

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 27 Weston Rd, Long Ashton,
BRISTOL, Avon, BS41 9AA

Pharmacy reference: 1028748

Type of pharmacy: Community

Date of inspection: 27/01/2020

Pharmacy context

This is a community pharmacy located in the village of Long Ashton in North Somerset. It serves its local population which is mostly elderly in age range and background. The pharmacy opens five days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, offers drug misuse services and supplies medicines in multi-compartment compliance aids for people to use living in their own homes.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.6	Standard not met	The pharmacy team do not record fridge temperatures
		1.7	Standard not met	The pharmacy team do not adequately protect people's private information.
2. Staff	Standards not all met	N/A	N/A	N/A
3. Premises	Standards not all met	3.2	Standard not met	The pharmacy premises do not adequately protect patient privacy
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards not all met	5.3	Standard not met	The pharmacy facilities do not always protect patient privacy.

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. Pharmacy team members record and review some mistakes that happen and use this information and learning to avoid future mistakes. But this could be completed in a more consistent manner so that learning opportunities are not missed. 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 does not manage and protect people's confidential information adequately. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy team do not always maintain necessary records for the provision of pharmacy services.

Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were recorded inconsistently. There was no near misses recorded in December 2019 but 3 recorded in January 2020 at the time of the inspection, for example. The pharmacist reported that these were reviewed on a monthly basis. A team briefing would be held when there were any significant errors. 'Sound alike' and 'look alike' medicines such as amitriptyline and amlodipine were separated on the dispensary shelf. A poster was visible to staff in the dispensary that alerted them to other 'sound alike' and 'look alike' medicines.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). Dispensing errors would be subject to a root cause analysis and also reported to the superintendent pharmacist. But the root cause analysis was brief on the records examined and learning points were not always clear.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. 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 all the dispensary tasks. SOPs had been reviewed within the last two years. But staff had not signed them and the pharmacist agreed to address this. On questioning, the members of staff were all able to explain their roles and responsibilities.

A complaints procedure was in place and the staff were all aware of the complaints procedure. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract. An indemnity insurance and public liability certificate from NPA was held and was valid and in date until the end of August 2020.

Records of controlled drugs (CD) and patient returned CDs were seen as being kept. The address that a CD was received from was often not included in the records examined. Page margins were not always filled out on each page of the CD registers examined. A sample of a random CD was checked for record accuracy and was incorrect at the time of the inspection. The pharmacist gave an assurance that if he could not resolve this, then the accountable officer would be notified accordingly. The CD balance checks were carried out inconsistently, with the last balance check being in October 2019 despite the company SOPs specifying that CD balance checks should be completed on a monthly basis. There were two dispensed CDs in the CD cupboard that been assembled on 22 October 2018 and 29 March 2019 that were still assembled despite having long expired. This may increase the risk that these expired

prescriptions are erroneously supplied to patients.

Date checking was carried out regularly and records were kept to demonstrate this. The fridge temperatures were not recorded. A responsible pharmacist (RP) record was kept electronically but entries often omitted the time that the pharmacist signed out. The responsible pharmacist notice was displayed where the public could clearly see it. The private prescription records were retained but the name and address of the prescriber was often omitted from the records examined. The emergency supply records were retained and were in order. The specials records were retained but entries often omitted the patient and prescriber name and address details.

Staff understood their obligations to keep people's information private. But the consultation room was located toward the rear of the dispensary and people had to pass a storage area for assembled prescriptions. Bag labels, which included patient names and address, were clearly visible. People requested repeat medicines using a receptacle on the medicines counter but this was not fixed to the surface and was potentially accessible from the retail area of the pharmacy. Confidential waste was separated and collected by the company for destruction. The pharmacy staff also had access to a shredder if required but rarely used this. The computer screens were all facing away from the public and access to patient confidential records was password protected. In the consultation room, patient names and addresses were clearly visible from documents that had not been filed away (see also principle 3).

Staff explained that they were aware what signs to look out for that may indicate safeguarding issues in children and vulnerable adults. The pharmacy team had access to contact details for local safeguarding referrals, advice and support.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy staff 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 accuracy checking technician and two dispensing assistants present during the inspection. They were all seen to be working well together. Staffing levels were seen to be sufficient for the level of the services provided during the inspection.

Staff performance was monitored and reviewed annually against key performance indicators (KPIs). In these reviews, a development plan would be introduced to help further develop and train the members of staff.

The staff reported that they kept their knowledge up to date by in a variety of ways including reading pharmacy magazines and explained that they would ask the pharmacist if they had any queries. Bulletins were regularly released from head office and staff would read and discuss these. The pharmacist had recently complete safeguarding refresher training and reported that this had increased his awareness on how to recognise the signs of potential concerns in elderly people, for example. Some staff reported that they did not often get time to complete training because the pharmacy was busy. The pharmacy manager agreed to address this.

The pharmacy manager reported that patient safety meetings would take place on an ad-hoc basis to discuss any safety issues in the pharmacy and any learning from near misses or significant errors.

Staff reported that they felt comfortable to approach the pharmacy manager or head office with any issues regarding service provision. The pharmacy team had raised concerns with their head office because the pharmacy was cold and they had been supplied with mobile heaters in response. There were targets in place in the pharmacy but the team explained that they did not feel any pressure to deliver these targets and that they would never compromise their professional judgement to do so.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. But pharmacy does not adequately protect people's private information. The pharmacy is secure and protected from unauthorised access when closed.

Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. Fixtures and fittings were modern and the pharmacy was clean and tidy and was presented in a professional manner. There was some water damage to ceiling tiles at the rear of the dispensary. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing. Medicines were organised in a generic and alphabetical manner.

The consultation room was located at the back of the dispensary and this meant that people had to walk across an area used to store assembled bags of prescriptions with some patient details visible. The pharmacist reported that people were supervised when being escorted to the consultation room, but admitted that private patient information may not always be protected. The consultation room was very small, cluttered and was also used to store the personal belongings of staff, including bags and coats. Documentation with people's names and addresses was left out on the desk in the consultation room.

The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is generally appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action.

Inspector's evidence

Pharmacy services were detailed in leaflets and posters available around the pharmacy. Access to the pharmacy was via a small step. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting.

The pharmacy team supplied multi-compartment compliance packs for around 91 patients for use in their own homes. One compliance pack was examined and an audit trail to demonstrate who dispensed and checked it was complete. Images were provided for the medicines contained within the compliance packs. There were some multi-compartment compliance packs that were dispensed in a central hub and sent to the pharmacy to be supplied to be the patient. These did not contain patient information leaflets (PILs). The superintendent's office had previously reported to the inspector that this was a known problem and a solution was being developed.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were not available for use during valproate dispensing to patients who may become pregnant at the time of the inspection and the pharmacist agreed to address this. The pharmacist reported that he 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 pharmacy used recognised wholesalers such as AAH and Alliance healthcare to obtain medicines and medical devices. Specials were ordered via Eaststone specials. Invoices from these wholesalers were seen.

The pharmacy team had access to destruction kits for the destruction of controlled drugs. Designated bins were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was available for use. However, exemestane 25mg tablets, a hazardous waste medicine, was found in the regular designated waste bin. The pharmacist removed this during the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The pharmacy had a plan in place to comply with the European Falsified Medicines Directive (FMD) compliant. The relevant equipment and software was in place. Cohens head office was rolling out the staff training and the relevant FMD procedures. Medicines were obtained from suppliers such as AAH and Alliance. Specials were obtained via suppliers such as Eaststone specials.

Medicines and medical devices were stored 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 fridge was in good working order and the stock inside was

stored in an orderly manner. MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacy team explained that these were actioned appropriately. But records to demonstrate this were not kept and the pharmacist agreed to address this.

Principle 5 - Equipment and facilities Standards not all met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy facilities do not always protect patient privacy.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for dispensing CDs. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles 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.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge in use which appeared to be in good working order but the maximum and minimum temperatures were not regularly monitored (see principle 1). Designated bins for storing waste medicines were available for use and there was sufficient storage for 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.