

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 68-70 Coal Clough Lane,
BURNLEY, Lancashire, BB11 4NW

Pharmacy reference: 1033310

Type of pharmacy: Community

Date of inspection: 12/12/2024

Pharmacy context

This is a community pharmacy in a residential area of the town of Burnley, Lancashire. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. The pharmacy provides the NHS Pharmacy First Service, a 'flu vaccination service, and supplies some people with their medicines in multi-compartment compliance packs and delivers some 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 provides its team members with a set of written procedures to support them in managing its services. It keeps people's sensitive information secure, and its team members are adequately equipped to safeguard vulnerable adults and children. Team members discuss things that go wrong so they can learn from them. But they do not always keep records of their mistakes, so they may miss some opportunities to improve.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). The SOPs provided the pharmacy's team members with information and instructions on how to complete various tasks. For example, managing controlled drugs (CDs) and dispensing medicines. Team members signed a document to confirm which SOPs they had read and understood. The SOPs were due to be reviewed by the pharmacy's superintendent pharmacist (SI) office every two years. However, the SOPs inspected had not been reviewed since 2020 which meant they may not always fully reflect current practice.

The pharmacy had a process to record details of mistakes identified during the dispensing process, known as near misses. A paper-form near miss log had been affixed to a wall in the dispensary to allow for easy access. However, the log had not been used regularly. Team members explained they always discussed near misses when they happened but did not always record the details of them in the near miss log. And so, the team may have missed the opportunity to identify any trends or patterns. Team members described how they were made aware by the responsible pharmacist (RP) or the pharmacy's accuracy checker if they had made a near miss. And they were required to rectify the mistake immediately. The team had implemented some changes to the way they worked following a series of near misses. For example, the team had separated pregabalin tablets and capsules. Additionally, team members identified common medicines that had similar packaging or names and took extra care when dispensing them. A list of these medicines was displayed on a dispensary wall. The team had access to an electronic system to record details of dispensing incidents, which were identified after people had received their medicines and report them to the SI office. A member of the SI team then contacted the pharmacy to discuss the incident and any follow up actions that may be needed to prevent a similar incident from recurring. The pharmacy's complaints procedure was clearly displayed via a notice affixed to a wall in the retail area. Any concerns or complaints were usually raised verbally with a team member. If the team member could not resolve the complaint, it was escalated to the RP on duty. Details of any complaints were recorded onto the electronic reporting system.

The pharmacy had current professional indemnity insurance. It displayed an RP notice which clearly outlined the name and GPhC registration number of the RP on duty. The RP record was completed correctly. The pharmacy kept complete records of the private prescriptions it had dispensed and maintained complete CD registers. The team completed balance checks of the CDs against the physical quantity periodically. The recorded balance of a randomly selected CD was checked and found to match the quantity in stock. The pharmacy kept a register of CDs that had been returned to the pharmacy for destruction.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate container to avoid a

mix up with general waste. The waste was periodically securely destroyed. Team members understood the importance of securing people's private information. The RP had completed training on the safeguarding of vulnerable adults and children. The pharmacy had a formal procedure to support team members in raising a safeguarding concern. Team members explained they would initially discuss any concerns they had with the RP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a suitably sized and skilled team to manage its workload. Team members are supported to update their knowledge and skills. They are encouraged to provide feedback on the pharmacy's services and implement change to help improve service delivery.

Inspector's evidence

The RP on duty was the pharmacy's full-time pharmacist who had been in post for around three months. They had overall managerial responsibilities for the pharmacy and also for other Cohens pharmacies in the area. During the inspection they were being supported to manage the workload by a full-time pharmacy assistant who worked as an accuracy checker, two qualified pharmacy assistants and a trainee pharmacy assistant. The pharmacy also employed a part-time trainee pharmacy assistant and a part-time delivery driver who were not present during the inspection. Team members worked additional hours to cover both planned and unplanned absences. The pharmacy could request additional support from the company's relief dispensing team or from other Cohens pharmacies in the area if required. Team members explained they had not needed to ask for additional support in recent months as the pharmacy had not experienced any staffing concerns. Team members typically requested leave at least four weeks in advance to ensure the pharmacy had sufficient time to plan staff rotas and workload. For example, multi-compartment compliance packs were dispensed a week earlier if the accuracy checker was scheduled to be absent. Team members were not permitted to take leave during December and in the two weeks before Easter, as these were the pharmacy's busiest times of business. Throughout the inspection, team members were observed working efficiently and supporting each other in completing various tasks. They could cover each other's absences by working additional hours if required.

The pharmacy didn't provide a specific training programme for its qualified team members. However, they maintained their knowledge and skills by reading pharmacy press material that was available periodically. The trainee pharmacy assistant received protected training time each week to work through their course without distractions. They described receiving additional support on the use of the Drug Tariff. Each team member received an annual appraisal. This was typically in the form of an informal one-to-one conversation between the team member and the RP. They discussed the team member's progress and areas of improvement. Team members were aware of the presence of a whistleblowing policy to support them in raising anonymous concerns. They regularly held informal team meetings to discuss company news, workload management, feedback, and concerns. Team members were encouraged to discuss ways to improve the way the pharmacy operated. For example, the team had recently created a separate area of the dispensary to store anti-coagulant medicines. This was following communication from the company's head office which indicated that anti-coagulant medicines were at a greater risk of being the subject of a dispensing incident.

The team was set some targets to achieve by the pharmacy's owners. These included the number of prescriptions dispensed and retail sales. Team members felt the targets were often difficult to achieve. They ensured they focused on providing an efficient service to the local community.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are appropriately maintained and are suitable for the services the pharmacy provides. There are facilities for people to have private conversations with team members.

Inspector's evidence

The pharmacy premises were well maintained and kept clean. The dispensary was spacious and well organised. The benches in the dispensary were well organised with baskets containing prescriptions and medicines awaiting a final check all stored in an orderly manner. There was a separate bench used by the RP to complete final checks of medicines. This helped reduce the risk of mistakes being made within the dispensing process. There was a staff room and several storerooms on the first floor. These rooms were kept tidy.

The pharmacy had sufficient space to store its medicines. Floor spaces in the dispensary were kept clear from obstruction which helped reduce the risk of a trip or fall. There was a small consultation room which was kept tidy and organised. There were some prescriptions and dispensed medication stored in the room. So, people's names and addresses could potentially be seen by anyone who used the room. The RP agreed that any confidential information would be removed. The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members prevented unauthorised access to restricted areas of the pharmacy. Lighting was bright throughout most of the premises, however the stairs to the first floor were poorly lit which could be a health and safety risk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to help people improve their health. And it makes these services easily accessible to people. The services are generally well managed by team members, and they help support people to take their medicines correctly. The pharmacy correctly stores and manages its medicines to ensure they are fit for purpose.

Inspector's evidence

The pharmacy was accessible via a small step from the street to the main entrance door. There was a portable ramp for people to use if they had difficulty accessing the premises. For example, if they used wheelchairs or prams. The pharmacy clearly advertised its opening hours and the services offered. Team members described how they supported people with a hearing impairment to access the pharmacy's services. This included providing written messages to people and speaking slowly. Team members were aware of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate and topiramate, and of the associated risks. They described the importance of ensuring valproate was supplied in the original manufacturers packaging and any warnings were not covered with dispensing labels. The pharmacy provided the NHS Pharmacy First service. The pharmacy held the appropriate documentation to provide the service and all team members had undertaken training to support them in managing the service. The RP had access to supportive information including current patient group directions (PGDs), clinical pathways and the service specification to help support the safe delivery of the service. The pharmacy provided a 'flu vaccination service. Team members encouraged eligible people to book an appointment for a vaccination. They were aware of the inclusion and exclusion criteria of the service.

Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. Prescriptions that were accuracy checked by the pharmacy's accuracy checker were clinically checked by the RP prior to the accuracy check being completed. However, the pharmacy didn't keep a record of the completion of a clinical check. And so, there was a risk that some medicines could be supplied to people without a clinical check of the prescription being completed. The pharmacy sent some prescriptions to be dispensed off-site at a hub pharmacy. This process was designed to help reduce the team's dispensing workload. People were asked for permission for their prescriptions to be dispensed at the hub pharmacy. Team members entered data from these prescriptions onto an electronic system. The data was accuracy checked and prescriptions were clinically checked by the RP before being sent to the hub pharmacy. the RP signed the paper-copies of the prescriptions to confirm these steps had been completed. Dispensed medicines arrived at the pharmacy after approximately 48 hours.

The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered an optional delivery service and kept records of completed deliveries. The pharmacy supplied some people with medicines in multi-compartment compliance packs. The packs were designed to help people take their medicines correctly. The workload was spread over a four-week cycle. This helped keep the workload manageable. Team members kept master sheets which detailed the person's current medicines and administration times. They used these as a reference source to help them dispense the packs accurately. The original packs of medicines were stored with

the compliance packs so the RP could check that the correct medicines had been picked. The compliance packs were labelled with written descriptions of each medicine to help people easily identify them. Patient information leaflets were supplied for each medicine.

The pharmacy stored pharmacy-only (P) medicines behind the retail counter. Team members checked the expiry dates of the stock medicines every three months and made records to confirm when the checks had been completed. Approximately 20 randomly selected medicines were checked and none were out of date. The pharmacy used two fridges to store medicines that required cold storage. The team kept records of the fridge's operating temperature ranges. Both fridges were seen to be operating within of the accepted ranges of between 2 and 8 degrees Celsius. Drug alerts and recalls were received electronically. Team members actioned the alerts and recalls as soon as possible and kept a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

The pharmacy used a range of CE marked measuring cylinders for preparing liquid medicines. They were kept clean and there were designated cylinders for the exclusive use of high-risk liquid medicines. The pharmacy had clean tablet and capsule counters. There was suitable equipment to support the team to manage the NHS Pharmacy First service and to measure people's blood pressure. This included an otoscope and a digital blood pressure monitor. The pharmacy held adrenaline pens, alcohol wipes, and personal protective equipment to support the team in providing the 'flu vaccination service.

The pharmacy suitably positioned computer screens to ensure people could not see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private.

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.