

# Registered pharmacy inspection report

**Pharmacy Name:** Cohens Chemist, Egerton Dunscar Health Ctn,  
Darwen Road, Bromley Cross, BOLTON, Lancashire, BL7 9RG

**Pharmacy reference:** 1033155

**Type of pharmacy:** Community

**Date of inspection:** 02/07/2024

## Pharmacy context

This community pharmacy is located in a health centre. It is situated in a residential area of Bromley Cross, Bolton. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and the NHS Pharmacy First service. The pharmacy supplies medicines in multi-compartment compliance packs for some people to help them 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 |
|--|-------------------|------------------------------|------------------|-----|
| <b>1. Governance</b>                               | Standards met     | N/A                          | N/A              | N/A |
| <b>2. Staff</b>                                    | Standards met     | N/A                          | N/A              | N/A |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A |
| <b>5. Equipment and facilities</b>                 | Standards met     | N/A                          | N/A              | N/A |

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to help make sure they work safely, and they complete tasks in the right way. And they understand their role in protecting vulnerable people and keep people's personal information safe. Team members respond appropriately when mistakes happen during the dispensing process, but they do not always make a record when things go wrong so some learning opportunities may be missed.

### Inspector's evidence

Standard operating procedures (SOPs) were available electronically and had been read by the team. SOPs were issued and reviewed by the head office team. Team members confirmed they had signed a document after reading the SOPs but were unsure as to where this was kept.

Dispensing mistakes which were identified before a medicine was supplied to people (near misses) were highlighted to the team member involved in the dispensing process and rectified. There was no evidence of any recorded near misses. So, team members may not have the opportunity to learn from past incidents. Team members checked their work before it was handed over for a final accuracy check. A huddle was held to discuss changes that could be made if team members spotted the same mistakes happening. In the past, cream formulations had been moved and methotrexate and anticoagulants were stored separately. Team members were also asked to ensure they were using the QR code stickers on medicine bags that were to be delivered so that they could be scanned and managed via the electronic system. This was to help minimise the risk of deliveries being forgotten. Any instances where a dispensing mistake had happened, and the medicine had been supplied, (dispensing errors) it was investigated, and a record was made. If a locum pharmacist was involved, they were notified by head office and the RP completed an investigation in store. As a result of past errors propranolol and pravastatin had been moved on the shelves.

A correct RP notice was displayed. When questioned, team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure people could call the head office team or it was logged on the intranet by the team. As a result of feedback, the pharmacy had changed the times that text messages were being sent to people to notify them that their prescriptions were ready as people were then coming when the pharmacy was closed. A message has also been sent out to notify the people of their opening times.

Emergency supply records, unlicensed specials dispensed, and RP records were largely complete. However, some pharmacists were not routinely signing out of the RP record. This could make it difficult to identify when a pharmacist's responsibility had ended in the event of a query. Private prescription records were maintained but the prescriber details were not always correct which could make it harder for the pharmacy to respond to any queries. Controlled drug (CD) registers were available, but a few headers were not completed. This could make it harder to reconcile the page with the register if it became lost. Running balances for CDs were recorded and regularly checked against physical stock held in the pharmacy. A random balance was checked and found to be correct. CDs that people had returned to the pharmacy were recorded in a register and appropriately destroyed.

Information governance (IG) procedures were in place. Team members were able to describe how confidential waste was destroyed using the on-site shredder. The RP had access to National Care Records (NCR) and consent to access these was gained verbally.

Safeguarding procedures were included in the SOPs and all team members had completed safeguarding training online. Contact details for the local safeguarding board were available and the team described an incident where they had contacted the safeguarding board previously.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the workload safely. And they are appropriately trained for the jobs they do. But team members do not get regular ongoing training, so there may be gaps in their knowledge and skills.

### Inspector's evidence

The pharmacy team included a pharmacist, a trainee technician who was an accuracy checker and also the supervisor, two trained dispensers, two trainee dispensers and three zero-hour staff who although were based at the store, were used to provide support in nearby branches owned by the company. The usual staffing included a pharmacist and three to four members of the team. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be adequately managed. Staffing levels were maintained by part-time staff and a staggered holiday system. The RP felt that there was enough staff when all team members were in but explained that at times it was a struggle when someone was on annual leave. Zero-hour staff were used to help cover the busiest times.

Staff performance was managed informally, and team members occasionally received feedback from the RP. Training needs and role progression was discussed when there was time. All team members completed mandatory training when they started working for the company which included health and safety and confidentiality. However, this was not renewed. This could mean that team members may not be aware of any changes or updates. The head office team uploaded training modules on the intranet but these were not mandatory to complete and team members were not provided with any allocated time to complete them. Team members were asked by head office to complete training modules on the eLearning for healthcare (elfh) portal, in line with NHS contractual requirements. Team members on formal training courses were supported by the RP. They described that they very rarely received training time and completed any work in their own time.

Team members asked appropriate questions and counselled people before recommending over-the-counter medicines. They were aware of the maximum quantities of medicines that could be sold over the counter and would refer any requests for multiple quantities to the RP. The company attached yellow warning stickers to some medicines which required team members to check with the RP before selling, to help team members identify medicines that had the potential to be abused or misused.

The team did not hold formal meetings and discussed pharmacy related issues as they arose. Team members felt confident to share feedback and concerns with the RP. The RP worked a few days a week at the head office and felt able to raise concerns and share feedback. Targets were set by head office for the services provided. The team were informed if they were not meeting targets but there was no pressure. The RP said targets would not affect his professional judgement in any way.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy, and it generally provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can speak to the pharmacy team members in private when needed.

### Inspector's evidence

The pharmacy was aged and tired in places, but it was generally clean. The dispensary was of a reasonable size and had ample workspace. Workspace was allocated for certain tasks. There was a dispensary sink for preparing medicines that needed mixing before being supplied to people. The premises were kept secure from unauthorised access.

A signposted consultation rooms was available and suitable for private conversations. All areas of the pharmacy were well lit and air conditioning was fitted.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy largely provides its services safely. It obtains its medicines from licensed sources and generally manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. However, people who have their medicines supplied in compliance packs are not provided with patient information leaflets, which could mean that they do not have all the information about the medicines they are taking.

### Inspector's evidence

The pharmacy was accessible from the street and there was a slight ramp leading to the entrance. A carpark available for people using the health centre. The shop floor was clear of any trip hazards and the retail area was easily accessible. Information about the services provided in the pharmacy were displayed. When it was necessary, the pharmacy team used the internet to find out the details of local services and signposted people who needed services that the pharmacy did not provide. The RP had signed up to an NHS service which showed services offered by other pharmacies and could be filtered by the services. Posters were also displayed in the dispensary with information about local surgeries.

The RP felt the Pharmacy First service had the most positive impact on the local population as people found it convenient to walk in. The pharmacy received referrals from NHS 111 and local GPs for the service. The RP had completed training before the launch of the Pharmacy First service and had attended a face-to-face seminar. He also visited an audiologist working in a surgery to get additional support for using an otoscope. A signed and dated PGD was available for the pharmacy first service.

Most prescriptions were prepared at another branch within the same company, also called the hub pharmacy. Any prescriptions which contained fridge lines, CDs or were a split quantity were dispensed in the pharmacy. Prescriptions were clinically checked, entered on to the pharmacy computer system and sent electronically. Once they had been dispensed, they were sent back packed in individual bags. Each bag had a unique QR code which when scanned showed how many bags in total there were for that person. And it also highlighted if there were any missing items that needed to be added in store or any additional notes. In addition to this the pharmacy had an electronic system 'notification pod' which alerted them of items that were missing from prescriptions which needed to be dispensed. Dispensing and checking at the hub was usually done by the robot, some bags were manually checked for accuracy by one of the pharmacists in the hub pharmacy.

There was an established workflow in place for dispensing and checking prescriptions. The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. Any prescriptions that had been clinically checked by the RP, and could be accuracy checked by the accuracy checking dispenser, was stamped to show this part of the process had been completed. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing.

The pharmacy team were aware of the risks associated with the use of valproate containing medicines during pregnancy. Anyone in the at-risk group had been identified and counselled. The pharmacy supplied one person with sodium valproate every two weeks. The RP had spoken to the GP and made a

record on the person's electronic record. A written risk assessment had not been completed and the RP provided an assurance that he would do this. Additional checks were carried out when people were supplied with medicines which required ongoing monitoring.

Some medicines were dispensed in multi-compartment compliance packs. The team members used trackers displayed in the dispensary to keep up to date. Most packs were dispensed at the hub pharmacy except those which contained less than five items or those with frequent medicine changes. Prescriptions were ordered by the pharmacy team and individual records were available for each patient with a list of all the medicines they were taking. Any changes were annotated on this. Compliance packs labelled at the hub contained mandatory warnings and had photographs of the medication so that people could identify them. Those dispensed in the pharmacy had product descriptions, but mandatory warnings were not included. The dispenser provided an assurance that she would speak to the IT team and have these added. Patient information leaflets (PILs) were not normally provided. So, people may not have all of the information they might need to take their medicines safely. The RP provided an assurance that he would speak to the SI about this.

The pharmacy had a designated delivery driver who carried out deliveries. A new electronic system had recently been introduced to audit deliveries. Delivery books were available and used when the system was down. A separate book was used for obtaining signatures when CDs were delivered. Unsuccessful deliveries would be returned to the pharmacy. All drivers had completed training on confidentiality and safeguarding.

Medicines were obtained from licensed wholesalers and were stored appropriately. Fridge temperatures were monitored daily and recorded; these were within the required range for the storage of cold chain medicines. Expiry dates were checked routinely at least fortnightly. Short dated stock was marked with stickers and recorded on the intranet. An up-to-date matrix was seen. No date expired medicines were found on the shelves. Obsolete medicines were disposed of in appropriate containers which were kept separate from stock and collected by a licensed waste carrier. Drug recalls were received via email from head office. They were printed, shared with the team, and actioned.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. Equipment is maintained and kept clean so that it is safe and ready to use.

### Inspector's evidence

The pharmacy team had access to the internet for general information. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets. Equipment was kept clean. A blood pressure monitor, thermometer, pulse oximeter and otoscope were also available to use as part of the services provided. All equipment was fairly new and there were plans to replace them when calibration was due. Two medical grade fridges were available.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the team members to move to a private area if the phone call warranted privacy.

### What do the summary findings for each principle mean?

| Finding                            | Meaning  |
|------------------------------------|--|
| <span>✓ Excellent practice</span>  | 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. |
| <span>✓ Good practice</span>       | The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.                                |
| <span>✓ Standards met</span>       | The pharmacy meets all the standards.  |
| <span>Standards not all met</span> | The pharmacy has not met one or more standards.  |