispensing incidents were recorded on a designated form and a root cause analysis was undertaken. The pharmacist confirmed that there had not been any recent dispensing incidents where a person had been given the wrong medicines.

There was limited workspace in the dispensary. An organised workflow helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks.

Team members roles and responsibilities were specified in the SOPs. The medicines counter assistant (MCA) said that the pharmacy would open if the pharmacist had not turned up in the morning. She knew that she should not sell any medicines or hand out dispensed items until the pharmacist had arrived. And she knew that she should not sell any pharmacy-only medicines if the pharmacist was not in the pharmacy. The dispenser was not sure about the tasks which should not be completed if there was no responsible pharmacist. The inspector reminded him that dispensing tasks should not be carried out if there was no responsible pharmacist signed in.

The pharmacy had current professional indemnity and public liability insurance. All necessary information was recorded when a supply of an unlicensed special was made. And the private prescription record and emergency supply record were completed correctly. Controlled drug (CD) running balances were checked at regular intervals and liquid overage was recorded in the register. The recorded quantity of one item checked at random was the same as the physical amount of stock available. The correct responsible pharmacist (RP) notice was clearly displayed, but the RP record had not been completed for a few days when the pharmacy had been open. The pharmacist said that he would ensure that he completed the log properly in the future to show who was responsible on those days.

Confidential waste was shredded and the people using the pharmacy could not see information on the computer screens. Computers were password protected. Smart cards used to access the NHS spine were stored securely and team members used their own smart cards during the inspection. Bagged

items waiting collection could not be viewed by people using the pharmacy. Some team members had completed General Data Protection Regulation training.

The pharmacy carried out patient satisfaction surveys and results from the 2017 to 2018 survey were available on the NHS website. Results were positive and 100% of respondents were satisfied with the pharmacy overall. The pharmacist said that there had not been any recent complaints received. The complaints procedure was available and the MCA said that she would refer any complaints to the pharmacist.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. The MCA said that she had not undertaken any training about safeguarding. But she knew which people might be classed as vulnerable and she said that she would refer any concerns to the pharmacist. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people. The pharmacist said that he was not aware of any safeguarding concerns at the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. They can take professional decisions to ensure people taking medicines are safe and these are not affected by the pharmacy's targets. Team members are provided with some ongoing training to help them keep their skills and knowledge up to date. And they feel comfortable to discuss any issues and provide feedback about the pharmacy's services.

Inspector's evidence

There was one pharmacist, one dispenser and one MCA working during the inspection. Team members had completed accredited training for their role. They worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. A member of staff who worked at the pharmacy was 14 years of age. The pharmacist confirmed that she worked part-time and carried out cleaning duties and other admin tasks. He said that she did not handle medicines.

The MCA appeared confident when speaking with people. She knew restriction on sales of pseudoephedrine containing products. She confirmed that she would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused, may require additional care or more than one box of any pharmacy-only medicine. She knew the questions to ask to establish whether the medicines were suitable for the person.

The pharmacist said that team members did not receive structured ongoing training, but they did receive some. The MCA explained about the product information leaflets and other pamphlets she from suppliers and pharmaceutical journals. And she confirmed that she read these to keep up-to-date with information about some medicines.

The pharmacist said that the superintendent (SI) pharmacist regularly visited the pharmacy to discuss any issues with the team. The dispenser said that he felt confident to discuss any issues with the pharmacist or SI, as they arose. The team appeared to have a good working relationship with each other and discussed any tasks that needed to be done. The dispenser said that he had had an informal performance review and appraisal with the SI recently, this this was not documented.

Targets were set for Medicines Use Reviews and the New Medicine Service. The pharmacist said that he carried out the services for the benefit of the people using the pharmacy. He confirmed that he did not feel under pressure to achieve the targets and he would not let his professional judgement be affected. He said that the pharmacy regularly met the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean and tidy throughout. And this presented a professional image. Air-conditioning was available; the room temperature was suitable for storing medicines. There was one chair in the shop area and it had arms to aid standing. It was positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard. Pharmacy-only medicines were kept behind the counter or in glass cabinets next to the counter.

The consultation room was situated to the side of the medicines counter and it was accessible to wheelchair users. It was suitably equipped and low-level conversations in the consultation room could not be heard from the shop area. The window in the door was see-through but a blind had been installed since the last inspection so that this could be covered when needed.

The toilet and hand washing facilities were clean and not used for storing pharmacy items. The kitchen area was kept clean and tidy.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy generally manages its services well. It gets its medicines from reputable suppliers. And it generally responds appropriately to drug alerts and product recalls. The pharmacy highlights prescriptions for higher-risk medicines so that there is an opportunity to speak with people when they collect these medicines.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance. Team members had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. Services and opening times were clearly visible, and a variety of patient information leaflets were available.

The pharmacist said that he checked monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin when these were available. He said that he would make a record of any blood test results on the patient's medication record. Prescriptions for these medicines were highlighted so there was the opportunity for the pharmacist to speak with these people when handing out. Prescriptions for Schedule 3 and 4 CDs were not highlighted. This could increase the chance of these being supplied when the prescription was no longer valid. The MCA knew which prescriptions were valid for 28 days. The pharmacist said that the pharmacy supplied valproate medicines to a few people in the at-risk group. But there were currently no patients who needed to be on the Pregnancy Prevention Programme. The pharmacy did not have the relevant patient information leaflets or warning cards available. The pharmacist said that the manufacturer had supplied two leaflets when he had asked for them, but these had been given out to people. He confirmed that he would order replacements from the manufacturer.

Stock was stored in an organised manner in the dispensary. The pharmacist said that expiry dates were checked every few months and this activity was sometimes recorded. He said that short-dated items were sometimes marked, but there were none found during the inspection. There was one box of tablets found with dispensing stock which had expired at the end of January 2020 and one box containing a mixed batch. This could make it harder for the pharmacy to respond to safety alerts or to date-check the medicines properly. The pharmacist said that he would remind team members to keep medicines in their original packaging. And he said that he would implement a more reliable date-checking routine.

The pharmacist said that part-dispensed prescriptions were checked regularly. 'Owings' notes were provided, and people were kept informed about supply issues. Prescriptions for alternative medicines were requested from prescribers where needed. There were only a few part-dispensed prescriptions at the pharmacy and these were dated within the last few months. The pharmacist said that uncollected prescriptions were checked around every two months. He said that items uncollected after this time were returned to dispensing stock where possible and the prescribers were informed. Uncollected prescriptions were shredded in the pharmacy or returned to the NHS electronic system and the person's medication record updated.

The pharmacy did not order prescriptions on behalf of most people who received their medicines in

multi-compartment compliance packs. Prescriptions for 'when required' medicines were not routinely requested by the pharmacy. The dispenser said that people usually ordered these if they needed them when their packs were due. The pharmacy kept a record for each patient which included any changes to their medication. There was an audit trail to show who had dispensed and checked each tray. Packs were suitably labelled but the backing sheets were not always attached to the trays. This could increase the chance of them being misplaced. The pharmacist said that he would remind the dispenser to attach these in the future. Medication descriptions were put on the packs and patient information leaflets were routinely supplied to people.

CDs were stored in accordance with legal requirements and kept secure. Denaturing kits were available for the safe destruction of CDs. CDs people had returned, and expired CDs were clearly marked and segregated. CDs returned by people were recorded in a register and destroyed with a witness; two signatures were recorded.

Deliveries were made by a delivery driver. The pharmacy did not obtain people's signatures for all deliveries. This could make it harder for the pharmacy to show that the medicines were safely delivered. It carried out around 20 deliveries a day to people who needed that service. The pharmacist said that the driver left notes if a person was not in to ask that they contact the pharmacy to request redelivery. All items and people's information were returned to the pharmacy before the end of the day.

Licensed wholesalers were used for the supply of medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. Any action taken was kept for future reference. The pharmacy had the equipment to be able to comply with the EU Falsified Medicines Directive but it was not yet being used. The pharmacist said that he had undertaken some training on how the system worked. He said that they would start to use the equipment once it had been installed on both computers. And this would be in the near future.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

Suitable equipment for measuring medicines was available. Separate measures were marked for methadone use only. Triangle tablet counters were available and clean; a separate counter was marked for cytotoxic use only. This helped avoid any cross-contamination.

The phone in the dispensary was portable so could be taken to a more private area where needed. The shredder was in good working order. Up-to-date reference sources were available in the pharmacy and online.

Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines and was not overstocked.

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.