

Registered pharmacy inspection report

Pharmacy Name: Hollowood Chemists, Aspull Health & Wellbeing Centre, Haigh Road, Aspull, Wigan, Greater Manchester, WN2 1XH

Pharmacy reference: 9012246

Type of pharmacy: Community

Date of inspection: 09/05/2024

Pharmacy context

This is a community pharmacy situated next to a medical centre. It is in the village of Aspull, in the borough of Wigan. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including a minor ailment service and emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance packs to 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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. Members of the team record things that go wrong, but they do not always review the records. So, they may miss some learning opportunities.

Inspector's evidence

There was a set of standard operating procedures (SOPs), which had been issued in August 2023. Most members of the pharmacy team signed the procedures to show they had read and accepted the SOPs. But some of the newer team members had not. So, the pharmacy may not be able to show they fully understand how to carry out the processes that are in place.

The pharmacy used electronic software to record and investigate dispensing errors. Part of the investigation involved identifying any learning outcomes which were shared with the team. Near miss incidents were recorded on a paper log. The records were transferred to the electronic software, which analysed the records and produced graphs which made it easier for team members to understand. The review recorded any underlying themes and learning outcomes. But these reviews had not been completed since December 2023 as the pharmacist had fallen behind with keeping them up to date. The pharmacist shared any mistakes with team members and discussed any subsequent learning points. The team had also discussed medicines which had similar sounding names or similar boxes. And to help prevent picking errors, they had placed warning labels in the dispensary where these medicines were located.

Roles and responsibilities for members of the pharmacy team were described in individual SOPs. A trainee dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with pharmacy team members. Any complaints would be recorded and followed up. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions, and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked frequently. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. Members of the team had recently completed IG training. When questioned, a trainee dispenser was able to explain how confidential waste was destroyed using an on-site shredder. A notice in the retail area provided information about how the pharmacy handled and stored people's information. Safeguarding procedures were available. Members of the team had completed safeguarding e-learning, whilst registered pharmacy professionals in the team had completed level 2 safeguarding training. Contact details for the local safeguarding board were on display. A trainee pharmacy technician said she would initially report any concerns to the pharmacist

on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough members of the team to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Team members complete some additional training to help them keep their knowledge up to date. But this is not structured, so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included a pharmacist manager, a trainee pharmacist, a pharmacy technician who was trained to complete accuracy checks, two trainee pharmacy technicians, and two dispensers, one of whom was in training. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be manageable. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about waste management. Training records were kept showing what training had been completed. But further training was not provided in a structured or consistent manner, and records were not always kept. So, learning needs may not always be fully addressed.

A dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist felt able to exercise her own professional judgement, and this was respected by team members and the head office.

Numerous team members were completing training in pharmacy qualifications. They all felt well supported in their studies, and able to ask for further help if it was needed. The pharmacist manager provided individual feedback to team members. But there was no formal appraisal programme. So, development needs may not always be identified or addressed. Members of the team discussed ongoing work, including when there were errors or complaints. They were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. There was a drive to increase the volume of professional services, such as blood pressure monitoring. The pharmacist did not feel under pressure to undertake services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

Inspector's evidence

The pharmacy had recently relocated into its current premises. It was generally clean. But a number of baskets were stored on the floor in the dispensary. And this may make the space less effective. Access to the dispensary was restricted by use of a gate. People were not able to view any sensitive information due to the position of the dispensary. The temperature was controlled by the use of air condition units, and lighting was sufficient. Team members had access to a kitchenette area, and WC facilities.

A consultation room was available and was clean. There was a computer, desk, seating, adequate lighting, and a wash basin. A leak in the roof in the consultation room had been reported and scheduled to be repaired. 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 licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. Additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

Inspector's evidence

There was good access to the pharmacy, suitable for wheelchairs and push prams. There was also wheelchair access to the consultation room. Information was on display about the services offered, and information was also available on the website. A range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service, with delivery records kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done an accuracy checker was able to perform the final accuracy check. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a 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. Members of the team were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium, and methotrexate) were also highlighted, and patients were counselled on their latest results which was recorded on their PMR. Team members were aware of the risks associated with the use of valproate-containing medicines during pregnancy. Educational material was supplied with the medicines. The pharmacist had completed an audit to search for people who fit into the risk criteria, but there were currently no people who did.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack the pharmacy would complete an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was updated. Hospital discharge information were sought and retained for future reference. Compliance packs were labelled with medication descriptions and supplied with patient information leaflets (PILs).

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of medicines were checked every three months. A date

checking record was on display and signed by team members when it had been completed. Short-dated medicines were highlighted using a sticker and opened liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear separation 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 thermometer. The minimum and maximum temperature was being recorded daily and records showed they had remained in the required range for the last three months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFC, and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

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 team members 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.