

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 66-68 Dalton Road, BARROW-IN-FURNESS, Cumbria, LA14 1JB

Pharmacy reference: 1030144

Type of pharmacy: Community

Date of inspection: 08/09/2021

Pharmacy context

This is a community pharmacy in the central shopping area of the town of Barrow-in-Furness, Cumbria. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. And it delivers medicines for some people to their homes. The inspection was completed during the COVID-19 pandemic.

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 manages the risks with its services and it effectively manages the risks with infection control during the pandemic to help keep members of the public and team members safe. It maintains the records it needs to by law and appropriately protects people's private information. Team members are suitably skilled and experienced to help safeguard vulnerable people. They adequately record the mistakes they make during dispensing and they discuss how they can prevent similar mistakes from happening again.

Inspector's evidence

The pharmacy had several procedures to help manage the risks of the services it offered during the COVID-19 pandemic. These included posters on the entrance door of the premises, encouraging people visiting the pharmacy to wear a face covering. There was a retractable belt barrier in front of the pharmacy counter which acted as a protective barrier between team members and members of the public. The pharmacy displayed markings on the floor of the retail area to help people maintain a two-metre distance between each other. Team members were wearing face coverings in accordance with Public Health England guidance. The dispensary was relatively spacious and team members were mostly socially distancing from each other. Each team member had completed a personal COVID-19 risk assessment to help identify any ways the pharmacy could better protect them.

The pharmacy had a set of electronic standard operating procedures (SOPs). They covered tasks such as dispensing medicines, responsible pharmacist (RP) requirements and management of controlled drugs (CDs). SOPs were reviewed every two years to make sure they were still up to date with the pharmacy's current ways of working. Training records were seen indicating which SOPs each team member had read and understood. The team was observed working within the scope of dispensing SOPs.

The pharmacy had a process to record and report near miss errors made by its team members during the dispensing process. The RP or accuracy checking technician (ACT) spotted any near miss errors, informed the dispenser of the error and asked them to rectify the mistake. There was a near miss log for the team to use to record details of any near miss errors. But these details were often vague, as the reason why a near miss might have happened was not always recorded. The team may have missed out on the opportunity to learn from specific errors and make changes to the way they work to prevent a similar error happening again. The log was analysed at the end of each month for any trends or patterns in the near misses and the results of the analysis were documented. The team showed the inspector of some examples where it had separated some medicines that had similar names to prevent picking mistakes. The team members explained that during the height of the pandemic they were not always recording each near miss due to work pressure. The pharmacy had a process to record details of any dispensing errors that had reached people.

The pharmacy had a concerns and complaints procedure and it was clearly outlined for people to see via a poster affixed to a wall next to the pharmacy counter. People could raise any complaints or concerns verbally with a team member. If the matter was not resolved by the team member, they escalated the matter to the pharmacy's superintendent pharmacist (SI). The pharmacy completed an annual patient satisfaction survey, but it had not completed it during the pandemic. The team members explained that people who used the pharmacy were generally pleased with the service they

received and supported the team during the height of the pandemic.

The pharmacy had appropriate indemnity insurance. An RP notice was on display showing the name and registration number of the RP on duty. Entries in the RP record complied with legal requirements and the pharmacy kept up-to-date and accurate records of private prescriptions. The pharmacy's CD registers were kept according to requirements. The inspector checked the register for one CD against physical stock. The register was found to be accurate. The pharmacy held accurate records of CDs that had been destroyed.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. They placed the confidential waste into a separate basket to avoid a mix up with general waste. The confidential waste was periodically destroyed through a third-party contractor. A team member confirmed she had completed information governance training as part of their employment induction process. The pharmacy had a process in place to report any breaches in confidentiality. The RP and ACT had completed level 2 training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. A dispenser described situations that would require reporting and was aware of the contact details of the local safeguarding teams. The team demonstrated how it could record details of any concerns on an electronic safeguarding reporting portal.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the right qualifications and skills to safely provide the pharmacy's services. And they have good opportunities to complete ongoing training. They manage the workload well and support each other as they work. They regularly provide feedback and suggest improvements to help improve the pharmacy's service.

Inspector's evidence

At the time of the inspection, the RP was the pharmacist manager. She was supported by an NVQ2 qualified pharmacy assistant who worked part-time and an ACT. Team members who were not present during the inspection included two full-time pharmacy assistants and a delivery driver. The team was observed working efficiently, without pressure and supporting each other throughout the inspection.

Team members had access to the pharmacy's training programme. They completed a programme of training modules to improve their knowledge and skills. Some of the modules included new SOPs and the team completed a short quiz for some of the modules to test their learning. Team member tailored their training to their own needs, for example, if they identified a gap in their knowledge or if a certain topic interested them. They completed modules relevant to their learning need. Team members received protected training time where possible. If not, they completed their training in their own time.

The team felt comfortable raising concerns with either the pharmacist manager, the pharmacy's management support pharmacist or the pharmacy's superintendent office. Team members explained how they worked with an open and honest dialogue and how they were encouraged to provide feedback on ways the pharmacy could improve its services. They did this through holding regular 'team huddles'. The main points from the latest huddle were documented and displayed on a wall in the dispensary. For example, the team had recently discussed making sure team members clearly marked CD prescriptions to highlight that a person had successfully collected the CD. Team members explained that this helped with any discrepancies that may arise. There was a whistleblowing policy in place to help team members report any concern anonymously. They knew how to access the policy if they needed to use it.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean, adequately maintained and secure. The team works well to keep the areas where it dispenses medicines tidy. The pharmacy has a small sound-proofed room where people can have private conversations with the pharmacy team members.

Inspector's evidence

Areas of the pharmacy that could be accessed by members of the public were modern and provided a professional image for the delivery of pharmacy services. The dispensary was clean and throughout the inspection the dispensing benches were well organised and tidy. The dispensary has several different areas so team members could work separately if needed to reduce distractions. The dispensary was of a suitable size for the volume of services the pharmacy offered. There was a small, clearly signposted consultation room that the team used to have private conversations with people. There was a sink in the room and there was a sink in the dispensary for professional use. The team had toilet facilities with hot water for handwashing. There were several storerooms throughout the premises. Lighting was bright throughout the premises. Team members completed regular cleaning of the premises and a rota was in place.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which support people's needs and it makes these services easily accessible for people. The pharmacy manages its services well to ensure people safely receive their medicines. It sources its medicines from reputable sources and correctly manages and stores its medicines.

Inspector's evidence

People had level access into the pharmacy via an automatic door. The pharmacy advertised its services and opening hours in the main window. The team provided large-print labels on request to help people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer. There was a small area near the front entrance door which had a large selection of healthcare related leaflets for people to take away with them. The leaflets covered various healthcare related topics.

Team members used various stickers and annotated bags containing people's dispensed medicines to use as an alert before they handed out medicines to people. For example, to highlight if the bags contained medication for diabetes for additional counselling, or the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The baskets were of different colours to help the team efficiently manage the dispensing process. For example, red baskets were used for prescriptions for people who were waiting in the retail area and blue baskets were used for prescriptions for people who wished for their medicines to be delivered to their own homes. Team members gave owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. They gave one slip to the person and kept one with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. During the pandemic the driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines.

Team members explained how they attached blue coloured 'see pharmacist' stickers to medicine bags where the RP needed to provide the person with some additional information about their medicines. For example, if the person needed to be reminded to make sure they completed a course of antibiotic medication. Team members attached the 'see pharmacist' sticker to bags that contained warfarin. This prompted the RP to ask the person if they were having regular blood tests and if they had up-to-date INR records. However, the team members sometimes forgot to attach the stickers to bags containing warfarin, and so some people may have not received appropriate monitoring or advice from the team. Team members demonstrated their understanding of the pregnancy prevention programme for people who were prescribed valproate. They explained the questions they would ask of people who may be affected and to make sure they knew to use appropriate contraception. The pharmacy had a supply of patient cards to supply to people within the high-risk group who were prescribed valproate.

Many of the prescriptions the pharmacy received were for people who required their medicines to be dispensed in a multi-compartment compliance pack. These prescriptions were dispensed at an offsite

central hub. This was to help reduce the team's dispensing workload pressures and give them more time to offer other services. Prescriptions that were suitable, were entered onto an electronic system. The RP then completed a clinical and accuracy check of the information and then the information was sent to the hub to be dispensed. The packs arrived at the pharmacy within eight days. They were packaged in a clear plastic bag to help the team complete a visual check of the packs before they were supplied to people.

Pharmacy (P) medicines were stored behind the pharmacy counter and people were not able to self-select them. Team members were seen asking people who wanted to purchase P medicines, appropriate questions to make sure the medicine they wished to buy was suitable for the symptoms they were describing. The pharmacy had a process to check the expiry dates of its medicines every three months. And it kept records of completed checks. No out-of-date medicines were found after a check of around 10 randomly selected medicines. The pharmacy highlighted medicines that were expiring in the next three months. The date of opening was recorded on medicines that had a short shelf life once they had been opened. The pharmacy had a medical grade fridge which it used to store medicines that needed cold storage. The team tidily stored medicines inside the fridge and they kept daily records of the fridge temperature range. A sample seen was within the correct range.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services. And it uses its equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It positioned the computer screens so unauthorised people did not 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. It had a wireless card terminal for contactless transactions and reduce the use of cash during the pandemic. Team members had access to personal protective equipment including face masks, visors, aprons and gloves.

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.