

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 1-3 Market Street, Little Lever,
BOLTON, Lancashire, BL3 1HH

Pharmacy reference: 1033173

Type of pharmacy: Community

Date of inspection: 22/04/2021

Pharmacy context

This busy community pharmacy is located in the town centre. Most people who use the pharmacy are from the local area. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. The inspection was carried out during the COVID-19 pandemic.

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 it takes some steps to improve patient safety. Members of the pharmacy team work to professional standards and they are clear about their roles and responsibilities. The team has written procedures on keeping people's private information safe and protecting the welfare of vulnerable people. It keeps the records required by law, but these are not always well maintained and some details are missing. This could make it harder to understand what has happened if queries arise.

Inspector's evidence

The pharmacy had 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 in role and task matrices. Pharmacy team members were wearing uniforms, but nothing to indicate their role, so members of the public might not be clear about this. The pharmacy manager was working as the responsible pharmacist (RP) but his name was not on display at the start of the inspection in accordance with requirements. However, this was rectified when it was pointed out to him.

There was a 'dispensing errors' SOP. Dispensing incidents were reported on a 'patient safety hub' on the intranet. An error had been reported involving look-alike and sound-alike drugs (LASAs) when rosuvastatin was supplied instead of rabeprazole. The pharmacy manager described the actions taken to prevent a re-occurrence which included discussing the error with the pharmacy team and using alert shelf stickers to highlight the risk of picking errors. The pharmacy manager explained near miss errors were always discussed with the pharmacy team and any learning was shared, although the team were not getting time to record and review these due to increased workload caused by the pandemic.

The risks of coronavirus to the pharmacy team and people using the pharmacy had been reviewed. The team had introduced several steps to ensure social distancing and infection control. The team had increased their focus on cleaning and touch points, such as the door handles, were wiped down regularly. Hand sanitizer gel was available and the team all wore face masks. There was a one-way system around the pharmacy and numbers of people in the pharmacy were limited to two at a time. The whole team had been vaccinated against COVID-19 and were carrying out twice weekly lateral flow tests. They were also supplying free lateral flow tests to people in the community.

A notice was on display near the medicine counter with the complaint's procedure and head office's details. There was a notice in the consultation room which set out the pharmacy's standards in relation to customer service. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescriptions were recorded electronically. The RP record did not include the time the RP finished their duties each day, so this did not provide a complete audit trail, and was not in line with RP regulations. Records of medicines obtained from 'Specials' were stored in a designated file, but the patient details had not been recorded on these. This was not in line with the Medicines and Healthcare products Regulatory Agency (MHRA) requirements and meant there was not a reliable audit trail of these supplies in the event of a problem or query. The pharmacy manager explained that this had been the duty of a member of the team who had retired, but he would get another member of the team to take over this task and make sure they added the relevant details. Controlled drug registers were untidy. Records of CD running balances were kept. Two CD balances were checked and found to

be correct.

There was a staff confidentiality policy on the intranet and this included data protection. A notice was on display that a privacy statement was available, in line with the General Data Protection Regulation (GDPR), which could be viewed on the Cohens website. Confidential waste was collected in a designated place and sent to head office in sealed bags for destruction. A member of the pharmacy team correctly described the difference between confidential and general waste. Assembled prescriptions awaiting collection were stored appropriately so that patient's details were not visible to other people visiting the pharmacy.

There was a safeguarding SOP. The pharmacy manager and accuracy checking technician (ACT) had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. Other staff had read the safeguarding SOP. The pharmacy had a chaperone policy. There was a notice highlighting this to patients, but this was inside the consultation room, so not visible to all. Some members of the pharmacy team had completed Dementia Friends training, so had a better understanding of patients living with this condition.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together in a busy environment and they have the right training and qualifications for the jobs they do. Team members are comfortable providing feedback to their manager and they receive informal feedback about their own performance.

Inspector's evidence

There was an RP (pharmacy manager), an ACT, two NVQ2 qualified dispensers (or equivalent), a trainee medicine counter assistant (MCA) and a delivery driver on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the patients. Planned absences were organised so that not more than one person was away at a time. The pharmacy manager explained they had an adequate staff level according to the levels set by head office, and all vacancies had been filled.

Members of the pharmacy team were qualified and their training certificates were on display in the consultation room. The trainee MCA had started working around a year ago. He confirmed he had read the SOPs and this was documented. He had been given some protected training time and had nearly completed the MCA course. Team members had completed several modules during the year including training on mental health, depression, suicide, obesity and weight loss.

The pharmacy team were not given formal appraisals, but a member of the team said she discussed her performance and development informally with the pharmacy manager and would feel comfortable talking to him about any concerns she might have. There were regular updates and communications from head office available on the intranet.

The pharmacy manager was empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because he felt it was inappropriate. He said targets were set for prescription items, New Medicine Service (NMS) and electronic prescription service (EPS) nominations, and the team were performing well against these targets so the pressure on the team had eased. He said he didn't feel targets would ever compromise patient safety.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a suitable environment for people to receive healthcare services. It has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

Inspector's evidence

The retail area in the main part of the pharmacy was clean, spacious, free from obstructions and in a good state of repair. The temperature and lighting were adequately controlled, and the fixtures and fittings were in reasonable condition. Maintenance problems were reported to head office and the response time was appropriate to the nature of the issue.

There were stockrooms, a staffroom with a kitchen area, and two WCs on the first floor. There was an additional WC on the ground floor with hot running water and hand wash. Hand washing notices were displayed in the WCs. Hand sanitizer gel was available for staff use. There was a separate dispensary sink for medicines preparation, which was clean.

There were two entrances into the pharmacy. The side entrance allowed access to a small waiting area and the consultation room. It was not possible to access the main part of the pharmacy from this entrance and it was mainly used for people receiving supervised medication and the needle exchange service. People wishing to use the consultation room from the main part of the pharmacy were required to walk around the outside of the building and in through the side entrance. The room could be used when customers needed a private area to talk but the availability of the room was not clearly highlighted from the main part of the pharmacy, so people might not realise it was available. The consultation room was untidy which detracted from its professional image. It was possible to see into the consultation room from outside the pharmacy, although there were blinds which could be used if privacy was required.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are generally well managed and easy for people to access. The pharmacy gets its medicines from licensed suppliers and it carries out some checks to ensure medicines are in good condition and suitable to supply. But the team could do more to make sure it manages all medicines safely and effectively.

Inspector's evidence

The pharmacy, consultation room and medicine counter were accessible to all, including patients with mobility difficulties and wheelchair users. A list of the services provided by the pharmacy was displayed in the window along with the opening hours. There was a healthy living zone containing information on bowel cancer and men's health and some COVID-19 information notices.

Space was adequate in the dispensary, and the workflow was organised into separate areas with two designated checking areas, one for the pharmacist and one for the ACT. The dispensary shelves were reasonably neat and tidy. Dispensed by and checked by boxes were generally 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. The baskets were stacked to make more bench space available. There was a home delivery service with associated audit trail. The service had been adapted to be covid-secure. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Pharmacist' stickers were used to highlight when counselling was required. The team were aware of the valproate pregnancy prevention programme. The pharmacy manager confirmed he had spoken to two of their regular patients who were in the at-risk group about pregnancy prevention. Valproate information care cards were built into most of the packs on the dispensary shelves and the pharmacy manager said he would print off relevant information if necessary.

A large number of people received their medicines in multi-compartment compliance aid packs. There was a partial audit trail for changes to medication in the packs, but it was not always clear who had confirmed these changes and the date they had been made, which could cause confusion in the event of a query. A record of who had carried out the clinical check was made on the prescription, unless the pharmacist carried out both the accuracy and clinical check. Medicine descriptions were usually included on the packaging to enable identification of the individual medicines, but these were hand-written and some of the writing was very poor making it difficult to read. The pharmacy manager said packaging leaflets were supplied if there was a new medication but not included every time, so patients and their carers might not always be able to access all the required information about their medicines.

The trainee MCA described the questions he asked when making a medicine sale and he knew when to refer the patient to a pharmacist. He understood what action to take if he suspected a customer might be abusing medicines such as a codeine containing product. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain medicines. No extemporaneous dispensing was carried out. Medicines were stored in their original containers at an appropriate temperature. There

was an online matrix for date checking. The team explained that date checking was carried out regularly but admitted they were behind with the recording. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and placed in designated bins. CDs were generally stored in a large CD cabinet which was securely fixed to the floor, but some aspects of CD management were less well organised.

There was a 'Recall and alert' SOP. Alerts and recalls were received on 'Cohens daily news' via the intranet. A copy was printed and retained in the pharmacy with a record of the action taken, so the team was able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

Current versions of the British National Formulary (BNF), BNF for children and Martindale were available and the pharmacist could access the internet for the most up-to-date information.

There was a clean 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 and had been PAT tested. There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were banded and used for methadone solution. The pharmacy had a triangle for counting loose tablets. It was not used very often, as most tablets were supplied in original packs, but it was not very clean and risked contamination. A member of the team said she would wash it when this was pointed out. A dispenser said she would use tweezers to count out cytotoxic drugs. The ACT pointed out that cytotoxics such as methotrexate were obtained in foil strips to avoid the need to handle. 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.