

Registered pharmacy inspection report

Pharmacy Name: Hollowood Chemists, 45 Brackley Street,
Farnworth, Bolton, Greater Manchester, BL4 9DS

Pharmacy reference: 9011880

Type of pharmacy: Community

Date of inspection: 28/11/2022

Pharmacy context

This community pharmacy is located in a small retail area in the town centre. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. The pharmacy relocated into these new premises in May 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 generally manages risks to make sure its services are safe, and it takes steps to improve patient safety. It completes the records that it needs to by law, and it asks its customers for their views and feedback. Members of the pharmacy team are clear about their roles and responsibilities. The team has written procedures on keeping people's private information safe. And team members understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided. Some of the newer members of the pharmacy team had not signed the SOPs to show that they had read and accepted them, so there was a risk that they might not fully understand the pharmacy's procedures. Roles and responsibilities were set out in the SOPs and the pharmacy team members were performing duties which were in line with their roles. Team members were wearing uniforms and name badges. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations. A business continuity plan was in place which gave guidance and emergency contact numbers to use in the case of systems failures and disruption to services.

The pharmacy team recorded dispensing incidents and near misses on an electronic recording system. Errors were discussed with the team members involved and learnings were shared with the rest of the team, but reviews and learning points were not always recorded, so the team might be missing out on additional learning opportunities. Clear plastic bags were used for assembled insulin to allow an additional check at hand out. Team members explained that the new premises provided plenty of space on the dispensary shelves to allow different strengths and forms of medication to be clearly separated, which helped to reduce errors.

A notice was on display with the complaint procedure and the details of who to complain to and the local Patient Advice and Liaison Service (PALS). A dispenser described how she would deal with a customer complaint which was to refer it to the pharmacist. The pharmacy manager explained that the team frequently received positive feedback and people visited the pharmacy from a wide area, as the pharmacy was well known in the area for their good customer service and hard work sourcing medicines. A couple of people in the pharmacy expressed positive feedback about the pharmacy and the pharmacy team to the inspector during the inspection.

A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription and emergency supply records, the RP record, and the controlled drug (CD) registers were all in electronic form and they were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

There was an information governance (IG) file which included information about data protection and confidentiality. Confidential waste was collected in a designated place and shredded. A dispenser correctly described the difference between confidential and general waste. Assembled prescriptions were stored appropriately so that people's details could not be seen by members of the public. 'How

we look after and safeguard information about you' leaflets were on display with information about the General Data Protection Regulation (GDPR) and the NHS Code of Confidentiality. Consent was received when Summary Care Records (SCR) were accessed.

The pharmacy manager had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. A dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. There was nothing on display indicating that the pharmacy had a chaperone policy, so people might not realise this was an option. Team members said they would look into obtaining a suitable notice. The pharmacy team were aware of the 'Safe Space' initiative, where pharmacies were providing a safe space for victims of domestic abuse, and had registered the pharmacy to take part in it.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together in a busy environment, and they have the right training and qualifications for the jobs they do. Team members are comfortable providing feedback to their manager and they receive informal feedback about their own performance.

Inspector's evidence

The pharmacy manager was working as the RP. There was also a trainee pharmacist and two NVQ2 qualified dispensers (or equivalent) on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and people who visited the pharmacy. Planned absences were organised so that not more than one person was away at a time. Absences were covered by re-arranging the staff rota. There was an option of requesting staff from a neighbouring branch, but team members were flexible with their hours and usually covered each other's absences.

Members of the pharmacy team carrying out the services had completed appropriate training and their qualification certificates were on display in the office. Members of the team on accredited courses were given protected training time and other members of the team were given training time when they requested it. The trainee pharmacist confirmed she was on a structured course and had completed formal reviews with the pharmacy manager, who was her tutor. Team members, who were not on accredited training courses carried out some ad-hoc training, to keep their knowledge up to date, and used online learning resources provided by the NPA. The pharmacy manager gave team members feedback on their performance informally, but there wasn't any formal appraisal system, so gaps in their knowledge might not always be identified and supported.

The pharmacy manager had a daily discussion with the team, when he would bring to their attention any new medicines or any issues which had arisen. A dispenser said she felt there was an open and honest culture in the pharmacy. She said team members were asked for their suggestions and ideas to improve how the team worked. She confirmed she would be comfortable admitting errors and reporting concerns to the pharmacy manager. There was a whistleblowing policy.

The pharmacy manager said he felt empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because he felt it was inappropriate. Targets were set for services such as the New Medicine Service (NMS) and blood pressure testing. He said these were important to the organisation and head office sent emails indicating how they were performing against target, but he didn't feel targets ever compromised patient safety. A diary was used to manage additional services, and they were not booked in unless workload permitted this.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has two private consultation rooms that enables it to provide members of the public with the opportunity to receive services in private and have confidential conversations.

Inspector's evidence

The pharmacy premises, including the shop front and fascia, were clean, spacious, and well maintained. The retail area was free from obstructions, professional in appearance and had a waiting area with two chairs. The temperature and lighting were adequately controlled. The pharmacy had been fitted out to a high standard, and the fixtures and fittings were in good order. There was a separate stockroom. Staff facilities included a kitchen and a WC, with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water.

There were two consultation rooms. One was available for substance misuse patients, who could receive their supervised medication from the dispensary through a hatch. The needle exchange service was also carried out in this room and there was equipment in place for the safe storage of sharps bins. The other consultation room was used when carrying out services such as flu vaccinations and when customers needed a private area to talk. It was equipped with a sink, and was uncluttered, clean and professional in appearance. The availability of the rooms was highlighted by signs on the doors.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. Services are generally well managed, so people receive appropriate care. The pharmacy sources, stores and supplies medicines safely. And it carries out some checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was accessible to everyone, including people with mobility difficulties and wheelchair users. A list of the services provided by the pharmacy was displayed in the window of the pharmacy along with the opening hours. There was a range of healthcare leaflets and posters advertising local services. For example, 'let's keep Bolton moving' which encouraged people to take part in physical activity. The pharmacy team was clear what services were offered and where to signpost people to a service not offered. There was a home delivery service two days a week, which was carried out by the dispensers, and there was an associated audit trail. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

The dispensary was spacious and the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Speak to Pharmacist' stickers were used to highlight when counselling was required and high-risk medicines were targeted for extra checks and counselling. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and none of the regular patients were in the at-risk group. The original packs of Epilim on the dispensary shelves all contained valproate care cards and the pharmacy manager knew that additional care cards and information could be printed off if required to ensure people in the at-risk group were given the appropriate information and counselling.

Multi-compartment compliance aid packs were well managed with an audit trail for communications with GPs and changes to medication. Medicine descriptions were included on the packaging to enable identification of the individual medicines. Packaging leaflets were not always included, so some people might not have easy access to all of the information they need. Staff confirmed that they would include packaging leaflets going forward. Disposable equipment was used. An assessment was made by the pharmacist as to the appropriateness of a pack or if other adjustments might be more appropriate to somebody's needs, unless referred directly by their GP.

A dispenser explained what questions she asked when making a medicine sale and when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in two CD cabinets which were securely fixed to the wall/floor. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials'. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Expired and unwanted medicines were segregated and placed in designated bins. Alerts and recalls were received via email messages from head office, the NHS area team, the Medicines & Healthcare products Regulatory Agency (MHRA) and wholesalers. These were read and acted on by a member of the pharmacy team and then filed. A copy was retained in the pharmacy with a record of the action taken so the team were able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain and monitor the equipment so that it is safe to use and accurate, and they use it in a way that protects privacy.

Inspector's evidence

Some older copies of the British National Formulary (BNF) and BNF for children and Martindale were available for reference but the pharmacist could access the internet for the most up-to-date information. The pharmacy manager said he used an App on his mobile phone to access the electronic BNF as the most recent BNF was not available in the pharmacy in printed form.

There was a clean medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order. There was a Perspex screen at the medicine counter which had helped to avoid the spread of infection during the covid pandemic.

There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. There was also an automated methadone pump, which was cleaned and calibrated daily, and spot checks on accuracy were carried out throughout the day. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted 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.