

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: 25/07/2024

Pharmacy context

The pharmacy is near a small parade of shops and a train station in a largely residential area. It provides NHS dispensing services and the New Medicine Service. The pharmacy supplies medicines in multi-compartment compliance packs to some people who live in their own homes and need this support.

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

Overall, the pharmacy adequately identifies and manages the risks associated with its services to help provide them safely. It protects people's personal information well. And it largely keeps its records up to date and accurate. But it doesn't always record mistakes that happen during the dispensing process. And this could mean that team members are missing out on opportunities to learn and improve the pharmacy's services.

Inspector's evidence

The pharmacy's standard operating procedures (SOPs) did not appear to have been reviewed since around 2018. The responsible pharmacist (RP) said that he would speak with the superintendent pharmacist (SI) about having them reviewed. Team members had signed to show that they had read, understood, and agreed to follow the SOPs. And team members' roles and responsibilities were specified. The RP said that team members did not have access to the pharmacy before the pharmacist arrived in the morning. And the pharmacists took their break at lunch time when the pharmacy was closed.

The RP said that he informed team members if they made a dispensing mistake which was identified before the medicine had reached a person (known as near misses). He said that the team member was responsible for rectifying their own mistakes where possible. The pharmacy did not keep a record of its mistakes which meant that it may not be able to identify patterns. Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected. The RP said that dispensing errors, where a dispensing mistake had reached a person, were recorded on the near miss record. A recent error had occurred where the wrong type of medicine had been supplied to a person and it had not been recorded. The RP said that he was in the process of finding out what had gone wrong, and he said that he would make a record of the outcome. The medicines involved had similar names and the shelf edge where the medicines were kept was highlighted with 'double check'. But the medicines were kept next to each other. During the inspection, the RP used another medicine with a different sounding name to separate them. And he said that he would record dispensing errors on the national reporting system in future. And he would follow the pharmacy's SOP for dispensing errors.

Workspace in the dispensary was largely free from clutter. There was an organised workflow which helped staff to prioritise tasks and manage the workload. The RP took a mental break between dispensing and checking medicines. And he re-checked bagged items before handing them out. Team members initialled the dispensing label when they dispensed and checked each item to show who had completed these tasks.

The pharmacy had current professional indemnity insurance. The private prescription records were completed correctly. The RP said that the pharmacy did not supply medicines in an emergency without a prescription and people were referred to their GP. Controlled drug (CD) registers examined were filled in correctly, and the CD running balances were checked at regular intervals. The recorded quantity of one CD item checked at random was the same as the physical amount of stock available. The right responsible pharmacist (RP) notice was clearly displayed, and the RP record was largely completed correctly, but record had not been completed for the past few days. The RP said that he would update

the record and ensure that this was completed correctly in future.

Confidential waste was shredded, computers were password protected and people using the pharmacy could not see information on the computer screens. The pharmacist used his own smartcard to access the NHS electronic services during the inspection. Bagged items waiting collection could not be viewed by people using the pharmacy.

The complaints procedure was available for team members to follow if needed. The pharmacy had received a few complaints recently. The RP said that these had been dealt with and passed on to the SI.

The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people. The RP said that he had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. He said that other team members had not undertaken any safeguarding training, but he would ensure that this was done. The RP said that there had not been any safeguarding concerns at the pharmacy, and he would refer people to the relevant authority if needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services safely. They do the right training for their roles. And they are provided with some ongoing training to support their learning needs and maintain their knowledge and skills. Team members can raise concerns to do with the pharmacy. Team members can take professional decisions to ensure people taking medicines are safe.

Inspector's evidence

There was one pharmacist working on the day of the inspection. The pharmacy employed a locum pharmacist when needed. The RP said that there was one trained dispenser currently on planned leave and a trained medicines counter assistant who worked part time. The pharmacy was up to date with its dispensing.

The RP had worked at the pharmacy for over 10 years, and he appeared to have a good rapport with people using the pharmacy. He provided advice where needed and asked people questions to establish whether a medicine was suitable for the person it was intended for. He said that he would refer people to their GP if they regularly requested to purchase medicines which could be abused or may require additional care.

The RP said that team members were not provided with ongoing training on a regular basis, but they did receive some. And he said that he asked them to read relevant pharmacy-related articles. The RP had recently completed the Pharmacy First training and the face-to-face flu vaccination training. He said that he completed training at the pharmacy during quieter periods. And he was aware of the continuing professional development requirement for professional revalidation.

Team members did not have formal performance reviews. The RP said that they had informal ongoing appraisals. And he would inform the SI if there were any concerns about their performance. The RP said that he felt able to make professional decisions. Targets were not set for team members. The RP said that the pharmacy provided the services for the benefit of people using the pharmacy.

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 against unauthorised access and pharmacy-only medicines were kept behind the counter. There was a clear view of the medicines counter from the dispensary and the pharmacist could hear conversations at the counter and could intervene when needed. Air conditioning was available, and the room temperature was suitable for storing medicines. The pharmacy was bright, clean, and generally tidy throughout.

There was seating available for people to use while they waited in the shop area. The pharmacy's consultation room was to the side of the medicines counter, and it was accessible to wheelchair users. It was well-screened, and conversations at a normal level of volume in the consultation room could not be heard from the shop area. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and manages them well. And people with a range of needs can access the pharmacy's services. The pharmacy responds appropriately to drug alerts and product recalls, so that people get medicines and medical devices that are safe to use. And people who get their medicines in multi-compartment compliance packs receive the information they need to take their medicines safely.

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 advertised, and a variety of health information leaflets was available.

The RP said that he checked monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin. But a record of blood test results was not kept. This could make it harder for the pharmacy to check that the person was having the relevant tests done at appropriate intervals. Dispensed medicines were handed out by the RP and he said that he would speak with people about their medicines at this point if needed. The RP said that he checked CDs and fridge items with people when handing them out. The RP said that the pharmacy supplied valproate medicines, but there were currently no people in the at-risk group who needed to be on the Pregnancy Prevention Programme (PPP). He said that these medicines were dispensed in their original packaging. And he would refer people to their GP if they needed to be on the PPP and weren't on one.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. The RP explained the action the pharmacy took in response to any alerts or recalls. Any action taken was recorded and kept for future reference. This made it easier for the pharmacy to show what it had done in response.

Stock was stored in an organised manner in the dispensary and expiry dates were checked every frequently. There were no date-expired items found in with dispensing stock and medicines were kept in their original packaging. CDs were stored in accordance with legal requirements and denaturing kits were available for the safe destruction of CDs. There were no expired or returned CDs in the cabinet on the day of the inspection. Returned CDs were recorded in a register and destroyed with a witness, and two signatures were recorded. Fridge temperatures were checked daily and 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.

Part-dispensed prescriptions were checked frequently. 'Owings' notes were provided when prescriptions could not be dispensed in full, and people were kept informed about supply issues. Prescriptions for alternate medicines were requested from prescribers where needed. Prescriptions were kept at the pharmacy until the remainder was dispensed and collected. Uncollected prescriptions were checked regularly and items uncollected after around two months were returned to dispensing stock where possible. And uncollected prescriptions were returned to the NHS electronic system or to the prescriber.

The pharmacist said that people had assessments to show that they needed their medicines in multi-compartment compliance packs. The pharmacy requested prescriptions for a few people receiving their medicines in the packs in advance so that any issues could be addressed before people needed their medicines. The pharmacy kept a record for each person which included any changes to their medication, and it also kept any hospital discharge letters for future reference. Packs were suitably labelled and there was an audit trail to show who had dispensed and checked each pack. Medication descriptions were put on the packs to help people and their carers identify the medicines and patient information leaflets were routinely supplied.

Deliveries were made by a delivery driver. The driver kept a record of deliveries made and returned undelivered items to the pharmacy before the pharmacy closed. When the person was not at home, a card was left at the address asking the person to contact the pharmacy to rearrange delivery. The RP said that the service was only offered to people who could not collect their medicines from the pharmacy themselves.

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 liquids was available. Separate liquid measures were used to measure certain medicines only. Triangle tablet counters were available and clean. A separate counter was marked for cytotoxic use only. Tweezers were available so that team members did not have to touch the medicines when handling loose tablets or capsules.

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

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.