

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 322-324 Union Road,
Oswaldtwistle, ACCRINGTON, Lancashire, BB5 3JD

Pharmacy reference: 1033062

Type of pharmacy: Community

Date of inspection: 29/01/2020

Pharmacy context

The pharmacy is on a high street in Oswaldtwistle. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including medicines use reviews (MURs) and the NHS New Medicines Service (NMS). And they provide seasonal flu vaccinations. The pharmacy supplies medicines to people in multi-compartment compliance packs. And they deliver medicines to people's 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 procedures to identify and manage risks to its services. And pharmacy team members follow the pharmacy's written procedures to complete the required tasks. The pharmacy protects people's confidential information. And it keeps the records it must by law. Pharmacy team members know how to help safeguard the welfare of children and vulnerable adults. They record and discuss mistakes that happen when dispensing. And they make changes to help reduce the risks. But they don't record much detail about why mistakes happen. So, they may miss opportunities to improve and reduce the risk of further errors.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The sample checked were last reviewed in 2018. And the next review was scheduled for 2020. Pharmacy team members had read and signed the SOPs since the last review. The pharmacy defined the roles of the pharmacy team members in the SOPs. Each procedure was colour coded. And each colour represented different levels of qualification. For example, the steps that the pharmacist was responsible for were highlighted with one colour. And the steps that could be done by a dispenser were highlighted in another colour. The pharmacy also had a roles matrix in the front of the SOP file. The matrix was available to define tasks for each team members based on their qualifications and experience. But, the matrix had not been completed. The pharmacy had a quick reference booklet of the most commonly used SOPs. Pharmacy team members said the booklet was useful when they needed to refresh their memory of a common procedure, without the need for searching through the main SOP file. They also said the booklet was often used by locum pharmacists.

The pharmacist highlighted near miss errors made by the pharmacy team when dispensing. Pharmacy team members recorded their own mistakes. The pharmacy team discussed the errors made. And why they thought the errors had occurred. But, they did not record much detail about why a mistake had happened. Pharmacy team members said the pharmacy manager analysed the data collected about mistakes every month. But there were no records of analysis available in the pharmacy during the inspection. Pharmacy team members discussed the findings of the analysis each month. And made changes to help reduce risks based on the information. They gave a recent example of separating different formulations of co-codamol after they had noticed a pattern of picking errors. The pharmacy had a process for dealing with dispensing errors that had been given out to people. It recorded incidents electronically. Some examples of records were seen. And, did not record much information about why mistakes had been made. The records gave details of the discussions about each mistake. And any change made to help prevent a recurrence. One recent example involved a pharmacy team member re-visiting the documented procedure relevant to the incident. And re-training about the most effective ways to confirm someone's identity before handing over medicines. The company's head office had sent the pharmacy a list of medicines commonly involved in look-alike and sound-alike errors across the company. Pharmacy team members had displayed the list. And they had highlighted the medicines with a warning sticker on the edges of the shelves where they were kept. This helped to highlight the risks to people whilst dispensing. The medicines on the list had also been separated from one another. This was discussed. And pharmacy team members appreciated that it would be useful to highlight medicines that were not on the list. But that had been involved in mistakes at their pharmacy.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a practice leaflet available for customers in the retail area which clearly explained the company's complaints procedure. It collected feedback from people by using questionnaires. And the latest feedback from the last set of questionnaires analysed was displayed. The most common feedback from people had been about the pharmacy providing an efficient service. But pharmacy team members did not know what this meant because they already thought they did provide an efficient service. So, they had not made any changes to improve in response to the feedback.

The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And they were audited against the physical stock quantity monthly. The pharmacy did not stock methadone. It kept and maintained a register of CDs returned by people for destruction. And this was complete and up to date. The pharmacy maintained a responsible pharmacist record on paper. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily in two fridges. They kept private prescription records in a paper register, which was complete and in order. And, they recorded emergency supplies of medicines in the private prescription register. They recorded any unlicensed medicines supplied, which included the necessary information in the samples seen.

The pharmacy kept sensitive information and materials in restricted areas. It collected confidential waste in dedicated bags. The bags were sealed when they were full. And, these were collected and returned to head office for secure destruction. Pharmacy team members had been trained to protect privacy and confidentiality by reading the documented procedures available. They were clear about how important it was to protect confidentiality. There was no evidence that the pharmacy had been assessed for GDPR compliance. Pharmacy team members were asked about their role in safeguarding people. A dispenser gave some clear examples of symptoms that would raise their concerns in both children and vulnerable adults. And, how they would refer their concerns to the pharmacist. The pharmacist explained how they would assess the concern. And would refer to local safeguarding contacts or head office for advice. The pharmacy had contact details available for the local safeguarding service. And, it had a procedure in place to explain what to do in the event of a concern. The pharmacist had completed training in relation to safeguarding in 2019. There was no training provided for other pharmacy team members, other than the contents of the documented procedure.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete ad-hoc training. And, they learn from the pharmacist and each other to keep their knowledge and skills up to date. Pharmacy team members feel comfortable making suggestions to help improve pharmacy services. Their suggestions are considered. And changes are made to help improve the way the pharmacy delivers its services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a locum pharmacist and three dispensers. Pharmacy team members completed training ad-hoc by reading various trade press materials. And by having regular discussions with the pharmacists and colleagues about current topics. They had completed an SOP quiz sent by head office in July 2019. The quiz was used to test the team member's understanding of the documented procedures. Pharmacy team members were required to achieve a mark of 80% or higher to pass the quiz. The pharmacy had a yearly appraisal process for staff. The pharmacy team members explained they had not yet received an appraisal with their new manager. And they had not set any objectives to achieve at their last appraisal.

A dispenser explained she would raise professional concerns with the pharmacist, manager or area manager. She felt comfortable raising a concern. And confident that her concerns would be considered, and changes would be made where they were needed. The pharmacy had a whistleblowing policy. And pharmacy team members were aware of how to access the procedure. Pharmacy team members communicated with an open working dialogue during the inspection. They explained a change they had made after discussing issues with each other and areas for improvement. Previously, team members had been assigned one task to perform. And this task remained the same every day, for example to label all prescriptions received in the pharmacy. They explained there had been no rotation or variation. And they felt their skills in areas where they weren't involved were suffering consequently. They discussed the issue with their new manager soon after she was appointed. And they had created workstations in different areas of the pharmacy. For example, one workstation was used for preparing repeat prescriptions. Another area was used for preparing prescriptions for people waiting in the pharmacy. And another for preparing multi-compartment compliance packs. Each team member was assigned to a workstation. And was responsible for all activities that needed to be completed at the station, such as labelling the prescriptions, picking stock and assembling the medicines ready for checking. Pharmacy team members also rotated around different workstations each day. They explained this had improved things greatly because they now had more variety. And they were able to remain multi-skilled in all areas of the pharmacy operation. The pharmacy owners asked the team to achieve targets in various areas of the business. These included the number of medicines use review consultations completed, the number of flu vaccinations provided, and the volume of prescriptions dispensed. Pharmacy team members felt comfortable achieving the targets set. And, the area manager supported them to achieve the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services provided. The pharmacy has a suitable room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. There was a safe and effective workflow in operation. And clearly defined areas for checking and different types of dispensing. The pharmacy kept equipment and stock on shelves throughout the premises. It had a private consultation room available. Pharmacy team members used the room to have private conversations with people. The room was signposted by a sign on the door.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a toilet, which provided a sink with hot and cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible to people, including people using wheelchairs. The pharmacy has systems in place to help provide its services safely and effectively. The pharmacy supports people by dispensing medicines into devices to help them remember to take their medicines correctly. And pharmacy team members manage this service well. They take steps to identify people taking high-risk medicines. And they provide these people with advice and support to help them take their medicines safely. The pharmacy team members source medicines from licenced suppliers. And they adequately store and manage medicines. But they transfer some medicines from their original containers. And these are not always stored or labelled appropriately.

Inspector's evidence

The pharmacy had level access from the street at the front of the premises. And from a small car park at the back. It advertised services in various places in the retail area. And, in the pharmacy's window. Pharmacy team members explained they could provide large-print labels to help people with a visual impairment. And they would help people by using written communication with someone with a hearing impairment.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacist counselled people receiving prescriptions for valproate if appropriate. She checked if the person was aware of the risks if they became pregnant while taking the medicine. And checked if they were on a pregnancy prevention programme. She referred people to their GP if she had any issues or concerns. The pharmacy had a stock of printed information material to give to people to help them manage the risks. The pharmacy supplied medicines in multi-compartment compliance packs when requested. It attached backing sheets to the packs, so people had written instructions of how to take the medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the packs. And provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the patient's electronic medication record. The pharmacy delivered medicines to people's homes. It recorded the deliveries made and asked people to sign for their deliveries. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy. The team highlighted bags containing controlled drugs (CDs) with a sticker on the bag and on the driver's delivery sheet. And, people signed for CDs in a separate record book.

The pharmacy had bottles on the shelves of medicines that had been removed from their original blister packaging. Pharmacy team members explained this usually happened when some made a mistake whilst dispensing a multi-compartment compliance pack. The bottles seen were not labelled with a batch number or expiry date of the medicines inside. And one bottle was found unlabelled which had been placed inside a medicine carton. It was unclear whether the tablets in the bottle were the medicine described on the carton. The inspector found packs on the shelves containing mixed batches of medicines. And these contained strips of medicines with a batch number and expiry date that did not match that printed on the carton. This was discussed with pharmacy team members. And they gave an assurance that these items would be removed from the shelves immediately and disposed of.

The pharmacy obtained medicines from three licensed wholesalers. It stored medicines tidily on shelves. And all stock was kept in restricted areas of the premises where necessary. Pharmacy team members were aware of the new requirements under the Falsified Medicines Directive (FMD). They had new scanners and software available. And they had received some training. The pharmacy did not have procedures that incorporated the requirements of FMD in to the dispensing process. Pharmacy team members said they were waiting for further instructions from head office about the rollout and implementation of FMD requirements. They did not know when this would be. The pharmacy had adequate disposal facilities available for unwanted medicines, including CDs. Pharmacy team members kept the CD cabinet tidy and well organised. And out of date and patient returned CDs were segregated. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct.

Pharmacy team members kept the contents of the pharmacy fridges tidy and well organised. They monitored minimum and maximum temperatures in the fridges every day. And they recorded their findings. The temperature records seen were within acceptable limits. Pharmacy team members checked medicine expiry dates every 12 weeks. Some records were seen. But the records available were not up to date. Pharmacy team members highlighted any short-dated items with a sticker on the pack up to 12 months in advance of its expiry. And they recorded expiring items on a monthly stock expiry sheet, for removal during the month before their expiry. After a check of a sample of shelves, the inspector did not find any out-of-date medicines. The pharmacy responded to drug alerts and recalls. And any affected stock found was quarantined for destruction or return to the wholesaler. It recorded any action taken. And records included details of any affected products removed.

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 that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had a set of clean, well maintained measures available for medicines preparation. The pharmacy positioned computer terminals away from public view. And these were password protected. It stored medicines waiting to be collected in the dispensary, also away from public view. The pharmacy had two dispensary fridges, which were in good working order. And, pharmacy team members used them to store medicines only. They restricted access to all equipment, and they stored all items securely.

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.