

Registered pharmacy inspection report

Pharmacy Name: Hollowood Chemists, 23 Bassenthwaite Avenue, St. Helens, Merseyside, WA11 7AB

Pharmacy reference: 9012218

Type of pharmacy: Community

Date of inspection: 20/06/2024

Pharmacy context

This community pharmacy is located in a small shopping parade. It is situated in a residential area of Moss Side, 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 emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance packs for some people to help them take their medicines at the right time.

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 manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to help make sure they work safely, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. And the team members understand their role in protecting vulnerable people and they keep people's personal information safe.

Inspector's evidence

Standard operating procedures (SOPs) were available and had been read and signed by the team. SOPs were issued and reviewed by the head office team.

Dispensing mistakes which were identified before a medicine was supplied to people (near misses) were highlighted to the team member involved in the dispensing process and recorded in a near miss log. The responsible pharmacist (RP) reviewed near misses when each page of the log had been completed. Following the review, a discussion was held with the team. Team members recently attached warning labels on shelf edges where medicines that looked or sounded alike were kept. Other warning labels were attached near medicines with different formulations, different strengths and where quantity mistakes had happened. The team also explained that they had separated the different strengths of zopiclone, diazepam and apixaban on the shelves. Any instances where a dispensing mistake had happened, and the medicine had been supplied, (dispensing errors) it was investigated, and a record was made. Head office viewed the record electronically. The company template used to record dispensing incident was brief. However, the RP explained that he also completed a form on the National Reporting and Learning System (NRLS) website.

A correct RP notice was displayed. When questioned, team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and details about it were displayed in the pharmacy. This meant people would know how they could raise any feedback.

Private prescription records, emergency supply records, unlicensed specials dispensed, controlled drug (CD) registers and RP records were well maintained. However, some pharmacists were not routinely signing out of the RP record. This could make it difficult to identify when a pharmacist's responsibility had ended in the event of a query. Running balances for CDs were recorded and regularly checked against physical stock held in the pharmacy. A random balance was checked and found to be correct. CDs that people had returned to the pharmacy were recorded in a register and appropriately destroyed.

Information governance (IG) procedures were in place. Team members were able to describe how confidential waste was destroyed using the on-site shredder. The RP had access to National Care Records (NCR) and consent to access these was gained verbally. Safeguarding procedures were included in the SOPs and all team members had completed safeguarding training online. Contact details for the local safeguarding board were on display in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload safely. And they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist, four trained dispensers, one of whom was an accuracy checker; a trainee dispenser and a trained medicine counter assistant (MCA). All members of the pharmacy team were appropriately trained or on accredited training programmes. There was usually a pharmacist and three to four members of the team. The volume of work appeared to be adequately managed. Staffing levels were maintained by part-time staff and a staggered holiday system. The RP felt that three were enough staff and the head office team allowed team members to do overtime if additional staff were needed and also helped to arranged cover.

Team members asked appropriate questions and counselled people before recommending over-the-counter medicines. They were aware of the maximum quantities of medicines that could be sold over the counter and would refer any requests for multiple quantities to the RP. Team members were asked by head office to complete training modules on the eLearning for healthcare (elfh) portal, in line with NHS contractual requirements. Head office sent the RP a list of all the training team members were required to complete within the year. The RP briefed the team if there were any patient safety alerts. Team members were provided with training time which also allowed them to discuss what they had learnt with colleagues.

The pharmacist said he felt able to exercise his professional judgement and this was respected by the pharmacy team and pharmacist (SI). A trainee dispenser said she received a good level of support from the pharmacist and was able to ask any questions about her dispenser training course if she needed to. Team members had annual appraisals with the RP who also provided them with on-the-spot feedback. Members of the team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. Weekly meetings were held with head office which were attended by all the pharmacy managers within the same company. The RP provided feedback and relevant updates to the team. If there was a topic on the agenda which the RP thought was relevant to individual team members, he asked them to attend the meeting. The team worked closely together and discussed matters as they arose. Targets were set for the services provided, the RP said these would not affect his professional judgement in any way.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has consultation rooms, so that people can speak to the pharmacy team members in private when needed.

Inspector's evidence

The pharmacy had recently relocated to a new premises. It was clean, tidy, well maintained and presented a professional image. The dispensary was of a reasonable size and had ample workspace. Workspace was clear of clutter, organised and allocated for certain tasks. There was a dispensary sink for medicines preparation. The premises were kept secure from unauthorised access.

Two signposted consultation rooms were available and suitable for private conversations. The room adjacent to the dispensary had been fitted with a counter and glass barrier and was used for supervised consumption of medicines. This room was also used to store excess stock of bags and boxes. All areas of the pharmacy were well lit and air conditioning was fitted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely provides its services safely. It obtains its medicines from licensed sources and generally manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy was accessible from the street and there was a carpark available for people using the shops in the parade. The shop floor was clear of any trip hazards and the retail area was easily accessible. Team members assisted people who needed help entering the pharmacy and the pharmacy provided a medicine delivery service. Information about the services provided in the pharmacy could be found on its website. A hearing loop was available. When it was necessary, the pharmacy team used the internet to find out the details of local services and signposted people who needed services that the pharmacy did not provide. Leaflets, particularly those about mental health conditions, were kept and team members were aware of local sexual health and GP services. The RP described that there was more of a variance in the range of languages now compared to when he had started working at the pharmacy and the team used online translation applications to help with any communication barriers.

The RP explained that the contraception and NHS Pharmacy First service had a positive impact on the local population. The pharmacy was able to initiate contraceptive medicines in people who were in their late teens and early twenties which made it more accessible. With the Pharmacy First service parents were able to access the service without an appointment when their children were unwell and did not have to go to the GP surgery.

In advance of introducing the Pharmacy First service, the RP had completed both online and face-to-face training held at the company's head office as part of which pharmacists had been trained on how to use an otoscope. Team members had been briefed on the service and asked to read the relevant SOPs. Signed PGDs were available for the service.

The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. Any prescriptions that had been clinically checked by the RP and could be accuracy checked by the accuracy checking dispenser was stamped using a designated stamp. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing.

Dispensed medicines awaiting collection were kept on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were observed confirming the patient's name and address when medicines were handed out. Dates were highlighted on prescriptions for any schedule 3 or 4 CDs expiry, to ensure prescriptions were not handed out after they had expired. The pharmacy team were aware of the risks associated with the use of valproate containing medicines during pregnancy. The pharmacy had completed an audit on sodium valproate, as part of which anyone in the at-risk group had been identified and counselled. The pharmacy supplied one person with sodium valproate in a compliance pack. A written risk assessment had not been completed and the RP provided an assurance that he would do this.

Some medicines were dispensed in multi-compartment compliance packs. Most packs were prepared at another branch within the same company, also called the hub pharmacy. Data from prescriptions was entered onto the system and sent electronically to the hub pharmacy. Data entry was either done by the RP or accuracy checker and information was double checked before submitting. Prepared packs were sent back. Any medicines that were not dispensed into the packs were dispensed in the pharmacy and added to the bag. A record sheet was kept for each person who received a pack. It contained details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was received electronically as part of the discharge medicines service (DMS). Compliance packs seen were labelled with mandatory warnings and product descriptions, but patient information leaflets (PILs) were not normally provided. So, people may not have all of the information they might need to take their medicines safely. The RP provided an assurance that he would speak to the SI about this.

Deliveries were carried out by one of the company's delivery drivers. An electronic device was used to maintain a delivery record. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. All drivers had completed training on confidentiality. The RP provide an assurance that he would ensure the driver also completed safeguarding training.

Medicines were obtained from licensed wholesalers and were stored appropriately. Fridge temperatures were monitored daily and recorded; these were within the required range for the storage of cold chain medicines. The pharmacy also had a data logger in the fridge which monitored the temperature constantly. Expiry dates were checked routinely every three months. Short dated stock was marked with pens. An up to date matrix was seen. No date expired medicines were found on the shelves. Obsolete medicines were disposed of in appropriate containers which were kept separate from stock and collected by a licensed waste carrier. Drug recalls were received via email from head office. They were printed, shared with the team, and actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. Equipment is maintained and kept clean so that it is safe and ready to use.

Inspector's evidence

The pharmacy team had access to the internet for general information. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean. A blood pressure monitor, thermometer and otoscope were also available to use as part of the services provided. A calibration test certificate was available for the blood pressure monitor.

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 team members to 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. |