

Registered pharmacy inspection report

Pharmacy Name: Hollowood Chemists Ltd, 11 Mesnes Street,
WIGAN, Greater Manchester, WN1 1QP

Pharmacy reference: 1086607

Type of pharmacy: Community

Date of inspection: 25/04/2019

Pharmacy context

This is a community pharmacy situated in the town centre of Wigan. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over the counter medicines. It also provides a range of services such as substance misuses supplies, seasonal flu vaccinations, and a minor ailment service. A number of people receive their medicines inside multi-compartment compliance aids.

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 team follows written procedures to help make sure the pharmacy provides services safely and effectively. Members of the team record mistakes they make so that they can learn from them. But they do not record everything that goes wrong, so they may miss some opportunities to improve. The pharmacy keeps most of the records that are needed by law. But sometimes the records are incomplete, so the pharmacy may not be able to show what has happened if it needs to. People who work in the pharmacy are given training about the safe handling and storage of data. This helps to make sure that they know how to keep private information safe.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were issued in January 2018, but there was no date to indicate when they should be next reviewed. The pharmacy team had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded electronically and submitted to the superintendent (SI) using the 'PharmaPod' recording system. The pharmacist was able to explain how an error would be recorded but said there were no recent errors or records to review.

Near misses were also recorded onto the 'PharmaPod' system, but there were few incidents recorded. The pharmacist said some minor errors, such as typing mistakes, were not always recorded. The pharmacy team had taken action following recent near miss errors which involved some medicines being out of date. To help reduce the likelihood of a similar mistake, the pharmacy team completed extra expiry date checks to ensure short dated stock was clearly marked with a sticker.

The responsible pharmacist (RP) had their notice displayed prominently. Roles and responsibilities of the pharmacy team were described in an SOP, but it had not been filled in with individual details, so some members of the team may not be clear about their responsibilities. The dispenser was able to describe what her job involved, and was also clear about the tasks which could or could not be conducted during the absence of a pharmacist.

The pharmacy had a complaints procedure and it was described in the practice leaflet. Complaints could be made directly with the pharmacy manager or with the company's head office.

A current certificate of professional indemnity insurance was on display in the pharmacy.

Controlled drugs (CDs) registers were maintained with running balances recorded and checked monthly. The balances of two random CDs were checked and both found to be accurate. The balance of another CD was found to have a deficit, but the pharmacist promptly identified this as a missed entry of supply and it was rectified. Patient returned CDs were recorded in a separate register.

Private prescriptions were recorded in a bound book. A date was written for each entry, but it was not clear whether this referred to the date of supply or when the prescription was written. This information is legally required and a lack of clarity may compromise the audit trail.

Emergency supplies were recorded on the PMR which did not allow for a report to be produced about the medicines supplied and the reasons why. This information is legally required and is necessary so that the pharmacy can demonstrate that supplies were appropriate.

Records of unlicensed specials did not always contain the required information about when they were supplied and to whom. This information is necessary to provide an audit trail in the event of a concern about the medicine.

Records for the RP were found to be in order.

An information governance (IG) policy was available in a folder. The pharmacy team were provided with IG training and had signed a confidentiality agreement. When questioned, the dispenser was able to describe how confidential information was segregated to be destroyed by the head office. A privacy notice was displayed in the retail area and explained how the company used and process personal data.

Safeguarding procedures were included in the SOPs And the pharmacist said he had completed the CPPE safeguarding training. But other members of the pharmacy team had not completed formal training, so they may not be sure what to look out for . Contact details of the local safeguarding board were displayed in the consultation room. The dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are properly trained for the jobs they do. Members of the pharmacy team complete learning modules to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist manager, two dispensers and a driver. The pharmacy team were adequately trained.

The normal staffing level was a pharmacist and two members of staff. The volume of work appeared to be managed. Staffing levels were maintained by a staggered holiday system. Relief staff could be requested from the head office, but cover was not always provided. The pharmacist said they were able to cope with the workload when staffing was reduced on the odd occasion.

The dispenser said she received a good level of support from the pharmacy team and felt able to ask for further help if she needed it. Non-pharmacist staff were not provided with an appraisal, but they said they felt able to speak to the pharmacist if they had any concerns they wished to discuss.

The company provided the pharmacy team with learning modules such as healthy living pharmacy, and children's oral health. The training topics appeared relevant to the services provided and those completing the learning. But there was no structure or consistency to the provision of training so individual learning needs may not always be identified or addressed.

The dispenser gave an example of how she would sell a cough medicine using the WWHAM questioning technique, refuse sales she felt were inappropriate and refer to the pharmacist if needed.

The pharmacist said he felt able to exercise his professional judgement and this was respected by the pharmacy team and the company.

The staff held informal team meetings to discuss the operation of the pharmacy, e.g. managing the workload and any errors or complaints. But the meetings were not recorded so some important information may not be provided to staff who were not present.

Staff were aware of the whistle blowing policy in place and said that they would be comfortable to escalate any concerns to the head office.

There were targets for services such as MURs and NMS. But the pharmacist said he did not feel under pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to allow private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared maintained. The temperature was controlled in the pharmacy by the use of fans and electric heaters. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

The size of the dispensary was suitable for the workload. A sink and washing facilities were available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by use of a gate. The counter area was screened to help maintain privacy of conversations.

A consultation room was available. The space was clutter free with a computer, desk, seating, and adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and a chaperone policy was displayed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services so that they are accessible to most people. And it manages them to help make sure that they are provided safely. The pharmacy gets its medicines from reputable sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. The consultation room did not appear wheelchair friendly. The patient medication record (PMR) system was capable of producing large print font.

Pharmacy practice leaflets gave information about the services offered. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service, staff were able to refer patients using a signposting booklet.

The pharmacy opening hours were displayed at the entrance of the pharmacy and a range of leaflets provided information about various healthcare topics.

A repeat prescription service was offered where patients would contact the pharmacy to order their medication. A record of requested medication was kept, and any missing items were queried with the GP surgery.

The pharmacy had a delivery service. Deliveries were logged onto the software and an electronic signature was obtained from the patient upon successful delivery using a mobile device. The device belonged to the company and was kept in the pharmacy overnight. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

A record sheet was kept for all people receiving multi-compartment compliance aids; containing details of current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids included medication descriptions, and patient information leaflets (PILs). However, medication descriptions did not always reflect the appearance of the actual medicine. So people may not be able accurately identify the medicines in order to make informed decisions about their care.

Dispensed by boxes were not always initialled on medication labels. This means that in the event of an error it may not be possible to identify who was involved, which may limit learning.

Dispensing baskets were used for segregating individual patient prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf using an alphabetical retrieval system. Prescription forms were not always retained. This means the pharmacy team may not have all of the information they need when the medicines are handed out. Stickers were used to identify prescriptions when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

The fridge items were stored in a clear bag, but staff did not complete an extra check with the person collecting it. This would help the pharmacy team to ensure the correct medicine was dispensed and prescribed.

Schedule 3 CDs stored on collection shelves were highlighted to indicate their presence so that staff could check prescription validity at the time of supply. However, schedule 4 CDs were not. Which means medicines could be supplied after the prescription had expired.

High-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team may not be aware when they are being handed out in order to check that the supply is suitable for the patient.

The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he would speak to any patients who were at risk and make them aware of the pregnancy prevention programme, which would be recorded on their PMR.

The pharmacy was not yet able to meet the safety features of the Falsified Medicines Directive (FMD). Equipment was installed, and the pharmacy were conducting safety checks until last week when this was stopped due to the number of errors experienced when scanned. The pharmacy was waiting for the software to be fixed before they restarted the safety checks. Therefore the pharmacy was not currently compliant with the legislation.

Stock was date checked on a four month rotating cycle. A date checking matrix was in use but had not been kept up to date by staff which may allow some medicines to be overlooked. Short dated stock was highlighted using a sticker and the month of expiry written on. Liquid medication had the date of opening written on. A spot check of medicines did not find any out of date medicines.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use.

There was a clean medicines fridge with a minimum and maximum thermometer. The minimum and maximum temperature was being recorded daily however the pharmacy had not recorded temperatures for April due to running out of recording sheets. This means the pharmacy is not able to demonstrate that the medicines have been stored appropriately. The pharmacy team said they had carried out a daily check to ensure it remained within range. The temperature remained within range during the inspection.

Patient returned medication was segregated from current stock in edesignated bins for storing waste medicines located away from the dispensary. A number of medicines were stored out of the bins whilst waiting to be processed which may pose a health and safety risk to the pharmacy team.

Drug alerts were received electronically by email. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has access to the equipment they need for the services they provide.

Inspector's evidence

The staff had access to the internet for general information. This included access to medicine information on the BNF, BNFC and drug tariff resources.

All electrical equipment appeared to be in working order. There were no stickers attached to indicate they had been PAT tested.

There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for CDs. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy.

The consultation room was used appropriately in the services provided by the pharmacy; patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide 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.