

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 15 Middle Chare, CHESTER LE STREET, County Durham, DH3 3QD

Pharmacy reference: 1029386

Type of pharmacy: Community

Date of inspection: 09/01/2020

Pharmacy context

The pharmacy is in the town centre near to a medical centre. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. It delivers medicines to people's homes. And supplies some medicines in multi-compartment compliance packs. These help people remember to take their medicines. And it provides NHS services such as flu vaccinations.

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 has processes and written procedures that the team members follow. The pharmacy team members have a clear understanding of their roles and tasks. They look after people's private information. And they know how to protect the safety of vulnerable people. The pharmacy provides people with the opportunity to feedback on its services. The pharmacy's team members record, report and learn from errors and mistakes during the dispensing procedure. But the information recorded generally lacks detail. So, they may be missing out on learning opportunities. The pharmacy generally keeps all the records as required by law, in compliance with standards and procedures.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as taking in and dispensing of prescriptions and controlled drug (CD) management. The current paper set of SOPs were dated July 2018 to July 2020. These were also available online. And the team had signed these electronically. The team could advise of their roles and what tasks they could do. These were set out in the SOP folder. The team completed checklists for weekly and monthly tasks to ensure they completed tasks as required.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate room for compliance pack preparation. The pharmacy had three computer terminals in the dispensary. They prepared any prescriptions for items owed in a separate area. They advised this was useful to ensure this was undertaken and it assisted the team locating these items. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets with red for people waiting, grey for people calling back, white for collections and blue for delivery. This helped distinguish people's prescriptions by degree of urgency and this helped plan workload.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these on a specific template. Examples included mirtazapine, omeprazole and wrong address. But the team had completed no other detail on the form such as the type of error. And not provided any additional information, reasons or comments. The pharmacist advised she was reviewing this process and thought it may be better for people to record their own. And she would encourage them to record comments and reasons to improve learning. The team discussed any near misses as they occurred. But did not undertake a formal review. They advised the company obtained the information. And the company sent out some information to improve safety, such as separating certain drugs. The pharmacy displayed a notice with the Look-Alike Sound-Alike drugs for information. The pharmacy had a few shelf alerts in place to serve as a reminder to take care when selecting drugs.

The pharmacy had a notice displayed in the pharmacy which explained the complaints process. It had a practice leaflet which detailed information for people on how to provide comments, suggestions, complaints and complements. The pharmacy had a SOP and a dispensing error reporting form. The team advised of its use. They advised of learning from an error which had occurred with split packs used in a compliance pack. And the box had contained indapamide and imipramine in error. And at checking, the different markings had not been noticed. The pharmacy had current indemnity insurance with an

expiry date of 31 August 2020.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. The pharmacy displayed information in the dispensary for the team who to contact should a pharmacist not arrive as expected. A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy usually checked CD stock against the balance in the register at each time of dispensing. This helped to spot errors such as missed entries. The CD registers were largely complete as required with headings completed. The pharmacy maintained running balances and the register indicated weekly stock audits were undertaken. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy kept special records for unlicensed products with the certificates of conformity completed.

The pharmacy kept records for private prescriptions in a book. But the book was a spiral bound notebook with numbered pages. And did not comply with the legal requirements. The pharmacy manager advised that she would start to record the records electronically. The pharmacy had undertaken few private prescriptions with only about 20 entries a year.

The pharmacy displayed a Data Privacy notice with information on how it looked after confidential information. And this directed people to a website for further information. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. And kept patient sensitive information securely. The pharmacy team stored confidential waste in separate containers for offsite shredding. The pharmacy had a SOP for safeguarding. And displayed contact numbers for local safeguarding in the dispensary. The pharmacist had undertaken level 2 CPPE training. And most of the team had completed Dementia friends training. The team advised that if they had any concerns, they would discuss these with the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe and effective services. The pharmacy team members are competent and have the skills and qualifications they need for their role. They understand their roles and responsibilities in providing services. The pharmacy provides the pharmacy team with some ongoing training to learn and develop their skills. And they undertake further ad-hoc training. But they do not always record this. The pharmacy team members support each other in their day-to-day work. And they feel comfortable raising any concerns they have.

Inspector's evidence

There was one pharmacist, one accuracy checking technician (ACT), six dispensers and two medicines counter assistants (MCA) who worked in the pharmacy. The pharmacist generally worked four days a week in the pharmacy. And on the remaining day she went to other branches in the area in her role as area manager. She looked after ten branches in the region. The pharmacy received double pharmacist cover one day a week. The ACT worked 37.5 hours a week. The dispensers worked a range between 42.5 hours a week to eight hours a week. One of the dispensers was in training. And about half way through the course. The two MCAs were both in training and worked 27 and 30 hours a week. They had some overlap, most days.

Certificates and qualifications were available for the team. The team had undertaken some training on safeguarding, General Data Protection Regulations and Dementia. They advised they completed the training and sent the certificates of completion to the head office. They advised that they had undertaken some training on SOPs. And they completed a test at the end to check their understanding. They also undertook some ad-hoc training, reading articles and information but they did not record this. They received time within the pharmacy to undertake training.

The pharmacist advised that when people started working in the pharmacy, they received performance reviews at four, eight and twelve weeks. But there was no formal review process in place after completion of this. The trainee MCA present had expressed an interest in undertaking the dispensing course. The pharmacist advised that when the opportunity arose it would be likely she could go on to do the dispensing course. The trainee MCA followed the sales of medicines protocol when making over-the-counter (OTC) recommendations and referred to the pharmacist when necessary.

The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist. There was a whistleblowing policy and telephone numbers displayed in the dispensary so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The pharmacy team had targets for services such as MURs. These were achievable and done when they met the patient's needs.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for the pharmacy services it provides. People can have private conversations with a pharmacist or team member in the consultation room.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting for collection. The front shop area had had some refurbishment which had improved the layout and increased the storage area for prescriptions. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean and the pharmacy had just received a cleaning rota which included all areas in the premises that they required to clean. This served as a reminder to ensure they attended to all areas. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had a reasonable sized, signposted, sound proofed consultation room which the team used. The table folded down if required and provided some more space if required. There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. The pharmacy team kept the consultation room locked when not in use.

The pharmacy always had a team member at the front counter. If the MCAs were not present, then a member of the dispensary team looked after the counter. There was a buzzer on the door which alerted the team that someone was entering the pharmacy. The pharmacy had a retractable barrier in place to prevent people entering the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice. The pharmacy gets its medicines from reputable suppliers. And it mostly stores and manages its medicines appropriately. It takes the right action if it receives any alerts that a medicine is no longer safe to use. The pharmacy team members dispense some medicines into multi-compartment compliance packs to help people remember to take them correctly. But they don't always provide the patient information leaflets to give to people to help them take their medicines safely.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a ramp and rail at the entrance to aid access. The team observed the door and assisted people if they required additional help. There was some customer seating. The team members wore name badges with their role. The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door. There was a range of notices, with a poster for the Emergency Hormonal Contraception (EHC) service and flu vaccinations. It had a notice 'if you require specific communication support needs please inform a member of staff'. The pharmacy had a healthy living zone and promoted the current topic, 'Dry January'. The pharmacy had a defined professional area. And items for sale were mostly healthcare related. People could not reach pharmacy medicines and the team assisted them if they wished to purchase these items.

The pharmacy provided Medicine Use Reviews (MUR) and the New Medicines service (NMS). The pharmacist advised that generally the MURs picked up compliance issues and, on some occasions, she referred people to their doctor regarding their medicines. The pharmacist had undertaken several flu vaccinations. Most people tended to prefer to walk-in and wait for the flu service. And the pharmacist would book appointment for the double pharmacist cover day if that suited people. The team referred people to their other pharmacy in the town for the substance misuse service and needle exchange. The pharmacy provided a smoking cessation service with vouchers and the minor ailments service. Most requests for the minor ailments were sales of ibuprofen and paracetamol for children.

The team undertook blood pressure monitoring. The pharmacy had undertaken a commissioned trial for hypertension for six months. This had been for any people over 35 years and who met the criteria. Three members of the team had undertaken training for the service. The pharmacy took three measurements. And referred people to their surgery as required. Several people were completely unaware that they had any issue and they were pleased that they had undertaken the check. The pharmacist advised this had stopped and she did not know if it would resume. They had had good uptake for the service. People still came in asking about it. The pharmacy provided the Community Pharmacist Consultation Service (CPCS). The CPCS connected patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy as their first port of call. The referrals came from NHS 111. They had undertaken two, one had resulted in the sale of a product for a sore throat and the pharmacist had referred the other person back as the pharmacist advised they required an antibiotic.

The pharmacy supplied medicines to around 210 people in multi-compartment compliance packs to

help them take their medicines. The doctors generally assessed people who requested to have their medicines provided in compliance packs. The pharmacy prepared some of the compliance packs in the pharmacy but around 150 were now undertaken at the company's hub. The hub process could not supply medication in alternate days or CDs. The team generally re-ordered for the next cycle when the person had two packs left. This allowed time for the process to be undertaken and medicines ready for people. Generally, they received the compliance packs back from the hub within a week, so they could plan the workload. The pharmacy followed the SOPs for sending items to the hub for assembly. The noted the identification code so they could track the items. The hub provided photographs of the medication used. And the pharmacy team put descriptions of medicine on the packs prepared in the pharmacy. The team members had processes in place to ensure they added any extra items for people. And that the pharmacy had the valid prescriptions for items such as pregabalin and gabapentin. The packs prepared in the pharmacy had the patient information leaflets (PILs) provided once each cycle. But the packs prepared at the hub had no PILs provided. The pharmacist advised the team would only print off PILs if people asked for them. And these were not given routinely.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at found compliance with this process. The team used a stamp on the prescription to show that the pharmacist had completed a clinical checked. This allowed the accuracy checking technician to do their accuracy check. The pharmacist generally clinically checked the compliance packs which the pharmacy assembled, and the ACT checked these. The team used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so the team could check the contents again, at the point of hand-out. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included warfarin, methotrexate and lithium which ensured patients received additional counselling. The team members used CD and fridge stickers on bags and prescriptions to prompt the person handing the medication over that the bags required some medication to complete the supply. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid.

When the pharmacy could not provide the product or quantity prescribed in full, the pharmacy explained the options to people. They advised people that they would try another supplier and they would keep them informed regarding the availability. They provided people with an owing slip. And the pharmacy kept a copy with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable to ask for an alternative. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. They had recently undertaken another audit. They explained the information they provided to the 'patients in the at-risk' group. They had alerts stickers and the patient guide & pack available. The pharmacy provided a delivery service. The pharmacy had noticed an increase in requests for deliveries due to another local pharmacy starting to charge for this service. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery.

The pharmacy generally stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. There were a few boxes with mixed brands. The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range. This was well organised. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members marked short-dated items and they took these off the shelf prior to the expiry date. The team members marked liquid medication with

the date of opening which allowed them to check to ensure the liquid was still suitable for use.

The pharmacy used recognised wholesalers such as their own wholesaler, Alliance and AAH. The pharmacy had scanners in place ready for the requirements for the Falsified Medicines Directive (FMD). The pharmacist had received training on this, and the team would receive internal training. There were some trials in the area, but no date fixed for implementation. The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways to protect people's confidentiality.

Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It also had a range of equipment for counting loose tablets and capsules. The team members had access to disposable gloves and alcohol hand washing gel. The pharmacy replaced the blood pressure monitor when required.

The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The team filed prescriptions in boxes in a retrieval system out of view, keeping details private. The computer screens in the dispensary were out of view of the public. And the computer in the consultation room was screen locked when not in use. The team used the NHS smart card system to access to people's records. The team used cordless phones for private conversations.

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.