

# Registered pharmacy inspection report

**Pharmacy Name:** Hollowood Chemists Ltd, Garswood Health Centre,  
Billinge Road, Garswood, WIGAN, Lancashire, WN4 0XD

**Pharmacy reference:** 1092817

**Type of pharmacy:** Community

**Date of inspection:** 23/10/2019

## Pharmacy context

This is a community pharmacy situated in a medical centre on a main road through a semi-rural residential area, serving the local population. It mainly supplies NHS prescription medicines and it has a home delivery service. A large number of people receive their medicines in weekly compliance packs to help make sure they take them safely. It also offers other NHS services such as repeat medication dispensing, influenza vaccinations and minor ailment consultations.

## 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 procedures to help make sure the team provides safe services. The team reflects on its mistakes so that it can learn from them. Team members complete training on protecting people's private information, and they understand their role in protecting and supporting vulnerable people.

### Inspector's evidence

The pharmacy had written procedures that covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CDs). These procedures had been issued in January 2018 but did not state when they would be reviewed. Staff said they had read each of the procedures that applied to them and signed a single declaration confirming this, but it did not make clear which procedures they had read and understood.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they had supplied, and assisted with investigating and managing mistakes. The staff said that they discussed and recorded any mistakes they identified when dispensing medicines. They addressed each of these mistakes separately and regularly reviewed these records together. However, these could not be checked as only the manager, who was not present, had the access code to the electronic records. So, the team could not properly demonstrate how meaningful these records were or how effectively they reviewed them to identify any patterns or mitigate against risks in the dispensing process.

The pharmacy team received positive feedback across several key areas from people who used its services in its 2019-2020 satisfaction survey completed in October 2019. There was no publicly displayed information on how people could make a complaint. The manager had briefed staff on how to handle complaints, but the pharmacy did not have a written complaints procedure explaining how the team should deal with them.

The pharmacy had professional indemnity insurance for the services it provided. The RP, who was a locum pharmacist providing cover for the first time at the pharmacy, had not displayed their RP notice, which could make it less easy for people to identify them. But they subsequently displayed this and they had signed into the RP log when they started work that morning.

The pharmacy maintained the records required by law for the RP log, private prescription medication and CD transactions. It also maintained its records for CD destructions the flu vaccination and minor ailment services, Medicines Use Reviews (MURs), and any medicines manufactured under a special licence that it obtained and supplied. The pharmacy rarely had to supply any medicines urgently to people as they could quickly obtain their prescription from the medical centre, so there were no recent emergency supply records.

All the staff had completed GDPR training around May 2018 and they had passed a test that confirmed their understanding. They used passwords to protect access to electronic patient data, and each used their own security card to access people's electronic NHS data. They obtained people's consent to access their information in relation to the flu vaccination and minor ailment services, and MURs. They said that the medical centre had obtained people's written consent for the pharmacy to provide the

repeat dispensing and electronic prescription services, but had not obtained a copy of these. They had not obtained people's consent to allow a third-party agency to dispense their prescription for appliances or dressings. And some people's written information was stored unsecured in the consultation room, which remained unlocked, and was potentially accessible to unauthorised persons. A publicly displayed notice briefly explained how the pharmacy looked after people's information, but the pharmacy did not display its privacy notice or where people could access it. The pharmacy had not completed a data protection audit, so other risks to protecting information could have been overlooked.

The manager had level 2 safeguarding accreditation, but not all the staff had completed appropriate training, which the manager said they would address. The pharmacy had its own written procedures for safeguarding children and vulnerable adults. It also had the local safeguarding board's procedures for raising concerns about children's welfare, but it had not arranged access to the equivalent information on vulnerable adults. The team regularly consulted the GP, who then re-assessed the needs of people using the compliance pack service. This included whether they needed their medication limited to seven day's supply, which could help them to avoid becoming confused. However, the team did not always make corresponding records that supported the decisions made. The team had also reported safeguarding concerns to the GP when people exhibited signs of confusion. The pharmacy kept some records on the care arrangements for people using compliance packs, but these records did not always contain comprehensive details of this. So, the team may not have easy access to this information if needed urgently.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide safe services. The team members have the qualifications and experience needed for their roles and they work well together. Some team qualified members do not have regular performance reviews or participate in a structured ongoing training programme. This could mean that gaps in their skills and knowledge are not identified or supported.

### Inspector's evidence

The staff present included the RP, who was a locum pharmacist providing temporary cover and four experienced dispensers. The other staff who were not present included the manager, who was also the resident pharmacist, an experienced dispenser, a trainee a medicines counter assistant (MCA) who started around one month ago, and a delivery driver.

The pharmacy had enough staff to comfortably manage the workload. The team usually had repeat prescription medicines, including those dispensed in compliance packs, ready in good time for when people needed them. The pharmacy received most of its prescriptions via the electronic prescription and repeat dispensing services, which supported service efficiency. The pharmacy had a low footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people. Staff worked well both independently and collectively. They used their initiative to get on with their assigned roles, did not need constant management or supervision and supported the locum pharmacist well. One of the dispensers usually provided the compliance pack service. Only one of the other dispensers could cover the service when the main dispenser was on leave. So, maintaining staff skills and their familiarity with this service may not be optimal.

The pharmacy had an effective strategy to cover planned staff leave. It only allowed one of its staff to be on planned leave at any time, and other members of the team increased their working hours to cover this.

The resident pharmacist had an annual appraisal, and staff had informal discussions with them throughout the year about their own performance. However, they did not have an appraisal that formally clarified their areas for development. Staff occasionally arranged their own training through attending the local NHS body's events. But, they did not participate in any structured or planned programme of ongoing training.

The pharmacy had targets for some of its services, which the staff thought were realistic and achievable. They said that they could comfortably manage the competing MUR, flu vaccination and dispensing workloads, which was possible due to the long periods between people presenting their prescription to be dispensed and staff handling the administrative aspect of flu vaccinations. MUR consultations usually took between five and fifteen minutes depending on their complexity, and these were undertaken in the pharmacy's consultation room. This indicated they were conducted in an appropriate time and place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has a private consultation room, so members of the public can have confidential conversations and maintain their privacy.

### Inspector's evidence

The pharmacy was situated in a purpose-built unit, which had retail and dispensary fittings that were suitably maintained. It was spacious and professional in appearance. The retail area and counter design could accommodate the typical number of people who presented at any one time. The open-plan dispensary and compliance pack preparation area provided enough space for the volume and nature of the pharmacy's services. The consultation room was accessible from the retail area, and could accommodate two people. However, its availability was not prominently advertised in the front window, so people may not always know about this facility. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are suitably effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and overall, it manages them effectively to make sure they are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy was open Monday to Friday 9am to 6pm. It had a step-free entrance, and staff could see anyone needing assistance entering the premises. The resident pharmacist was flu vaccination accredited, so the service was available across most of the flu season. Another accredited pharmacist was providing cover for one of the two weeks that the resident pharmacist was on planned leave, and staff signposted people to alternative pharmacies where they could get the service. This meant that there was a reduced service for one week during the peak demand for flu vaccinations.

The pharmacy had previously checked its people on valproate, which had not identified anyone in the at-risk group. It was also completing a valproate audit to formally check if there was anyone currently in the at-risk category. The manager confirmed that they had MHRA approved advice booklets or cards to give these people, but could not locate them, so people may not be able to easily access this information.

The pharmacy manager had regularly checked if people on anti-coagulants or methotrexate had a recent blood test and if they were experiencing any side effects or interactions with other medicines. They queried if people on lithium had a recent blood test but did not always confirm if they had when a representative collected the medication. The RP said that the pharmacy had written procedures for dispensing higher-risk medicines, but they could not locate them.

The pharmacy team prompted people to confirm the repeat medications they required, which helped limit medication wastage and made sure people received their medication on time. And the team made records of these requests, which helped it to effectively resolve queries if needed.

The team scheduled when to order prescriptions for people who used multi-compartment compliance packs, which helped to make sure it supplied medication in good time. It kept a record of these people's current medication that also stated the time of day they were to take them, which reduced the risk of it overlooking any changes. The pharmacy kept records of the medical centre's quarterly medication reviews for people using compliance packs, which helped to make sure they only received their currently prescribed medication. The team labelled each compliance pack with a description of each medicine inside it, so that people could identify each of them.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. Several randomly selected stock cartons were permanently marked to indicate they were part-used, but some of these cartons only had a protruding flap, which risked people receiving the incorrect medication quantity.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored all of it in an organised manner. Staff had been briefed on the Falsified Medicines Directive (FMD), but the pharmacy did not have a system installed to comply with it, as required by law. Staff had

not received an update from the pharmacy's head office about when it would be installed.

The pharmacy suitably secured its CDs, had denatured its date-expired and patient-returned CDs and it had destruction kits for destroying them. The team monitored medication refrigerator storage temperatures. Staff said they regularly date-checked stock around every three months, and they left notes on the dispensary shelves indicating the recently checked stock, but they did not keep any permanent record of the sections completed. The team also took appropriate action when it received alerts for medicines suspected of not being fit for purpose and kept confirmatory records. It disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The team used an alphanumeric system to store people's bags of dispensed medication, so it could efficiently retrieve their medicines when needed. The team also checked the issue date on CD prescriptions at the point of supply, which made sure it only supplied CDs against a valid prescription. Records showed that the pharmacy had a secure medication delivery service, and the delivery driver asked CD recipients for their identity.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment that it needs to provide its services effectively. The pharmacy also has the facilities to secure people's information.

### Inspector's evidence

The team had access to recent versions of the BNF and cBNF, which meant they could refer to relevant pharmaceutical information if needed. The team had access to hot and cold running water and an antibacterial hand-sanitiser, and it had a range of clean measures. So, staff had hygienic measuring facilities to make sure they did not contaminate medicines they handled and could accurately measure and give people their prescribed volume of medicine. The pharmacy team kept the dispensary sink clean, but the surrounding surface around the tap had some grime, and water had penetrated the wooden chipboard worktop in this area, which had resulted in it starting to shed some material. At this stage it did not present a significant risk to contaminating medicines, but could do if it remained unaddressed.

The team had facilities that protected people's confidentiality. It viewed their electronic information on screens not visible from public areas. And it regularly backed up people's data on its patient medication record (PMR) system. So, it secured their electronic information and could retrieve their data if the PMR system failed. The team also had facilities to store people's dispensed medicines and their prescriptions away from public view.

### 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.