

Registered pharmacy inspection report

Pharmacy Name: Hollington Pharmacy, 128 Battle Road, Hollington,
ST. LEONARDS-ON-SEA, East Sussex, TN37 7AN

Pharmacy reference: 1036268

Type of pharmacy: Community

Date of inspection: 14/08/2023

Pharmacy context

This is a community pharmacy in a largely residential area on the outskirts of a seaside town. The pharmacy provides NHS services such as dispensing and the New Medicine Service. And it delivers medicines to some people's homes. It also provides supervised administration to people in substance misuse schemes. And supplies medication in multi-compartment compliance packs to some people who need this additional support. The pharmacy was previously a Lloyds pharmacy and was taken over by new owners at the end of 2022.

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

The pharmacy appropriately manages the risks associated with its services. It largely keeps the records it needs to by law, and team members protect people's personal information appropriately. People using the pharmacy can provide feedback and raise concerns. Staff know how to protect the welfare of vulnerable people. And they react appropriately when a mistake happens.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) from the new owner, which staff had read. There were also a few SOPs from the previous owners, and the pharmacy was gradually replacing them with the new SOPs. There was a safeguarding policy from the previous owners, and the manager confirmed that team members had gone through it.

Dispensing mistakes which were identified as part of the final check (near misses) were recorded on an ongoing basis using a book in the dispensary. And a record was also made when there had been no near misses on a particular day. The manager explained how she reviewed the near misses each day, and any that occurred were discussed with the team. Dispensing errors, where a dispensing mistake happened and the medicine was handed to a person, were recorded on the pharmacy computer system. An error had occurred during the handout of a medicine, and as a result the SOP for that process had been reviewed and staff had re-read it.

When asked, team members knew what they could and could not do if the pharmacist had not turned up in the morning. It had not happened for a while, but they said that they would keep the pharmacy closed and signpost people to other pharmacies. And they would inform the local surgeries and the NHS.

The manager described how the pharmacy dealt with complaints or feedback from people using the pharmacy. She said that part of this involved a team discussion to see if there were any improvements which could be made. People could provide feedback via several routes including in-person and via email. The manager explained that there had been no recent complaints. Recent online reviews seen before the inspection had been positive.

The pharmacy had current indemnity insurance, and evidence of this was provided following the inspection. The responsible pharmacist (RP) notice was displayed, and the RP record largely complied with requirements. Records about supplies of unlicensed medicines made, and controlled drug (CD) registers seen had been filled in correctly. CD running balances were checked regularly. And a random check of a CD balance showed that the quantity in stock matched the recorded balance. Some records about emergency supplies made did not contain the reason as to the nature of the emergency. And a few records of private prescriptions dispensed did not indicate the name of the prescriber.

No confidential information was visible from the public area. Confidential waste was separated into bags and regularly collected for destruction. Staff had individual smartcards to access the NHS electronic systems but they did not always remove the cards when going for lunch. This was discussed with the team. A dispenser showed how the dispensed medicines awaiting collection had been turned around so that people waiting couldn't see any personal details.

Staff had read the safeguarding SOP and could explain what they would do if they had any concerns about the welfare of a vulnerable person. The RP confirmed he had done the level 3 training for safeguarding and could also describe the steps he would take.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services effectively, and they do the right training for their roles. They feel comfortable about raising any concerns or making suggestions and have regular meetings. They do some ongoing learning to help keep their knowledge and skills up to date.

Inspector's evidence

There was the RP (a locum), four trained dispensers, and a locum accuracy checking technician (ACT). The regular pharmacist was on leave at the time of the inspection. One of the dispensers acted as the store manager. In addition to the staff present, there was another trained dispenser and a pharmacy technician. Team members were seen to be up to date with their workload and communicating effectively with each other. The workflow appeared significantly more organised than on the previous inspection.

Team members felt comfortable about raising any concern or making suggestions, and several said that the company had been supportive. The superintendent pharmacist was easily contactable. There was a staff meeting at least monthly and team members were given an opportunity to make suggestions about improving the pharmacy's services. A recent example of a suggestion made was the moving of one display gondola to provide more space for people with mobility scooters. And this had resulted in positive comments from some people using the pharmacy.

Staff had access to some ongoing training which was done on an ad hoc basis as subjects arose. They also received updates and information about new products and services via email. The manager explained that the company was in the process of setting up a new online training portal for its team members. And how the pharmacy received information about learnings from other branches in the company. The manager described how she was trying to ensure team members were multi-skilled so that they were able to do a variety of tasks in the pharmacy. And during the inspection it was seen that staff moved frequently between working in the dispensary and helping people at the counter. The pharmacy team was set a target about the number of items, but staff did not feel under any undue pressure and felt it was achievable.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are safe, secure, and suitable for the services the pharmacy provides. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had a large retail area and a smaller dispensary, with a room upstairs used for the preparation of multi-compartment compliance packs. The pharmacy was generally tidy, and this was a marked improvement from the previous inspection. There was enough free workspace in the dispensary, and lighting throughout was appropriate. The pharmacy had limited storage space, but it was generally used well. The consultation room was small, but was clean and tidy. And it allowed a conversation at a normal level of volume to take place inside and not be overheard. The room temperature was suitable for the storage of medicines and there was air conditioning. The premises were secure from unauthorised access. And a tape barrier was pulled across to restrict access to the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages and delivers its services safely and effectively. Team members take action to improve the accessibility of the pharmacy's services. The pharmacy gets its stock from reputable suppliers and stores it properly. And it takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

There was step-free access from the street via an automatic door. The removed display gondola had increased the amount of space people with wheelchairs or mobility scooters had to manoeuvre. The pharmacy's computer system could generate large-print labels when required, and non-childproof caps could be supplied when requested. The range of services provided by the pharmacy was limited, but the team were keen to expand the range in the future.

Dispensing baskets were used to separate different people's medicines. There was a clear workflow through the pharmacy, and there was a designated checking area. The RP was able to observe sales of over-the-counter medicines from the checking area if needed.

Team members were aware of the additional guidance about pregnancy prevention for people in the at-risk group who took valproate medicines. The pharmacy had spare leaflets and warning cards, and the dispensers were aware of where to place the dispensing labels on the manufacturer's packs. A team member gave an example of one person in the at-risk group. And showed that a note had been placed on their electronic record that the pharmacist had discussed effective contraception with them.

Prescriptions for CDs were highlighted as they had a shorter validity date. The manager explained how prescriptions for higher-risk medicines such as warfarin or methotrexate were highlighted. But there were no dispensed prescriptions for these medicines found. The pharmacy kept an audit trail for medicines that had been delivered to people's homes. And there were plans to review how this was audited in the future.

Dispensed multi-compartment compliance packs were supplied with the patient information leaflets and labelled with a description of the medicines inside. People were assessed to see if they needed the packs by the regular pharmacist and the manager, and the person's GP would also be involved. Dispensary staff kept a record of when people's medicines had been stopped or changed, and copies of relevant emails from other healthcare services such as hospitals.

The pharmacy obtained its stock from licensed wholesalers and specials suppliers. Team members said that there had been problems in obtaining stock for some items. But described how they tried to mitigate the issue by contacting the person's GP to discuss alternatives before the person came in. The medicines were stored in an orderly way on the shelves, and the stock was regularly date checked. No date-expired medicines were found during a random check of medicines. Bulk liquids were marked with the date of opening, and CDs were kept secure. Fridge temperatures were monitored and recorded daily. Records seen were usually in the acceptable range, except one day where the temperature had gone slightly higher. The manager said that this was when the stock was date checked, and the higher temperature was highlighted on the record. Medicines people had returned were separated from

regular stock.

The pharmacy received drug alerts and recalls via email, and staff explained that they also received phone calls from suppliers. They could describe the action they took in response. But because the action taken was not always recorded, it could make it harder for them to show what they had done if there was a query.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. And it uses its equipment in a way which protects people's personal information.

Inspector's evidence

There was a range of clean glass measures for use with liquids. Computers were password protected. The blood pressure meter was new and had not yet been used. The phone was cordless and could be moved to a more private area to help protect people's personal information.

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.