

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: 04/09/2020

Pharmacy context

This is a community pharmacy located on a parade of shops 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 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	1.8	Good practice	The pharmacy team safeguard the welfare of vulnerable people well
2. Staff	Good practice	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive protected time to complete it.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
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 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. 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. The pharmacy team protect the welfare of vulnerable adults well.

Inspector's evidence

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. A risk assessment had been carried out of the impact of COVID-19 on the pharmacy and its services. The pharmacy suspended some of its face-to-face services during the peak of the pandemic. Occupational risk assessments for each staff member had been completed to help identify and protect those at increased risk of COVID-19. There was a business continuity plan in place. The pharmacist was made aware of the requirements of reporting staff COVID 19 transmission in the workplace to the Health and Safety Executive. Staff were temperature checked at the start of their shifts. Staff were wearing face masks whilst at work. Staff were also socially distancing from each other where possible. People were encouraged to wear face masks when attending the pharmacy. Processes were in place for identifying and managing risks. The pharmacy team kept a near miss mistake log in the dispensary. But the pharmacist reported that this had not been reviewed regularly due to the workload pressures during the COVID 19 pandemic. But mistakes were discussed when they occurred and staff were coached if necessary. Staff had completed training on 'sound alike' and 'look alike' (LASA) medicines. There was a poster in the dispensary detailing some common LASA medicines. The pharmacy team gave an example of separating different forms of salbutamol inhaler based on previous near miss mistakes.

There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded and reported to the superintendent pharmacist. The pharmacy would investigate errors so that they could learn from these and reduce the risk of these occurring in the future. There was a dispensing error from early August that had not been subject a root cause analysis at the time of the inspection and the pharmacist gave an assurance that this would be completed.

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. Some SOPs had been updated to reflect necessary adaptations due to the COVID 19 pandemic.

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 carried out a Community Pharmacy Patient Questionnaire annually as part of their NHS contract. A certificate of public liability and indemnity insurance was held and was valid and in date.

Records of controlled drugs (CD) and patient returned controlled drugs were kept. The CD balance was checked weekly. There were some out of date CDs that had been separated from regular CD stock and labelled appropriately.

The responsible pharmacist (RP) record was retained. The RP notice was displayed and could be clearly seen by the public. There was one fridge in use and temperatures were recorded electronically daily and were within the appropriate temperature range of two to eight degrees Celsius. Date checking was carried out and records were kept to demonstrate this. The emergency supply and specials records were kept and were in order. The private prescription records were kept but some entries omitted the prescriber's name.

The pharmacy team were seen to be following the company's information governance procedures during the inspection. The computer screens were all facing away from the public and were password protected. Confidential waste was collected separate to normal waste and disposed of appropriately.

On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. There was a safeguarding policy in place at the pharmacy. The pharmacist had completed CPPE level 2 safeguarding training. Contact details for local safeguarding advice, referral and support were available in the dispensary and staff could locate these.

Principle 2 - Staffing ✓ Good practice

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 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 reported that the team had completed training on 'look alike' and 'sound alike' medicines and reported that had helped them understand the issues around common mistakes in the dispensing process. The pharmacy team received time to complete required training.

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. The pharmacy manager reported that the team had also held a briefing about the adaptations to the pharmacy due to COVID 19 pandemic.

Staff reported that they felt comfortable to approach the pharmacy manager or head office with any issues regarding service provision. There were targets in place in the pharmacy but the pharmacist explained that he did not feel any pressure to deliver these targets and that they would never compromise his professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

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

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 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. There was a plastic screen separating the retail area from the dispensary. There were chairs put at the front of the medicines counter to remind people to keep their distance from staff. The pharmacy staff had restricted access to two people at any one time in the pharmacy. Staff were regularly cleaning the dispensary.

The consultation room was located at the back of the dispensary, but this was not currently in use. New drawers had been fitted in the pharmacy where assembled prescriptions were kept and these protected people's private information. 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 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. A step ramp was available for use if needed. 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 90 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. Approximately 60% of these multi-compartment compliance packs 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 available for use during valproate dispensing to patients who may become pregnant. 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. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The pharmacy was compliant 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 Prinwest, 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 these were actioned appropriately. Records and audit trails to demonstrate this were kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. 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 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 online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources.

There was one fridge in use which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to be within two to eight degrees Celsius.

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.