

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 10 Market Place, ULVERSTON, Cumbria, LA12 7DX

Pharmacy reference: 1030238

Type of pharmacy: Community

Date of inspection: 11/08/2022

Pharmacy context

This is a community pharmacy in the centre of the village of Ulverston, Cumbria. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. And the pharmacy offers services including a home delivery service and a substance misuse service. It also supplies medicines in multi-compartmental compliance packs to people 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	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 to help the pharmacy team identify and manage the risks with the services it provides to people. Team members mostly keep the records they need to, and they keep people's private information safe. The team knows what to do to help vulnerable people stay safe and well. Team members discuss and record some details of mistakes they make while dispensing. And they review them to help make changes to the way they work to improve patient safety

Inspector's evidence

The pharmacy had a set of electronically held standard operating procedures (SOPs). The superintendent pharmacist's (SI) team reviewed each SOP every two years. This ensured that they were up to date. There was a matrix which listed the SOPs that each team member needed to follow, depending on their role. The team members were required to complete a short assessment on certain 'core' SOPs such as taking in prescriptions and dispensing. They needed to pass the assessment to be signed off as having read and understood its contents.

The pharmacy had a process to record and report mistakes made by team members during the dispensing process. These were known as near misses. Team members used a near miss log to help them record each near miss. They recorded details including the type of near miss and the date and time the near miss happened. There was a section in the log for team members to record the reason why a near miss might have happened. And what action was taken to prevent a similar mistake happening again. But team members mostly left these sections incomplete or filled in vague details. And so, the team could have missed out on the opportunity to learn from these near misses. Each month, a team member reviewed the near miss log to look for any trends or patterns. For example, if there was a particular time of day when most near misses happened. And the team discussed how they could make changes to the way they worked to improve patient safety. Recently, the team placed warning stickers on the shelves next to where the pharmacy stored medicines that looked or sounded like each other. These medicines were known as LASAs. And there was a notice affixed to a wall which listed the most common LASAs. The stickers helped remind team members that these medicines were at a higher risk of being dispensed in error. The team had recently decided to segregate different strengths of bisoprolol as the team had noticed several near misses where the incorrect strength had been selected. The pharmacy used an electronic reporting system to record any dispensing errors that had reached people. The team printed a copy of any error reports and stored them in a file for future reference. The pharmacy had a concerns and complaints procedure. It was outlined via a notice located in the retail area and it included the telephone number for the pharmacy's SI team. People initially raised any complaints or concerns verbally with a team member. If the team member could not resolve the complaint, it was escalated to the SI team.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice displayed the name and registration number of the RP on duty. Entries in the RP record were generally kept in line with legal requirements. But on some occasions, the RP had not recorded the time their RP duties had ended. The pharmacy kept appropriate electronic records of supplies against private prescriptions. It kept controlled drug (CD) registers, and to make sure they were accurate, the team audited CD registers against physical stock. The team completed this process at least once every two months. During the inspection, the balance of a randomly selected CD was checked. The balance was

correct.

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 waste was periodically destroyed through a third-party contractor. Team members understood the importance of securing people's private information. There was a notice in the retail area outlining how the pharmacy handled people's personal data. The pharmacy had a formal procedure to help the team raise any concerns regarding the safeguarding of vulnerable adults and children. A team member described safeguarding situations that they would feel the need to report. The RP had completed training via the Centre for Pharmacy Postgraduate Education. Another team member had completed some internal training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the qualifications and skills to effectively provide the pharmacy's services. The pharmacy provides some support to its team members in keeping their knowledge and skills up to date. And it supports them to make changes to improve the way the pharmacy operates.

Inspector's evidence

At the time of the inspection, the team consisted of the RP and an accuracy checking technician (ACT). The RP was a locum pharmacist who had not previously worked at the pharmacy. The pharmacy also employed three part-time pharmacy assistants, two part-time delivery drivers and a full-time resident pharmacist who was also the pharmacy's manager. The ACT was also the pharmacy's supervisor. The pharmacy could call on the help of team members from other local Cohens branches to cover planned and unplanned absences. The team organised the working rotas four weeks in advance. During the inspection, the ACT and RP were observed supporting each other and dispensing prescriptions without any significant pressure. They demonstrated a good rapport with many people who visited the pharmacy and were seen effectively helping them manage their healthcare needs.

The team members had access to training material to help them refresh and update their knowledge and skills. The training programme helped them provide a high standard of care and advice to people who had questions about their health or were interested in purchasing a healthcare related product. The pharmacy provided team members with set time to complete training to help them to do so without any distractions. But they were not always able to take this protected time, due to the dispensing workload. Most team members completed the training in their own personal time.

The team held regular informal meetings and discussed topics such as company news, targets and patient safety. If a team member was not present during the discussions, they were updated the next time they attended for work. Team members openly and honestly discussed any mistakes they had made while dispensing and discussed how they could prevent the mistakes from happening again. Recently, they made changes to the way they dispensed where one team member picked medicines and another produced dispensing labels. The ACT felt the system had improved the team's dispensing accuracy. They were able to discuss any professional concerns with the resident pharmacist or with the senior management. The pharmacy had a whistleblowing policy. So, the team could raise a concern anonymously. The policy was outlined through a notice displayed in the dispensary. The team was set several targets to achieve. These included services and prescription volume.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure, clean, and properly maintained. There is a suitable room where people can have private conversations with team members about their health.

Inspector's evidence

The pharmacy was clean, well maintained, and professional in appearance. It had a large dispensary and retail space. Benches were generally kept tidy and well organised. The pharmacy's floor space was mostly clear from obstruction. There were clearly defined areas used for the dispensing process and there was a separate bench used by the RP to complete the final checking process. The pharmacy had ample space to store its medicines. There was a private, soundproofed consultation room available for people to have private conversations with team members.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled public 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 team manages the delivery of its services well and it makes them easily accessible for people. It correctly sources its medicines and mostly manages its medicines as it should. It completes checks of its medicines to make sure they are in date. But the process is not completely robust. So, there is a risk of a few medicines on the shelves that are not fit to use.

Inspector's evidence

The pharmacy had two entrances, one was accessible using a push button, power assisted door from the street level and the other from steps to the main entrance. The pharmacy advertised its services and opening hours in the front window. Seating was provided for people waiting for prescriptions. People with a visual impairment were provided large print labels on request. Team members had access to the internet which they used to signpost people requiring services that the pharmacy didn't offer.

The team members regularly used various stickers that they could use as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a controlled drug that needed handing out at the same time. The team members signed the dispensing labels to indicate who had dispensed and checked the medication. And so, a robust audit trail was in place. The dispensary had a manageable workflow with separate areas for the team members to undertake the dispensing and checking parts of the dispensing process. The team used baskets to hold prescriptions and medicines. The team annotated alert stickers to highlight the expiry date of CD prescriptions awaiting collection. And this helped them prevent handing out CDs after the prescription had expired. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person. And one kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept records of the delivery of medicines from the pharmacy to people. The team members were aware of the pregnancy prevention programme for people who were prescribed valproate and of the risks. And they demonstrated the advice they would give people in a hypothetical situation. The team had access to literature about the programme to provide to people to help them take their medicines safely. The pharmacy used clear bags to store dispensed medicines stored in the pharmacy fridge, such as insulin. This allowed the team member and the person collecting it to undertake a final visual check of the medicine before handing it out. The pharmacy provided a substance misuse service. The team dispensed the instalments in advance of people coming to collect their medicines.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. The team dispensed the packs at the rear of the dispensary. This helped team members dispense the packs away from the retail area to reduce the risk of distractions. The workload was spread evenly over four weeks. This helped reduce the workload pressure on the team. Team members used master sheets which contained a list of the person's current medication and dose times. Team members checked prescriptions against the master sheets before the dispensing process started to make sure they were accurate. Team members discussed any queries with the relevant prescriber. They recorded details of any changes such as dosage increases or decreases on the person's master sheet. The pharmacy didn't always supply the packs with patient information leaflets. And so, people may not have the full information about their medicines. The packs were supplied with descriptions of the medicines to help people identify them. For example, 'orange, round, tablet'.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter. It stored other medicines in their original packaging on shelves and in drawers. The pharmacy had a process in place for the team to check the expiry date of the pharmacy's medicines. Team members highlighted any medicines that would expire within six months using warning stickers. The team kept records of the process, so an audit trail was in place. The team had not completed the process in July 2022. Four out-of-date medicines were found after a random check of around 30 randomly selected medicines. Two of these medicines were marked with warning stickers and two were not. And so, there was a risk the team may not have noticed they were out of date. The team members recorded the date liquid medicines were opened on the pack. So, they could check they were in date and safe to supply. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It used a clinical grade fridge to store medicines that needed cold storage. Team members checked and recorded the temperatures of the fridge each day to make sure they were within the correct ranges. A sample of the records seen were within the correct limits. The CD cabinets were secured and of an appropriate size. The medicines inside were well organised.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. And it uses its equipment properly to help 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 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 could 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. Team members had access to personal protective equipment including face masks and gloves. The team used suitable blood pressures monitors.

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.