

Registered pharmacy inspection report

Pharmacy Name: Cooper & Kime (Cleveland) Ltd, 1 South Terrace,
South Bank, MIDDLESBROUGH, Cleveland, TS6 6HW

Pharmacy reference: 1029963

Type of pharmacy: Community

Date of inspection: 12/07/2023

Pharmacy context

This is a community pharmacy in the town of Middlesbrough. It dispenses NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy provides a home delivery service, a substance misuse service and dispenses some medicines in multi-compartment compliance packs to people who need support in taking their medicine correctly.

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 identifies and manages the risks associated with its services. And it mostly completes the records it needs to by law. Team members protect people's private information correctly and they are adequately equipped to support the safeguarding of children and vulnerable adults. But they do not always keep records of each mistake made during the dispensing process, so they may miss opportunities to learn and improve the safety of the services.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). These were instructions designed to support the team in safely undertaking various processes. For example, the dispensing of prescriptions and complying with responsible pharmacist (RP) legislation. Team members were required to sign a sheet to confirm they had read and understood the SOPs which were relevant to their role. However, not every team member had signed the sheet. One team member who had been employed at the pharmacy for 12 months, confirmed they had read several SOPs but had not had the time to sign the sheet to confirm this. There was no record of when the last review had been completed or when the next review was due. The pharmacy's superintendent pharmacist (SI) said reviews were at least 12 months overdue and explained they would complete a review of them at the earliest opportunity following the inspection.

The pharmacy used a log to record details of mistakes made during the dispensing process but were spotted during the final checking stage. These mistakes were known as near misses. Team members were responsible for recording their own near misses. They recorded details such as the date and time of the near miss and why it might have happened. Team members explained they didn't always have the time to record every near miss. No near misses had been recorded in July 2023. The pharmacy didn't have a formal process for the team members to analyse the near misses for trends or patterns. So, they may have missed opportunities to make specific changes to how they worked, to improve patient safety. The pharmacy had access to a digital system to record details of dispensing incidents that had reached people. But the team didn't always use the system when an incident happened. Team members usually talked with each other about such incidents when they happened. And they discussed ways they could prevent a similar incident from happening again. For example, the pharmacy had recently supplied some medicines to the wrong person. The team identified this was due to a team member not confirming the address of the patient with the person collecting the medicines. To improve, team members agreed to make sure they always asked people to confirm addresses before they left the pharmacy with their medicines.

The pharmacy didn't have a formal complaints procedure. Team members typically received verbal feedback from people who used the pharmacy. Team members explained how they would always look to resolve complaints themselves but if they were unable to do so, they would refer the complaint to the SI.

The pharmacy had professional indemnity insurance. It was displaying a responsible pharmacist (RP) notice, but it was displaying the incorrect registration number of the SI, who was the RP during the inspection. The RP record had not been completed on the four days prior to the inspection. The importance of completing the record each day was discussed with the SI. The pharmacy kept records of

controlled drugs (CDs) that people had returned to it for destruction. It kept records of private prescriptions dispensed, and they were mostly completed correctly. However, on some occasions, team members had not recorded the date the prescription was issued.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team separated confidential waste from general waste, and it was periodically destroyed using a shredder. Team members understood the importance of securing people's private information. The pharmacy had a documented procedure to help the team manage sensitive information. The team was aware of its responsibilities in raising safeguarding concerns about vulnerable adults and children. The SI had completed a training course on safeguarding via the Centre for Pharmacy Postgraduate Education up to level 2. But the SI explained this was several years ago and they had not completed any refresher training. The pharmacy had an SOP to support team members to report concerns. The SOP contained the contact details of the local safeguarding team. Team members described some hypothetical situations that they would report.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team has the necessary skills and experience to safely manage the pharmacy's services. Pharmacy team members work well together and support each other to help provide the pharmacy's services efficiently. The pharmacy supports team members enrolled in training courses to work through their courses via protected training time.

Inspector's evidence

The SI was the owner of the company that operated the pharmacy and worked four days a week at the pharmacy. During the inspection, the SI was supported by a full-time trainee pharmacy assistant, two full-time trainee pharmacy technicians, and two part-time qualified pharmacy assistants. The pharmacy also employed a full-time delivery driver, a full-time accuracy checking technician (ACT), a part-time counter assistant and a part-time pharmacist who worked on days that the SI didn't.

Team members covered each other's absences by working additional hours where possible. They agreed that the pharmacy generally had enough team members to manage the dispensing workload but there were times when they worked under some pressure, particularly over the summer months when several team members had taken annual leave. Overall, the team was observed working well together and supporting each other to complete various tasks.

The pharmacy didn't have a structured training programme for team members who were not enrolled on a training course. Team members kept their knowledge and skills up to date by reading pharmacy related magazines and other press releases. Team members who were enrolled on a training course had recently been provided with protected training time to support them in completing their courses. Previously, these team members were provided training time on an ad-hoc basis but were often unable to take the time due to the pressures of the dispensing workload.

Team members attended informal team meetings where they could give feedback on ways the pharmacy could improve. They discussed how they could better manage the workload and talked about improving patient safety. For example, they had recently discussed reducing the risk of near misses when dispensing medicines that had similar names or had similar packaging. Team members could raise concerns with the SI. They felt their concerns would be listened to and acted upon. Team members were not set any targets to achieve. They explained they were focused on providing an efficient and effective service for the local community.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, organised and properly maintained. People can have a conversation with a team member in a private consultation room.

Inspector's evidence

The pharmacy premises was spread over three floors. It was generally hygienic and well maintained. The dispensary was spacious with ample room for team members to dispense medicines in an organised manner. Dispensing benches were kept organised throughout the inspection. Floor spaces were mostly kept clear to prevent a trip hazard. The upper floors of the dispensary had several storerooms and a staff area. The pharmacy had a suitably sized, soundproofed, consultation room for people to use to have private conversations with team members.

The pharmacy had separate sinks available for hand washing and for preparing medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible for people. And it manages these services safely and effectively. The pharmacy follows a robust process to identify which of its medicines are close to expiry or out of date to make sure the medicines it supplies to people are fit for purpose. And it generally stores its medicines correctly.

Inspector's evidence

The pharmacy had level access from the street to the entrance door. There was a bell located next to the door that people could use if they needed some assistance. For example, if they had a wheelchair or a pram. The pharmacy had a selection of healthcare-related information leaflets for people to take away with them without charge. The pharmacy had a facility to supply large-print labels to people with a visual impairment. Team members had knowledge of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew to apply dispensing labels to valproate packs in a way that prevented any written warnings being covered up.

Team members used dispensing baskets to safely store medicines and prescriptions throughout the dispensing process. This helped manage the risk of medicines becoming mixed-up. Team members annotated dispensing labels when they completed the dispensing and final checking processes to maintain an audit trail. They used a 'quad stamp' to record on prescriptions confirmation of the RP's clinical check, the ACT's accuracy check and which team member had handed out the dispensed medicines. Team members annotated bags containing people's dispensed medicines. They used these as a prompt before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. The pharmacy provided a substance misuse service to several people. The SI dispensed prescriptions for the service twice a week.

The pharmacy supplied some people with their medicines dispensed into multi-compartment compliance packs. These packs were designed to help people take their medicines at the right times. There were 'master-sheets' which team members used to cross-reference with prescriptions to make sure prescriptions were accurate before the dispensing process began. If they spotted a discrepancy, for example, if a medicine was missing from the prescription, they made enquires with the prescriber. Team members recorded details of authorised changes to people's treatment in a 'communications book'. The packs were supplied with patient information leaflets and annotated with descriptions of the medicines supplied.

The pharmacy stored pharmacy-only (P) medicines directly behind the pharmacy counter. Team members were observed following the pharmacy's sale of medicines protocol. Team members followed the pharmacy's process to check the expiry dates of its medicines. And they kept records of the process. Team members kept a written record of short-dated medicines. They used these records to remove any medicines that eventually expired. Medicines that were short dated were highlighted using coloured dot stickers. The pharmacy had a fridge to store medicines that required cold storage. But the team didn't always keep records of the fridge's minimum and maximum temperature ranges. There were no records between June 28 and July 9. Previous records showed the fridge was operating within the

correct temperature range. The SI gave assurances that daily records of the fridge temperatures would be kept. The fridge was operating within the correct range during the inspection. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste. The pharmacy received medicine alerts through email. The team said it actioned alerts but didn't always keep a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the correct equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to reference sources including electronic and hard copies of the British National Formulary (BNF) and the BNF for children. The pharmacy used a range of measuring cylinders. There were separate cylinders to be used only for dispensing water. This helped reduce the risk of contamination. There was a pump used to dispense medicines used for the substance misuse service. The pump was calibrated each day. The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private.

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.