General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Hollowood Chemists, 2 Millfields Court, Eccleston, St. Helens, Merseyside, WA10 5RG

Pharmacy reference: 9011040

Type of pharmacy: Community

Date of inspection: 22/07/2019

Pharmacy context

This is a community pharmacy adjacent to a medical centre, on a parade of retail units. It is situated in the residential area of Eccleston in St Helens. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and a minor ailment service. A number of people receive their medicines in multi-compartment compliance aids.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy generally keeps the records it needs to by law. 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. Members of the team record things that go wrong, but they do not review the records, so they may miss some learning opportunities. And there may be a risk of similar mistakes happening again.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were issued in January 2018. Most of the pharmacy team had signed to say they had read and accepted the SOPs. However, the trainee counter assistant had not. So it was not clear whether she fully understood what was expected of her.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). The most recent error involved the incorrect supply of telmisartan 20mg tablets instead of tamoxifen 20mg tablets. The pharmacist had investigated the error and made the staff aware about the mistake. To help reduce the risk of further errors, the stock had been segregated on separate dispensary shelves. Near miss errors were recorded electronically by the pharmacist. The pharmacist said he would also highlight mistakes to staff at the point of accuracy check and staff were asked to rectify their own errors. But there were no reviews of the errors once they had been recorded. And there were not many examples of action taken in response to identifying near miss errors.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The technician was able to describe what her responsibilities were and was also clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. But details about it were not on display so people may not always know how they can raise concerns. Complaints were recorded and followed up by the pharmacist manager or the head office.

A current certificate of professional indemnity insurance was on display in the pharmacy. Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded. The balance of two random CDs were checked and both found to be accurate. Another CD was found to have a deficit of 196 capsules. The pharmacist promptly identified that this was due to two missing records of supply and the records were amended. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team had completed GDPR training and had confidentiality agreements in their contracts. Confidential waste was segregated and removed by an authorised waste carrier. When questioned, the technician was able to describe how she would no longer use the fax machine to send confidential information. There was no information on display about the company's privacy notice, so the public may not be fully informed as is legally required.

Safeguarding procedures were included in the SOPs. The pharmacist said he had completed level 2

safeguarding training. Contact details of the local safeguarding board were not available. The technician 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 generally trained for the jobs they do.

Inspector's evidence

The pharmacy team included a pharmacist manager, a pharmacy technician, two dispensers and a trainee medicine counter assistant (MCA). The trainee MCA was helping to put medicines away, and she said she had done this for the last two to three months. But she had not completed or been enrolled onto the necessary training for this role. In order to meet the GPhC's minimum training requirements for pharmacy support staff, enrolment will be required within three months from commencing these duties.

An additional member of staff was on work experience. He had commenced his role earlier in the morning and he was limited to a few tasks. This included date checking, putting stock away and serving customers. Sales of medicines were referred to the pharmacist. The work he completed was supervised by another member of the pharmacy team.

In the morning, the normal staffing level was a pharmacist and three members of staff. This reduced to a pharmacist and two members of staff in the afternoon. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

The company provided the pharmacy team with some additional training, for example they had recently completed a training pack about children's oral health. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

The technician gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales she felt were inappropriate and refer people 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 trainee MCA said she felt a good level of support from the pharmacist and was able to ask for further help if needed.

Staff were not provided with appraisals. But members of the pharmacy team said they felt able to discuss their work with the manager if needed. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. There were targets for services such as MURs and NMS. 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 enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink was 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 the position of the counter. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a kettle, microwave, separate staff fridge, and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from appropriate sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But the pharmacy team does not always identify people who receive higher risk medicines. So it might not always check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was wheelchair access to the consultation room. A service panel provided 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 folder. The pharmacy opening hours were displayed at the entrance of the pharmacy. Some leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and logged onto an electronic delivery platform. Electronic signatures were obtained from the recipient to confirm delivery. Delivery drivers used a mobile device which belonged to the company. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patients' 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 retained, and stickers were used to clearly identify 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.

Schedule 3 and 4 CDs were not highlighted so that staff could check prescription validity at the time of supply. So there is a risk some medicines may be supplied past their expiry date. And members of the pharmacy team may fail to mark schedule 3 prescriptions with the date (which is a legal requirement to be completed at the time of supply). 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. But educational material was not available to hand out when the medicines were supplied. So important information may not be provided to people. 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.

Some medicines were dispensed in multi-compartment compliance aids. A record sheet was kept for all compliance aid patients, 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 were labelled with a dispensing check audit trail. But compliance aids were not labelled with medication descriptions and patient information leaflets (PILs) were not routinely supplied. So people may not be able to identify the individual medicines or have all of the information they need to take the medicines safely.

Prescriptions for dressings and ostomy supplies were sent to be dispensed by an external appliance contractor. The pharmacist said that consent was not obtained from the patient for the prescription to be dispensed by another contractor. So people may not always be aware that their personal information is being shared.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the Falsified Medicines Directive (FMD), which is now a legal requirement. Equipment was not installed so the pharmacy team were not yet able to carry out safety checks of medicines. Following the inspection, the company confirmed the equipment had been ordered.

Stock was date checked on a three month rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short-dated stock was highlighted using a sticker and liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with 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 and records showed they had been within the required range. Patient returned medication was disposed of in designated bins located away from the dispensary.

Drug alerts were received electronically by email. The pharmacist said he would action alerts but there were no records of this kept. So the pharmacy was not be able to demonstrate what steps had been taken in response to alerts.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's team members have 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 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; patients were offered its use when requesting advice or when counselling was required.

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.