

# Registered pharmacy inspection report

**Pharmacy Name:** Cohens Chemist, 1 West Town Road, Backwell,  
BRISTOL, Avon, BS48 3HA

**Pharmacy reference:** 1028734

**Type of pharmacy:** Community

**Date of inspection:** 01/08/2024

## Pharmacy context

This is a community pharmacy which is on a parade of shops in in the village of Backwell in North Somerset. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides treatment for a range of minor ailments, and supplies medicines in multi-compartment compliance packs for people to use living in their own homes.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

### Inspector's evidence

Processes were in place for identifying and managing risks. The pharmacy manager reported that near miss mistakes were recorded and reviewed when they occurred, and the pharmacist would discuss the incident with the members of the dispensary team. But examples of these had not been recorded in recent months. The pharmacist agreed to address this. Due to previous near miss mistakes, anti-coagulant medicines had been separated from regular medicines on the dispensary shelf. A process was in place to record dispensing errors, and this included an analysis of what had happened as part of the error investigation.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and these were reviewed every two years. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team encouraged people to submit feedback online. A certificate of public liability and indemnity insurance was displayed and was valid and in date until the end of August 2024.

Records of controlled drugs (CD) and patient-returned controlled drugs were kept electronically. The CD balances were checked monthly. A responsible pharmacist (RP) record was kept, and the RP notice was displayed in pharmacy where people could see it. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked regularly and records of this were seen to be completed appropriately. Short-dated stock was highlighted with stickers. The private prescription records were retained but some entries omitted the prescriber's details. The specials records and emergency supply records were retained in and order.

Confidential waste was separated from general waste and shredded using a cross-cut shredder. An information governance policy (IG) was in place. Staff were aware of the signs to look out for that may indicate safeguarding concerns in vulnerable adults. Local contact details to raise safeguarding concerns were displayed in the dispensary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

There was one pharmacist, one technician and a dispensing assistant present during the inspection. The staff were observed to be working well together and providing support to one another when required. All staff had completed appropriate training courses for their roles.

The staff reported that they had completed training online and had regular updates to their knowledge and understanding of the services and medicinal products provided. The pharmacy team had recently completed training on the conditions treated using the new Pharmacy First service. They reported that this had made them more confident when identifying these common conditions and giving advice about their treatment. The pharmacist explained that she had also completed face-to-face training to use an otoscope to diagnose minor ear infections.

The pharmacy manager reported that the pharmacy team would hold meetings on a weekly basis and advise all staff of any patient safety issues. Staff explained that they felt comfortable with raising any concerns they had with the pharmacy area manager. There were targets in place at the pharmacy, but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects people's private information. The pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy had a large retail area toward the front and a dispensary area toward the back separated by a medicines counter to allow for the preparation of prescriptions in private. Part of the floor in the dispensary was worn. The pharmacy was generally clean, bright, and presented in a professional manner. There was a sink available in the dispensary with running water to allow for hand washing and preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical order.

There was one consultation in use which was well soundproofed. Confidential patient information was stored securely. The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

### Inspector's evidence

Information about the services provided was detailed on leaflets and posters around the pharmacy. There was also a list of services displayed in the pharmacy window. Access to the pharmacy was step free. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users.

The pharmacy team offered treatment for a range of seven common conditions. This included treatment for sinusitis, sore throat, impetigo, and urinary tract infections. People could access this service by requesting treatment from the pharmacy team or by being referred by NHS 111 and GP practices. The pharmacist had completed the appropriate training to provide the service and had access to the necessary equipment. The pharmacy team completed around six of these consultations on an average week.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception. The team were also aware of the new regulations requiring valproate medicines to be supplied in original packs.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. Specials were ordered via Eaststone specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for patient returned and out-of-date medicines. A bin for the disposal of hazardous waste was not available at the time of the inspection.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacy team explained that these were actioned appropriately. But the pharmacy team did not keep audit trails to demonstrate this.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities needed to provide the services it offers. These are used in a way that helps protect patient confidentiality and dignity.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate crown stamped measures were used for methadone dispensing. Amber medicines bottles were capped when stored. A counting triangle was available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access. The pharmacy team could access references sources such as the BNF and BNF for Children online or on their mobile devices.

There were two fridges in use which was in good working order. The maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store medicines. The computers were all password protected and patient information was safeguarded.

### 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.