

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 31 Market Place, EGREMONT,
Cumbria, CA22 2AG

Pharmacy reference: 1030195

Type of pharmacy: Community

Date of inspection: 29/04/2024

Pharmacy context

This community pharmacy is in the town of Egremont, Cumbria. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy provides the NHS Pharmacy First service and supplies some people with their medicines in multi-compartment compliance packs.

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 suitably manages the risks associated with the services it provides to people. The pharmacy keeps people's sensitive information secure, and it is suitably equipped to safeguard vulnerable adults and children. The pharmacy's team members discuss any mistakes made during the dispensing process to help them learn from them. And they implement changes to the way they work to reduce the risk of similar mistakes recurring.

Inspector's evidence

The pharmacy held a set of written standard operating procedures (SOPs). The SOPs were used to support team members in completing various tasks. The SOPs covered many processes including managing dispensing incidents and controlled drug requirements. Team members explained they were required to read the SOPs that were relevant to their roles in the first few months after commencing employment at the pharmacy. And they signed a document to confirm they had read and understood the SOPs that were relevant to their role. Team members were aware of the tasks they could and could not complete in the absence of a responsible pharmacist (RP).

Team members demonstrated how they used a near miss log to record mistakes made and identified during the dispensing process. These were called near misses. They recorded various details including the time and date the near miss occurred, as well as any reasons why the mistake might have happened. This supported the team to identify any trends or patterns and subsequently implement changes to the way team members worked to help improve patient safety. Team members explained that they did not always have the time to record each near miss. And so, they may have missed some opportunities to learn from their mistakes. Team members highlighted several examples of changes they had implemented. These included the separation of medicines that had similar names or similar looking packaging. These medicines were known as LASAs. There was a notice displayed in the dispensary which listed examples of common LASAs. The pharmacy used an electronic system to record dispensing incidents where mistakes were identified after people had been supplied their medicines. Team members held a team meeting whenever such an incident was identified. They discussed why the mistake might have happened and what they could do to reduce the risk of recurrence. Such incidents were escalated to the pharmacy's superintendent pharmacist (SI) for analysis.

The pharmacy had a procedure to support people in raising concerns about the pharmacy. It was outlined via a notice displayed in the pharmacy's retail area. Any concerns or complaints were usually raised verbally with a team member. If the team member could not resolve the complaint, it was escalated to the pharmacy's SI team. The team took the time to investigate and resolve any concerns that were raised.

The pharmacy had current professional indemnity insurance. It was displaying a RP notice which showed the full name and GPhC registration number of the RP on duty. A sample of the RP record inspected was completed correctly. The pharmacy held electronic controlled drug (CD) registers. The balances recorded in the registers were checked when a CD was dispensed, or the pharmacy received a delivery of new stock. A random check of two CDs showed that the physical stock matched what the pharmacy had recorded in its registers. The pharmacy maintained complete records of CDs that had been returned to the pharmacy for destruction. It kept complete records of supply of private

prescriptions.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate container to avoid a mix up with general waste. The confidential waste was periodically destroyed using a shredder. Team members understood the importance of securing people's confidential information. They described how they offered people the use of the pharmacy's consultation room if people felt uncomfortable discussing their health in the retail area. The team members present during the inspection confirmed they had completed training on General Data Protection Regulation (GDPR). The RP had completed safeguarding training via the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy did not have a written safeguarding reporting policy or procedure, to support team members in raising a safeguarding concern. However, team members described examples of situations where they would raise a safeguarding concern. And they were aware of the contact details of the local safeguarding teams.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a suitable number of team members to manage the workload safely. Team members are adequately supported by the pharmacy to complete learning to update their knowledge and skills. They provide feedback on the pharmacy's services to help improve service delivery.

Inspector's evidence

The RP was the pharmacy's full-time pharmacist. During the inspection they were being supported by a full-time qualified pharmacy technician, a full-time qualified dispenser, a part-time qualified dispenser, a part-time qualified accuracy checking pharmacy technician (ACPT), a part-time qualified medicines counter assistant and two part-time trainee dispensers. Team members covered each other's absences. The pharmacy employed locum pharmacists when the RP was absent. Team members were observed supporting each other throughout the inspection. They asked appropriate screening questions before making any sales of medicines. And they involved the RP if they had any queries to ensure sales were appropriate. The dispensing workload was busy during the inspection and team members were seen working under some pressure to manage expectations of people who were waiting for their prescriptions to be dispensed. Team members described that the pharmacy's dispensing workload had increased over the last twelve months, and this had increased the pressure they worked under. Several team members often worked more than their contracted hours to ensure the workload was managed efficiently. The team had raised their concerns about the workload with the pharmacy's head office team.

The pharmacy offered its team members support to help them complete any training courses. The trainee dispensers received day-to-day support from the RP but often completed formal training in their own time. The team held ad-hoc training meetings which were led by the RP. The team had recently discussed the NHS Pharmacy First service. They discussed how they could manage the dispensing workload while offering the service efficiently. The pharmacy had an informal annual appraisal process. This was in the form of a one-to-one conversation between the RP and a team member. They discussed performance within their role and any development opportunities.

The pharmacy did not set any service-based targets for the team to achieve. Team members explained they were focused on providing an efficient service for the local community. They described how they felt confident in providing feedback on ways to improve the pharmacy's service delivery. The pharmacy had a whistleblowing policy to support team members to raise a concern anonymously.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services it provides. And the premises are well maintained. The pharmacy has a private consultation room which is suitable for people to have confidential conversations with team members about their health.

Inspector's evidence

The pharmacy premises were kept secure and were well maintained. The dispensary was small for the number of prescriptions the pharmacy dispensed however there were several benches used for dispensing. Team members utilised the available workspace effectively throughout the inspection. They explained that maintaining their workspace in this way was important in supporting them to dispense safely and efficiently. The RP used a separate bench to complete the final check of prescriptions. The pharmacy had sufficient space to store its medicines. Floor spaces were mostly clear however some bags of medicines awaiting collection were stored on the floor of the dispensary. This created a risk of a trip or a fall. The risk was discussed with the team. The pharmacy had toilet facilities for its team. There was a hot water supply. The pharmacy was cleaned regularly to maintain a hygienic environment.

There was a spacious consultation room available for people to have confidential conversations with team members about their health. The pharmacy had separate sinks available for hand washing and for the preparation of medicines. Team members controlled unauthorised access to restricted areas of the pharmacy. Lighting was bright in the dispensary and retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers people a range of services which are accessible and managed efficiently. The pharmacy generally manages and stores its medicines correctly. Team members respond appropriately when the pharmacy receives alerts about the safety of medicines.

Inspector's evidence

The pharmacy had level access from the street to the retail area. There was an internal step that led from the retail area to the pharmacy counter. Team members explained people with mobility issues often had to call for assistance to access the pharmacy counter. The pharmacy's opening times were clearly advertised. It had the facility to provide large-print labels to help people with a visual impairment. Team members were aware of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They were aware of recently issued legislation to ensure people received valproate in the original manufacturers packaging. The pharmacy provided the NHS Pharmacy First service. Team members demonstrated examples of instances where they needed to signpost people to other service providers. To reduce the impact of the service on the pharmacy's dispensing workload, the pharmacy was operating the service on an appointment-only basis.

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. Team members used alert stickers to attach to bags containing dispensed medicines to remind them of a task they needed to complete before handing the medicines to the appropriate person. For example, they used 'fridge' stickers to prompt them to retrieve a medicine stored in the pharmacy's fridge. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. But the team didn't always use them. This meant that the pharmacy's electronic patient record was not always accurate. The pharmacy had some prescriptions assembled at the pharmacy's offsite hub pharmacy. This process was designed to help reduce the workload pressures on the team. Team members inputted data from each prescription onto the pharmacy's computer system. The data was checked for accuracy by another team member and clinically checked by the RP.

The pharmacy supplied some people with medicines in multi-compartment compliance packs. The packs were designed to help people take their medicines correctly. Most of these packs were dispensed at the hub pharmacy. But some were dispensed at the pharmacy. For example, if the corresponding prescription was for a CD or other high-risk medicines. The workload was spread over a four-week cycle. This helped keep the workload manageable. Team members kept master sheets which detailed the person's current medicines and administration time. They used these as a reference source to help them dispense the packs accurately. The original packs of medicines were stored with the packs so the RP could check them with prescriptions to ensure the correct medicines had been picked. The packs were supplied with patient information leaflets and written descriptions of each medicine within the packs, which helped people easily identify them.

The pharmacy stored pharmacy-only (P) medicines behind the retail counter. The pharmacy had a process for team members to follow to check the expiry dates of the pharmacy's medicines every three

months. However, the team had not completed the process in 2024. No out-of-date medicines were found following a check of approximately 20 randomly selected medicines. Team members were observed checking the expiry dates of its medicines during the dispensing process. This practice reduced the risk of an expired medicine being supplied to people. The pharmacy used clinical-grade fridges for storing medicines that required cold storage. Team members recorded the temperature ranges of the fridges each day. A sample of the records showed the fridges were operating within the correct temperature ranges.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained 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 up-to-date reference sources including access to electronic copies of the British National Formulary (BNF) and BNF for children. The pharmacy used a range of CE marked measuring cylinders. Team members used a separate cylinder to dispense high-risk medicines. However, the cylinder was not clearly marked and so this increased the risk of cross-contamination with other medicines.

The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It 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.