

Registered pharmacy inspection report

Pharmacy Name: Cohen Chemist, 53-55 High Street, Rishton,
BLACKBURN, Lancashire, BB1 4LD

Pharmacy reference: 1033097

Type of pharmacy: Community

Date of inspection: 13/11/2019

Pharmacy context

The pharmacy is on the main street in a village on the outskirts of Blackburn. It dispenses NHS prescriptions and sells a range of over the counter medicines. It supplies medicines in multi-compartment compliance packs. And delivers medicines to people's homes. It provides a range of services including emergency hormonal contraceptive supply and seasonal flu vaccinations.

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 with its services. And it has up-to-date written procedures for team members to follow. The team members keep people's private information secure. And they have the knowledge to raise concerns to protect the welfare of children and vulnerable adults. They mostly keep all the records they must by law. The team members discuss mistakes that happen during dispensing. But they don't consistently make records of these errors. So, they may miss opportunities to learn. People can provide feedback and raise concerns.

Inspector's evidence

The pharmacy was of a suitable size. The retail area and the main dispensary was open plan. It was divided by the pharmacy counter, which could be lifted up to provide access in between the two. This meant that people could see directly into the dispensary. The pharmacy team members spoke quietly throughout the inspection as they were aware of the potential of their conversations to be overheard. The middle checking bench was far enough away from the counter, so people couldn't see people's details on prescriptions and labels on the bench. The pharmacist could easily oversee pharmacy sales and the advice the team gave. The pharmacy had another dispensary area in a separate room at the back that was more private.

The pharmacy had two standard operating procedure (SOP) files. The new SOP file was clearly titled July 2018 to July 2020, so the team members knew the SOPs to refer to. The pharmacy had a set of SOPs that were relevant for the services provided. For example, it had SOPs for controlled drug (CD) management, dispensing processes and services such as medicines use reviews (MURs). The SOPs described the team members roles and responsibilities. And there was a pharmacy role matrix. But this hadn't been completed for the team members working in the pharmacy. The declaration kept at the front of the SOP file was not complete. This should be used to evidence that the team had read the SOPs and declared they would follow them. But the team members did have printed certificates of completion for the SOPs. The pharmacy team members were seen following some of the procedures in the SOPs. For example, by consistently asking people to confirm their name and address prior to handing out their medicines.

The pharmacy team members described how they discussed and recorded near miss errors. And they discussed a recent quantity error. But the current and most up-to-date near miss error records couldn't be found. This meant the record wasn't readily available to complete any entries should one occur. A blank copy was found to use. The last records seen were from January and February 2019. There were a few entries. But recording wasn't consistent. The team members had knowledge about look-alike and sound-alike (LASA) medicines. And they described how they took care when selecting amlodipine and amitriptyline. The team had attached bright yellow stickers on the shelves in front of LASA medicines. And described how this helped remind them to be careful when selecting these medicines.

The pharmacy had a dispensing incident SOP. The team members reported dispensing incidents electronically. They thought copies were printed for reference, but these couldn't be found. The team managed to access the electronic system to demonstrate a completed record. The report didn't provide much detail about contributory factors or the actions taken. The team described how quinine and quetiapine tablets had been separated after an incident and how the team had discussed the learning

together.

The pharmacist displayed the correct RP notice. The pharmacy team members understood their roles and responsibilities. These were documented in the SOPs. And on the daily, weekly and monthly task sheet. The pharmacy displayed a responsible pharmacist (RP) activity task list in the dispensary. The team members used this to check what tasks they could perform in the absence of the RP. The pharmacy had a practice leaflet detailing the pharmacy's complaints procedure. But it was stored behind the pharmacy counter and so not available for self-selection. There was a poster detailing the complaints process in the retail area, but it wasn't easily seen. A team member described the pharmacy's complaint procedure. And was confident to deal with any concerns and escalate to the manager and head office if necessary. The pharmacy had a SOP relating to complaint management. The pharmacy asked people for feedback using an annual questionnaire. But the results and any actions taken were not displayed in the pharmacy. The team couldn't give any details of changes made following feedback. People had commented on the steps to access the pharmacy. But the company hadn't been able to make changes following these comments.

The pharmacy kept CD registers with running balances. A sample looked at showed these mostly met legal requirements with completed headers and no entries altered. But some of the entries didn't include the address of the wholesaler. There was evidence that discrepancies in the balances had been investigated and corrected. After checking two balances in the register for MST 5mg tablets and oxycodone 10mg/1ml ampoules neither matched the stock in the CD cabinet. A check of five further balances showed these all matched the actual stock. The team investigated the discrepancies during the inspection and found the errors. So, the balances and register entries matched. And the team made the corrections to the register. The pharmacy completed CD balance checks. The team often checked the balance after the supply and receipt, but not always. And the last regular balance check was 3 September 2019, although some balances had been checked 31 October 2019. Prior to this some checks had last been completed in March 2019. So, the checks were not consistent or regular. In 2018 the checks had been monthly. The pharmacy kept an RP record. Of the sample checked there was one missing entry for the time the RP stopped their duties. The pharmacy kept complete records of private prescription supplies. And it kept records of emergency supplies. But the team didn't record the reason for the emergency supply. The team mostly completed the certificates of conformity for unlicensed specials supplies. But not all had the required details completed. Some had no details of patient, medicine label or prescriber documented. And for others the details of just the prescriber was missing.

The pharmacy team were aware of the importance of keeping people's information safe. And they had completed some training. The pharmacy stored confidential waste separately. And it identified its confidential waste as it was stored in blue bags. The bags were removed and destroyed. The pharmacy didn't display a privacy notice. And it didn't have any information available in the pharmacy describing to people how their data was handled.

The pharmacy had a safeguarding SOP and policy. The team members understood their responsibilities to protect the welfare of children and vulnerable people. And gave examples of how they had applied their knowledge. They had completed some training, including dementia friends training in 2017 and 2018. And the pharmacist manager had completed level 2 training in relation to safeguarding in 2017. A pharmacy team member couldn't locate any local contact details for safeguarding leads. But described how she would access this information from the internet.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably qualified and experienced team members to provide its services. They work well together to complete the workload. The team members complete some training relevant to their roles. And they share ideas and openly discuss mistakes they make, so they can improve their ways of working. They feel comfortable to raise any concerns.

Inspector's evidence

On the day of the inspection the responsible pharmacist (RP) was a locum pharmacist, who had worked in Cohen's pharmacies but not regularly in this pharmacy. Two full-time dispensers supported the RP. Part way through the inspection another full-time dispenser started work. She had completed her NVQ 3 course but had not yet registered as a technician. The pharmacy displayed the team's qualification certificates on the wall. A part-time driver supported making deliveries to people's homes. And this was the normal staffing level each day. The pharmacy had a stable team, who were experienced and had worked together at the pharmacy for some time. The pharmacist manager, who worked four days a week was not present for the inspection. The team members were seen discussing and managing the workload. And appropriately offering people advice and resolving queries. The pharmacy used "pharmacist" stickers, so that the pharmacist could be alerted to counsel people and use their professional judgement when handing out people's medication. The pharmacist demonstrated how an alert had been used to highlight an interaction between atorvastatin and miconazole oral gel. A record of the intervention was made on the patient's electronic medication record (PMR).

The pharmacy had annual appraisals for the team members. A team member explained how she sat down with her manager and discussed what had gone well that year. And received feedback on her performance so she could improve. She had since concentrated on improving her customer service skills to further improve people's experience and care. The team described how there were opportunities to progress by completing the NVQ 3 technician qualification.

The pharmacy team received weekly bulletins and held weekly huddles to discuss new information, ideas and share learning from near miss errors. The company supported the pharmacy team to suggest ideas, through their idea's forum and business suggestion form. These ideas went through to the company's head office for assessment. The team had not sent any of their ideas through. But they had implemented ideas locally that were discussed between themselves in the pharmacy. They had suggested splitting tasks equally between the team. This meant individuals could take responsibility for completion. This worked well. And afterwards the company had introduced a laminate monthly, weekly and daily task sheet. The team then used this to populate their specific pharmacy task sheet. The team felt comfortable to raise concerns with the pharmacist manager or the area manager.

The pharmacy held records of the team members training. They had certificates for completing SOP training in June 2019. And other training certificates for electronic prescription service (EPS) compliance and some medicine changes from POM to P. But most of these certificates were from 2015 and 2016. A dispenser described some more up-to-date training she had completed for Viagra Connect. The team received information from the company's head office, so they could learn about changes in processes, regulation and the requirements of the NHS pharmacy contract. After reading a bulletin the team had implemented processes for asking people with diabetes about regular eye and foot checks. The team

shared any findings of these checks with the surgery. The pharmacist manager had completed training relevant to her role, including level two safeguarding and summary care record (SCR) training. The pharmacy set targets for the team to achieve for some of its services. These were referred to as budgets, so the team knew how well the pharmacy was performing. The team worked towards these key performance indicators.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and suitably clean and hygienic. It has a soundproof room where people can have private conversations with the team.

Inspector's evidence

The pharmacy was suitably tidy and hygienic. But the staff area was slightly untidy, with a sink full of pots unwashed from the previous day. The pharmacy had a completed cleaning rota. The toilet was of an acceptable standard with hot and cold running water and a 'wash your hands' sign. The lighting was sufficient and the temperature and heating suitable. The pharmacy had a cellar that was cold and unpleasant to stay in for any length of time. The steps were uneven and could present a risk of falls. The pharmacy had painted the edge of the steps yellow to somewhat mitigate this risk. The pharmacy didn't store any medicines or consumables in the cellar. It did have some cardboard and empty medicinal waste bins. The cellar did have lighting, but the electrical wires were on show. They were pinned back to make it safe. The cellar wasn't often accessed. It would be helpful to assess whether there was a need to use the area at all. The pharmacy team reported any maintenance issues to the company's head office. There were no outstanding maintenance issues. Although a new issue was identified during the inspection. The outside bell that people used to draw the team's attention had been knocked off. The team had been unaware of this.

The pharmacy had enough bench space in the main dispensing area, with a well-organised workflow. And it had a back room with more dispensing space. The pharmacy kept stock on the shelves in an organised way. And there were no trip and fall hazards. The pharmacy had an appropriately sized room, signposted as a consultation room. It was locked during the inspection. And the team accessed it using a keypad combination code lock.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages and delivers its services safely and effectively. The pharmacy keeps a full audit trail when it delivers medicines to people's homes. So, it can easily resolve any queries. It supplies medicines to some people in multi-compartment compliance packs to help them take their medicines safely. And it manages the risks with this service well. It sources, stores and manages its medicines appropriately. People can access the pharmacy's services. But some people may find it difficult to access the premises up the steps to the entrance. The team are willing to help people overcome these difficulties.

Inspector's evidence

The pharmacy wasn't easily accessible for people. It had steps up to the entrance. And although the pharmacy had hand rails to help people access the premises, it would be difficult to access with prams. And there was no access for wheelchairs. A sign outside the door indicated to people to ring the bell for help. But there was no bell. The team described how someone had only used the bell a couple of days before. And so were surprised it wasn't there. The team reported this to get it fixed. The team described how people waited outside if they couldn't access the shop. The pharmacy offered a delivery service, so people could access the pharmacy's services. The pharmacy advertised its services using posters in the window and in the retail area. And it advertised some local services, such as the minor injuries unit. It had a small selection of healthcare leaflets for people to pick up. And it had a practice leaflet detailing the pharmacy's opening times and services. But these were stored behind the pharmacy counter in the dispensary. The pharmacy was a healthy living pharmacy with a small healthy living zone. It displayed information on a notice board. And had leaflets for people to take away. At the time of the inspection it was still displaying posters and leaflets from Stoptober. The pharmacy team explained how they signposted people to access smoking cessation services in the locality. The team members waited for people to ask for advice or about services, rather than proactively approaching people looking at the display.

The pharmacy made good use of stickers to identify fridge lines and CDs. The pharmacy also had a second CD sticker that was used to indicate the 28-day expiry date of prescriptions for CDs. These were not used on all CD prescriptions. So, there was a risk of handing out these CDs after the prescription had expired. The pharmacy used clear bags for fridge lines and CDs. The team members consistently used baskets to reduce the risk of errors. And used different colours to indicate waiting prescriptions, deliveries and people calling back. They used a grey basket when people brought in more than one prescription. This helped make sure the pharmacist checked all the prescriptions before handing them out. The pharmacy had different areas for labelling dispensing and checking, so the team had an organised workflow. The team kept the prescriptions that had medicines owed to one side. So, the stock could be removed from the order and the dispensing completed efficiently. The pharmacy had a SOP relating to high-risk medicines such as insulin. And at the time of the inspection the team were conducting audits relating to people who were taking lithium and sodium valproate. The pharmacy team members knew the importance of counselling people taking valproate and the risks of pregnancy. And they displayed a poster to remind them what they needed to do and where the stock of cards and guides were kept. They were aware that the manufacturer's packs now had a push out alert card, so people could keep them.

The pharmacy supplied medicines in multi-compartment compliance packs to help around 80 people take their medicines. The pharmacy team used a diary to record when people needed their packs. And when their prescriptions were due to be ordered. So, the team kept an audit trail of the management of the service. The team member ordered the prescription for people one week in advance. So, there was time to resolve queries and dispense the pack. They used master sheets to document people's current medicine regime. And this detailed information on the times of administration. And when the team member received the prescriptions, they were checked against the person's master sheet. And they checked any differences with the surgery. The team member printed the labels and selected the medicines required for a pack. And then wrote the descriptions of the medicines on to the packaging. This ensured the descriptions were accurate. They used gloves to assemble the packs. and they supplied patient information leaflets with the packs.

The pharmacy had a staff and drivers' delivery handbook. The driver used a delivery sheet printed from the computer. It had people's names and addresses printed out consecutively on one sheet. The driver described how he had a separate sheet of paper to hide people's names and addresses to maintain their confidentiality when he obtained signatures. The driver used a separate sheet to obtain signatures for the CDs he delivered. He completed a series of checks at the door to make sure he delivered the right medicine to the right person at the right address. He said that sometimes these checks were not popular with people, but he understood the importance to avoid mistakes. The driver reported any concerns back to the pharmacy team. He described how he reported concerns about a person, who received their medicines in a compliance pack, not taking their medicines. And the pharmacist spoke to the surgery. The pharmacy had a complete audit trail as the driver booked his deliveries out of the computer when he went on deliveries. And he booked them back in on his return, if he had been unable to make the delivery.

The pharmacy obtained its medicines and medical devices from a number of licenced wholesalers such as Alliance and East Stone specials. It stored its medicines appropriately on shelves. And it stored CDs in baskets in the CD cabinet to keep stock separated. The pharmacy kept out-of-date CD stock separate from other stock. But it had a fair number of out of date CDs awaiting destruction taking up space in the CD cabinet. And some stock expired in 2018. The pharmacy had a suitably-sized medical fridge. The records checked, indicated the temperature in the fridge was kept between two to eight degrees Celsius. And this was the case during the inspection. The pharmacy had not implemented the requirements of the Falsified Medicines Directive (FMD). It did have the appropriate scanners but had not started checking the tamper evident seals or decommissioning products. The team had received no training. And didn't know the company plans for implementation.

The pharmacy had a SOP detailing the pharmacy's date checking process. And it had a date checking schedule displayed in the dispensary, which showed date checking has last been completed in August 2019. But it also had an electronic date checking record that had last been completed for the month of September. This was confusing. The team members did acknowledge that they were behind with date checking. And sometimes forgot to update the paper schedule. One out-of-date medicine from October 2019 was found on the shelves. After a further check of the shelves, no further out-of-date medicines were found. The pharmacy team annotated the date of opening on the packaging of liquid medicines, so when dispensing the team knew they were fit to use. The pharmacy received details of medicine recalls and safety alerts. And it kept printed copies in folders, indicating the action taken. But the most recent recall wasn't there. It was found and had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. And it uses them to protect people's privacy.

Inspector's evidence

The pharmacy had suitable reference resources and access to the internet to obtain up to date information. There was no signs that the pharmacy had its electrical equipment tested. But electrical equipment was clean, with no loose wires on show. The team used crown stamped, clean glass measures for pouring liquids.

The pharmacy team was observed taking the handheld telephone handset into the rear dispensing area to have private conversations away from the open plan dispensary. The pharmacy had a computer situated to one side of the pharmacy counter. People in the retail area couldn't see people's details on the computer because of a screen on the side of the counter. It kept prescriptions awaiting collection in the dispensary. And this protected people's confidential information.

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.