

Registered pharmacy inspection report

Pharmacy Name: Holden's Chemist Express, Unit 3, The Old Police Station, Shrewsbury Road, Bircotes, Doncaster, Nottinghamshire, DN11 8DE

Pharmacy reference: 9012059

Type of pharmacy: Internet / distance selling

Date of inspection: 11/03/2024

Pharmacy context

This pharmacy is located in a closed unit in a residential area. Members of the public do not visit the pharmacy in person unless they have an appointment for a private service. The pharmacy dispenses NHS prescriptions, and it delivers medicines to people in the local area. It dispenses some medicines in multi-compartment compliance aid packs to help people take their medicines at the right time, and it supplies medicines to people in care homes. The pharmacy has a private prescribing service and provides treatments for hayfever.

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 completes the records that it needs to by law. Members of the pharmacy team work to professional standards, and they are clear about their roles and responsibilities. They keep people's private information safe and 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 with signatures showing that members of the pharmacy team had read and accepted them. The delivery driver, who was relatively new to the pharmacy, had not indicated that he had read the delivery SOPs. The superintendent pharmacist (SI) explained that he had gone through the delivery procedure with the driver, and he confirmed that the driver was carrying out deliveries in line with the SOPs. Roles and responsibilities were set out in SOPs and the dispenser was performing duties which were in line with her role.

The SI was a director of the company that owned the pharmacy. He also worked as the regular responsible pharmacist (RP), and his name was displayed on an RP notice in the pharmacy. He mainly supervised the dispensing activity. He was a pharmacist independent prescriber (PIP) and he occasionally prescribed in the pharmacy at the hayfever clinic. This meant he undertook the roles of prescriber and supplying pharmacist. The pharmacy had not yet completed formal audits of prescribing activity due to the very low levels of prescribing. The SI agreed that audits to monitor prescribing and compliance with prescribing policies would be introduced if the level of prescribing increased.

The pharmacy had written risk assessments to identify and manage the risks with the prescribing and dispensing activities which covered the services and medicines provided. The pharmacy's hayfever clinic involved people attending the pharmacy for face-to-face consultations. As part of this service the SI sometimes prescribed and administered Kenalog injections. Kenalog is not recommended by the National Institute of Health and Care excellence (NICE) or the NHS for hayfever and prescribing was outside of the manufacture's product licence for the treatment of hayfever, or 'off licence.' The pharmacy had clinical guidelines for the Kenalog service, a risk assessment, and a policy for prescribing off licensed medicines. The SI informed people that the medicine was being prescribed 'off licence' and the policy for prescribing off licensed medicines was made available if requested. It was stated as a mandatory requirement in the clinical guidelines for Kenalog, for the pharmacy to seek permission to inform people's regular doctor (GP) when the medication was prescribed. The SI confirmed that he accessed people's National Care Records (NCRs) when they consented to this, and this was recorded in the consultation notes.

The pharmacy had an SOP for dealing with incidents. The dispenser said there had not been any dispensing errors which she was aware of. Near misses were recorded on a log and any learnings shared with the team. The dispenser confirmed that she felt comfortable admitting errors and said she tried to learn from mistakes. The complaint procedure and the details of who to complain to was available on the pharmacy's website. The SI confirmed that suitable professional indemnity insurance arrangements were in place.

Private prescriptions and the RP log were recorded electronically. The incorrect prescriber had been recorded for one of the private prescriptions, but otherwise the records appeared to be in order. The controlled drug (CD) registers were appropriately maintained. Records of CD running balances were kept and these were regularly audited. One CD balance was checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

There was an information governance (IG) SOP and a guide to confidentiality. Confidential waste was placed in designated bags and an arrangement was in place for them to be collected by a waste disposal company. The delivery driver had a good understanding of patient confidentiality and explained that he had worked in other roles within the healthcare sector. A privacy policy and cookies policy were available on the pharmacy's website.

There was a child and vulnerable adult protection policy. The SI had completed level two and level three training on safeguarding. The delivery driver knew to voice any concerns regarding vulnerable adults to the SI or pharmacist working at the time. There was a notice on the door of the consultation room offering people a chaperone, so people knew this was an option.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members complete the essential training they need to do their jobs. But ongoing training does not happen regularly, so the team's knowledge may not always be fully up to date. The team members are comfortable providing feedback to their manager and have opportunities to discuss issues informally together.

Inspector's evidence

The SI, an NVQ2 qualified dispenser (or equivalent) and a delivery driver were on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection. The pharmacy had recruited additional team members as the workload increased, and an apprentice had recently joined the team.

The SI qualified as a PIP several years ago. He had completed some self-directed learning such as a training course 'Treating hayfever and allergy with triamcinolone' in June 2023 and felt competent to prescribe for the hayfever clinic. The website also offered a vitamin B12 injection service, but the SI said he had not prescribed or administered any as he had not completed appropriate training for this. The apprentice had worked at the pharmacy for around one month. The SI confirmed that he was to be enrolled onto an appropriate dispensing assistant course in the very near future. The dispenser was qualified but didn't complete any regular ongoing training, so her knowledge may not always be fully up to date.

The dispenser explained that she discussed issues on a regular basis with the SI and the rest of the pharmacy team. There was a diary and post-it notes for written communication within the team. The dispenser felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the SI about any concerns she might have. There was a whistleblowing policy. The SI explained that he was going to introduce a formal appraisal process for team members to discuss their performance and development. He said this would be on an annual basis. Since none of the pharmacy team had worked at the pharmacy for a year yet, no appraisals had taken place. The dispenser hadn't been set any goals or objectives, but she had a good understanding of what was expected of her.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment for people to receive healthcare services from. It has a private consultation room so people can have confidential conversations with the pharmacist. The pharmacy's website has some useful information about the pharmacy and its services. But some of the information about the services is inaccurate and could be misleading.

Inspector's evidence

The pharmacy was situated in a secure, closed unit on the first floor of a commercial building. The pharmacy premises were well maintained, and the fixtures and fittings were in good order. The pharmacy was clean. The temperature and lighting were adequately controlled. There was a stockroom where excess stock was stored and a separate room for the assembly and storage of compliance aid packs. The consultation room was clean and professional in appearance. This room was used when carrying out private services such as the hayfever service and NHS New Medicine Service (NMS) consultations. Staff facilities included a kitchen area and a WC, with a wash hand basin, hand wash, and hot and cold running water. Access into the premises was via a locked gate and a front door on the ground floor. People needing access such as wholesale drivers were required to ring the doorbell to request entry. The pharmacy's website (www.holdenschemistexpress.co.uk) contained some information about the pharmacy and its services. The pharmacy's address and GPhC registration number was displayed on the website, and the SI's name and registration number. Some of the services advertised on the website were not currently provided. For example, a vitamin B12 injection service and a minor ailment clinic.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are generally well managed to help make sure people receive their medicines safely. It sources 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 up a flight of stairs which meant it was not accessible for people with mobility difficulties and wheelchair users. The pharmacy was not offering the Pharmacy First service. The SI was clear which of the seven conditions could be provided from a distance selling pharmacy as part of this service, and he was aware that it was not allowed to provide the service face-to-face in the pharmacy, but only through a video consultation. There was a health promotion zone on the pharmacy's website with links to NHS health campaigns and information on conditions and medicines.

Space was adequate in the dispensary. 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. 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. The SI explained that if counselling was required, he would telephone the patient or set up a video link. He was aware of the requirements for a Pregnancy Prevention Programme to be in place and that people who were prescribed valproate should have annual reviews with a specialist. He was also aware of the new requirements that original packs should always be dispensed for valproate. The SI said that the pharmacy did not currently have any patients in the at-risk group.

There was a home delivery service with associated audit trails. Each delivery was recorded electronically, and the delivery driver used a hand-held device to obtain signatures from the recipients. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. The delivery driver described the delivery process which was in line with the SOPs. Extra care was taken when CDs or medicines requiring refrigeration were delivered. Deliveries were in the local area, so there were no issues with temperature control during transportation.

The pharmacy provided medicines in multi-compartment compliance aid packs for people in the community and some people in care homes. This service was reasonably well managed with an audit trail for communications with GPs and changes to medication. Medicine descriptions were usually included on the labelling sheets, but the labels did not always contain the cautionary and advisory warnings, so people might not know how to take their medicines safely. The SI said he had resolved this issue on most people's labelling sheets, but some must have been missed, which he would correct. The SI confirmed that packaging leaflets were usually included so people could easily access additional information about their medicines. Disposable equipment was used. The SI carried out assessments as to the appropriateness of a compliance aid pack before initiating them. He was aware that other forms of adjustments were sometimes more appropriate to meet people's needs and he wouldn't automatically supply a pack without an assessment.

The pharmacy stocked a small range of over the counter (OTC) medicines. There was no facility to buy

medicines through the website. The SI said he didn't think the pharmacy had sold any OTC medicines yet, but if the pharmacy did receive a request over the telephone, they would ask the relevant questions and the delivery driver would take payment on delivery.

Consultations for the hayfever service were made by appointment. The SI used a consultation template to fully document people's medical history, lifestyle factors and create a personalised treatment plan. He demonstrated two completed records for the prescriptions which he had issued.

The CD cabinet was securely fixed to the wall. The keys were under the control of the RP during the day and stored securely overnight. Patient returned CDs were segregated and stored securely. Recognised licensed wholesalers were used to obtain stock medicines. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented.

The pharmacy received alerts and recalls by email which the SI saved in an electronic folder for reference. The SI said they were read and acted on and a copy was printed off and retained in the pharmacy if any action was needed. 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 the equipment so that it is safe, and they use it in a way that protects privacy.

Inspector's evidence

The pharmacist could access the internet for the most up-to-date information such as the electronic British National Formulary (BNF) and BNF for children. There was a large clean medical fridge for storing medicines. 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. There was a glass liquid measure with British standard and crown mark. 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. 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.