

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 171 Crescent Road, Great Lever,
BOLTON, Lancashire, BL3 2JS

Pharmacy reference: 1033142

Type of pharmacy: Community

Date of inspection: 18/06/2019

Pharmacy context

This is a community pharmacy located on a row of shops in a residential area. Most people who use the pharmacy are from the local area. The pharmacy dispenses mainly NHS prescriptions and sells a range of over-the-counter medicines. It supplies a small number of medicines in multi-compartment devices to help people take their medicines at the right time.

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 adequately manages risks and completes all the records that it needs to by law. Members of the pharmacy team work to professional standards. They record their mistakes, so that they can learn from them and they act to help stop the same sort of mistakes from happening again. The team members keep people's private information safe and the complete training, so they know how to protect children and vulnerable adults.

Inspector's evidence

There were up-to-date Standard Operating Procedures (SOPs) for the services provided, with signatures showing that members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. The name of the responsible pharmacist (RP) was displayed as per the RP regulations.

Dispensing incidents were reported on the intranet, which could be viewed at head office and learning points were included. Near misses were reported on a log and discussed with the pharmacy team. Dispensing incidents and near misses were reviewed each month and a monthly patient safety report was completed. Look-alike and sound-alike drugs (LASAs), e.g. amlodipine and amitriptyline were highlighted on the dispensary shelves with yellow 'take care when selecting this product' stickers, and they were separated from each other. There was shared patient safety learning in regular bulletins from head office.

A notice was on display in pharmacy with the complaint's procedure and the details of who to complain to and this was also outlined in practice leaflets, which were available. A customer satisfaction survey was carried out annually. The results were on display and available on the NHS choices website. The pharmacy was rated 82% overall by respondents. Areas of strength (94%) were comfort and convenience of the waiting area and disposing of medicines no longer needed. An area identified which required improvement was providing advice on leading a healthier lifestyle. The pharmacy's published response was that there was a healthy living champion in the pharmacy who promoted healthy lifestyles to patients.

Insurance arrangements were in place. Private prescription and emergency supplies records, the RP record, and the controlled drug (CD) register were appropriately maintained. A CD balance was checked and found to be correct. Adjustments to methadone balances were attributed to manufacturer's overage following a calculation to assess if the adjustment was within a reasonable range. Patient returned CDs were recorded and disposed of appropriately.

Confidential waste was collected in a designated place then sent to head office for disposal. The work experience student said that confidentiality had been explained to her when she started working in the pharmacy and she demonstrated that she understood the difference between confidential and general waste. Prescriptions awaiting collection were not visible from the medicines counter. Paperwork containing patient confidential information was stored appropriately.

The pharmacy manager said he had completed centre for pharmacy postgraduate education (CPPE)

level 2 training on safeguarding. Other members of the pharmacy team had read the safeguarding SOP and said they would refer any concerns to the pharmacist. The pharmacy manager said he would refer to the SOP if he had any concerns or if any of the team raised a safeguarding concern. There was a chaperone policy. This was highlighted to patients on a notice inside the consultation room, so not accessible to all. Members of the pharmacy team had completed dementia friends training and so had a better understanding of patients suffering from this condition.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members are suitably trained or undertaking appropriate training for the roles they carry out. The team members work well together. They are comfortable providing feedback to their manager and receive informal feedback about their own performance.

Inspector's evidence

There was a pharmacy manager and two trainee dispensers (on accredited NVQ2 courses) on duty at the time of the inspection. The staff level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the patients. Absences were covered by re-arranging the staff rota or transferring staff from neighbouring branches. There was an area coordinator who assisted to arrange cover if necessary. There was a work experience student in the pharmacy. She said she mainly observed but was clear what duties she was allowed to carry out and said everything she did was checked by another member of the pharmacy team.

The pharmacy team were given protected training time to enable them to complete the training courses they were enrolled on. The pharmacy team did not have formal discussion with the pharmacy manager about performance and development, but the pharmacy manager gave the team informal feedback. Regular team huddles were held where a variety of issues were discussed, and concerns could be raised. Brief notes were made in a diary as a record of what was discussed. Daily bulletins were received from head office which were discussed with the team. One of the trainee dispensers said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the pharmacy manager about any concerns she might have. She said the staff could make suggestions or criticisms informally and she felt comfortable admitting and discussing errors. There was a whistleblowing policy and a notice on display showing this.

The pharmacy manager said he felt empowered to exercise his professional judgement and could comply with his own professional and legal obligations, e.g. refusing to sell a pharmacy medicine because he felt it was inappropriate. He said targets were set for medicine use reviews (MUR) but he didn't feel targets ever compromised patient safety and he didn't feel under pressure to carry out reviews if they were not necessary, or if the pharmacy was too busy.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure and generally provide a suitable environment for people to receive healthcare.

Inspector's evidence

The retail area was reasonably clean and in an adequate state of repair. It was free from obstructions, professional in appearance and had a waiting area with four chairs. The dispensary and first floor, were not accessible to the public, were less well maintained and in a poor state of decoration, which could detract from the overall professional image. Space was very limited in the dispensary, but the work flow was organised into separate areas with a designated checking area. There were stacks of baskets containing assembled prescriptions covering most of the bench space at times, which might increase the risk of error. The dispensary shelves were generally well organised, but some of the shelves and cupboard doors required cleaning. The temperature and lighting were adequately controlled. Maintenance problems were reported to head office and the response time was appropriate to the nature of the issue.

There was a separate stockroom/office on the first floor and a second smaller stockroom for date expired and returned medicines. Staff facilities were limited to a very small kitchen area and a WC with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand sanitizer gel was available.

The consultation room was equipped with a sink, and was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. A member of the pharmacy team said the consultation room was always offered to patients for supervised methadone consumption, but some patients refused the offer. One patient was observed consuming his methadone at the medicine counter as another person entered the pharmacy with two children, which risked breaching his privacy, dignity and confidentiality. And it could also compromise the professional environment of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are generally well managed to help make sure people receive their medicines safely. It sources and supplies medicines safely. And carries out some checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

There was a step up to the front door of the pharmacy, and the door was quite narrow, so it might be difficult for wheelchair users to access the pharmacy. Some services provided by the pharmacy were outlined in practice leaflets which were on display, but they were not all clearly advertised in the pharmacy, so people might not know that they were available. There was a small amount of healthy living information on display and a healthy living notice board with some posters promoting children's oral health.

Targeted health promotion was in the consultation room, which was used for supervised consumption and the needle exchange service, e.g. increasing awareness of Hepatitis C, HIV and the details of Bolton's drug and alcohol service. The pharmacy team were clear what services were offered and where to signpost to a service not offered, e.g. travel vaccinations, which they sometimes got asked for. A trainee dispenser said signposting and providing healthy living advice were not usually recorded. It was therefore difficult to monitor the effectiveness of the health promotional activities.

There was a delivery service and an audit trail was in place. Each delivery was recorded, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Post it' notes were used to highlight counselling was required and some high-risk medicines were targeted for extra checks and counselling, although INR levels were not always requested or recorded when dispensing warfarin prescriptions. The pharmacy manager was aware of the valproate pregnancy prevention programme and said that none of the regular female patients prescribed valproate were in the at-risk group. The valproate information pack and care cards were not available in the dispensary, but the pharmacy manager said they were in the office on the first floor if required. He said he would bring them down into the dispensary, so they would be easily accessible, in case they were required in his absence.

There was only a partial audit trail for changes to medication in multi-compartment devices. And it was not always clear who had confirmed the changes and the date the changes had been made. Medicine descriptions were not usually included on the packaging to enable identification of the individual medicines and packaging leaflets were not always supplied, despite this being a mandatory requirement. This meant that patients and their carers might not have easy access to the information they need to take their medicines safely.

A trainee dispenser knew what questions to ask when making a medicine sale and when to refer the patient to a pharmacist. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used for the supply of medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out. The pharmacy was not compliant with the Falsified Medicines Directive (FMD). The required hardware and software were present, but the team had not received any training and had not started scanning to verify or decommission medicines.

Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out, but not always documented, so areas of the dispensary might be missed. Short dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins. Alerts and recalls were received on bulletins from head office. These were read and acted on by a member of the pharmacy team and then filed, so there was a record of what action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely.

Inspector's evidence

Current British National Formulary (BNF) and BNF for children were available and the pharmacist could access approved professional websites via the intranet. There was a large medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order.

There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.