

# Registered pharmacy inspection report

**Pharmacy Name:** Holland Pharmacy, Hollow Lane, Kingsley,  
FRODSHAM, Cheshire, WA6 8EF

**Pharmacy reference:** 1092721

**Type of pharmacy:** Community

**Date of inspection:** 26/08/2020

## Pharmacy context

This is a traditional community pharmacy in the centre of a small rural village. NHS dispensing is the main activity and a range of medicines and sundry items are available for sale in the retail area. The pharmacy caters mainly for the local population, but it also provides a dispensing service for four residential care homes. Medicines are supplied in multi compartment compliance aid packs for residents of the care homes and also for a few other local patients. This inspection was carried out during the Covid 19 pandemic.

## 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	N/A	N/A	N/A
<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 has written instructions to help ensure it provides services effectively. And it maintains the records that it needs to by law. There is little evidence of formal systems being in place to identify the risks associated with the pharmacy's services. But the pharmacist manages most aspects of the service himself and he relies on his personal knowledge of the people who use the pharmacy.

### Inspector's evidence

A range of written SOPs were in place, most were originally issued in 2009 but had been annotated periodically to indicate they had been reviewed. The most recent review was dated 2015, but the pharmacist confirmed that he had re-read all of the SOPs in the last few months and was satisfied that they remained appropriate. Forms were available for recording dispensing errors and near misses, but no recent records had been made. The pharmacist said that, to his knowledge, there had been no dispensing errors since the pharmacy opened and that he could not remember any recent near misses. He said a record would be made if any errors occurred. The pharmacist was aware of the need to report any covid infections to the Health & Safety Executive (HSE) if they had occurred in the workplace, but this had not yet been necessary. He had completed the required risk assessments for himself and his wife, who was the only other member of staff.

A Responsible Pharmacist (RP) notice was prominently displayed. Dispensing labels were initialled by the pharmacist to provide an audit trail. A complaints procedure was in place and was explained on a poster in the retail area. Practice leaflets also included information about how to make complaints or give feedback. A current certificate of professional indemnity insurance was available.

RP records were made on the pharmacy computer. Records of Controlled Drugs (CDs) were maintained and were up to date. Running balances were recorded and checked at the time of dispensing. Patient returned CDs were recorded in a separate register. Private prescription records were up to date. The pharmacist said emergency supplies were rarely made because he was normally able to arrange for an urgent prescription to be provided by the local surgery. Records of unlicensed specials were in order.

There was an information governance folder which contained various policy and procedure documents. However, the details had not been filled in and there was no evidence that they had been read. A shredder was available for the destruction of confidential waste. A privacy notice was displayed in the retail area, explaining how the pharmacy handled information.

SOPs for protection of children and vulnerable adults were in place but the pharmacist had not yet completed safeguarding training. Details of local safeguarding contacts were available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's workload is primarily managed by the pharmacist with little additional support. The pharmacist has a good rapport with people who use the pharmacy's services and feels able to use his professional judgement to meet their needs.

### Inspector's evidence

The pharmacy was run by the superintendent pharmacist (SI). His wife sometimes worked as a second pharmacist, although this had been less regular during the current pandemic. At other times he worked alone. The SI had not taken any leave for more than a year, at which time a locum pharmacist had been employed. A delivery driver was also employed.

The pharmacist said he was able to manage the workload because the pharmacy was normally quiet. But he realised that working alone was not ideal and said he intended to recruit a part-time dispenser, but this had been delayed because of the pandemic. He was aware of the need to take a mental break between dispensing and checking to reduce the risk of error. And he used the days when there was a second pharmacist to catch up with less urgent work, such as dispensing for the care homes. The pharmacist was observed to have a good rapport with people who used the pharmacy, and said he knew most people by name. He was heard counselling patients and giving advice. No incentives or targets were set.

The pharmacist did not have specific contingency arrangements in place in case he was ill, but said this was difficult given the nature of the business. He had discussed the matter with his wife, and they had considered the possibility of living separately for a period of time. If they both had to self-isolate he would seek to employ a locum pharmacist to provide cover.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally clean and is a suitable size for the volume of work. It provides an appropriate environment for healthcare

### Inspector's evidence

The pharmacy was generally clean and tidy. The fixtures and fittings were fairly basic but were adequate for purpose. There was a dispensary sink for medicines preparation and a separate sink in the toilet for hand washing, both had hot and cold running water. A consultation room was available for private consultations and counselling. All areas were well lit. The room temperature was not monitored but seemed to be appropriate. There was a flat above the pharmacy with an independent entrance.

The pharmacist insisted that all people wore a face mask while they were inside the pharmacy, to help reduce the risk of infection. This requirement was made clear by a notice on the entrance door and the pharmacist reminded anyone who did not comply. The pharmacist said he washed his hands frequently and did not normally allow access beyond the retail area to anyone other than himself and his wife.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access, and they are managed to help make sure that people receive effective care. The pharmacy obtains medicines from licensed suppliers and makes some checks to ensure they are kept in good condition.

### Inspector's evidence

Access to the pharmacy was via a conventional door which was suitable for wheelchairs. There was a small step outside the door but a portable ramp was available if needed. The pharmacist was aware of the need to signpost patients requiring services not available at the pharmacy. Posters and leaflets in the retail area provided information about NHS services and other healthcare topics. The pharmacy offered a prescription collection and delivery service.

Baskets were used to separate different prescriptions to avoid them being mixed up during dispensing. Prescriptions were retained with dispensed medicines awaiting collection. No systems were in place to highlight when high-risk medicines or controlled drugs were present. But the pharmacist said he knew what medicines most people were getting and would counsel patients if needed. Because all medicines were handed out by a pharmacist, he said they would normally double check what was being supplied. He was aware of the risks associated with the use of valproate during pregnancy. He reported that the pharmacy did not currently have any patients who met the risk criteria. But educational material was available to supply if the need arose.

Multi-compartment compliance aids were used to dispense medicines for residents of four care homes and a few other people, to help them take their medicines at the right time. Records of current medicines and dosages were kept on the pharmacy computer and were checked against repeat prescriptions. When more than one medicine was packed in a single compliance aid, descriptions were included on the label to enable identification of the individual medicines. The pharmacist confirmed that Patient Information Leaflets were always supplied. Medicines were obtained from licensed wholesalers and unlicensed specials were obtained from a specials manufacturer. No extemporaneous dispensing was carried out. The pharmacist was aware of the requirements of the Falsified Medicines Directive. He had opened an account with SecurMed and the necessary software was in place. But scanners had not yet been installed so the pharmacy was not yet meeting the requirements of the law.

The stock shelves were generally tidy. The pharmacist said he regularly carried out expiry date checks but no records were kept. So it was not clear when stock had last been checked or whether any had been missed. The medicines fridge was equipped with a maximum/minimum thermometer. Temperatures were checked daily and recorded on the computer.

Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. A former bank safe was being used to store controlled drugs. It was very heavy duty and generally exceeded safe custody requirements, except it was not bolted in place and so a police exemption certificate may be necessary to comply with safe custody requirements. Dedicated bins were used to dispose of unwanted medicines. The current bins were kept in the dispensary, but filled bins were being kept in the entrance hall for the upstairs flat. This meant there was a risk of unauthorised access to potentially dangerous medicines. When this was pointed out the pharmacist agreed to move them and store them within the pharmacy.

Drug alerts and recalls were received from the NHS and MHRA. The pharmacist said he would check stock straight away in response to any alerts he received.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. And it uses them in a way that protects privacy. Appropriate equipment is available for infection control.

### Inspector's evidence

Various reference books were available including a recent BNF. And the pharmacy had internet access. A range of crown stamped conical measures were available to measure liquids and these were kept clean. All Electrical equipment appeared to be in good working order.

A perspex screen had been fitted to the medicines counter to help avoid transmission of infection. PPE and hand sanitiser were available and the pharmacist routinely wore a face mask.

Patient Medication Records were stored on the pharmacy computer, which was password protected. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls.

### 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.