

# Registered pharmacy inspection report

**Pharmacy Name:** Cohens Chemist, 38 Highbury Road East, St Annes-on-Sea, LYTHAM ST ANNES, Lancashire, FY8 2RW

**Pharmacy reference:** 1033425

**Type of pharmacy:** Community

**Date of inspection:** 02/05/2019

## Pharmacy context

This is a community pharmacy in the seaside town of Lytham St Annes, on the Fylde coast. A small GP surgery is located a short distance away. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over the counter medicines. A number of people receive their medicines inside multicompartment compliance aids.

## 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 team follows written procedures to help make sure the pharmacy provides services safely and effectively. It records things that go wrong and reviews them to help identify learning and reduce the chance of the same mistakes happening again. The pharmacy keeps the records it needs to by law. Staff are given training about the safe handling and storage of data, so that they know how to keep private information safe.

### Inspector's evidence

There was a current set of Standard Operating Procedures (SOPs) which were last issued in July 2018, and their stated date of review was July 2020. The pharmacy team members had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). A recent record involved a picking error between Co-Cyprinidol and Desogestrel tablets. The pharmacist had investigated the error and discussed it with the pharmacy team to help reduce the likelihood of a similar mistake.

Near misses were recorded on a paper log and were reviewed monthly by the pharmacist. Staff were informed about any errors at the point of accuracy check and were asked to rectify their own errors. Following the review of near miss records any learning points were discussed with staff. Actions taken to reduce risks that had been identified included placing an alert sticker next to stock of Labetalol and Lamotrigine tablets.

The company shared learning between pharmacies on their intranet. Amongst other topics they shared common or significant errors. The pharmacy team would discuss the information received to reflect on their practice.

A matrix indicated pharmacy team roles and responsibilities. The trainee technician was able to describe what his responsibilities were and was also clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore a standard uniform and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently.

The pharmacy had a complaints procedure and it was displayed in the retail area. It advised customers how to make direct contact with the pharmacy or with the company's head office. Complaints were recorded and sent to the head office to be followed up.

A current certificate of professional indemnity insurance was on display in the pharmacy. Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

Controlled Drugs (CDs) registers were maintained with running balances recorded and these were checked monthly. Patient returned CDs were recorded in a separate register. Information governance (IG) procedures were available and staff had signed confidentiality agreements. When questioned, the

trainee technician was able to describe how he would obscure confidential information when faxing a prescription.y. Confidential waste was segregated to be removed by the company. A privacy notice was displayed in the retail area.

Safeguarding procedures were also available. The pharmacist said he had completed the CPPE safeguarding training. Contact details of the local safeguarding board were available. The pharmacy technician said he would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to manage the pharmacy's workload and they are properly trained for the jobs they do. Members the pharmacy team complete learning modules to help them keep their knowledge up to date.

### Inspector's evidence

The pharmacy team included a pharmacist manager, a trainee pharmacy technician, two accuracy checking dispensers, three dispensers, a medicine counter assistant (MCA) and two drivers. The pharmacy team were appropriately trained or in accredited training programmes.

The normal staffing level was a pharmacist, three dispensary staff and a driver. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief staff could also be requested from the head office if they were needed.

The company provided the pharmacy team with learning modules such as dementia friends and children's oral health. And the training topics appeared relevant to the services provided and those completing the learning. But there was no structure as to how often these were provided, which may allow for missed learning opportunities.

The trainee technician was seen selling a Pharmacy Only medicine using the WWHAM questioning technique. He was able to describe how he would refuse sales he felt were inappropriate and refer to the pharmacist if needed.

The pharmacist felt able to exercise his professional judgement and this was respected by the pharmacy team and the company. The trainee technician was in the process of completing his training and said he felt he could ask for further help if he needed it. But appraisals were not routinely provided. So specific learning needs may not always be identified. The staff said they felt able to raise any concerns they had.

Staff were aware of the whistle blowing policy in place and said that they would be comfortable to escalate any concerns to the head office. The pharmacist said there was pressure to complete services such as MURs and NMS. But it did not affect his professional judgement or the delivery of other pharmacy services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to allow private conversations.

### Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink and washing facilities were available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by the position of the counter.

The temperature was controlled in the pharmacy by the use of thermostatic air conditioning units. Lighting was sufficient. The staff had access to a kitchenette and WC facilities. A consultation room was available. The space was clutter free with a computer, desk, and seating. The patient entrance to the consultation room was clearly signposted.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to most people. And they are suitably managed to help make sure that they are provided safely. The pharmacy gets its medicines from appropriate sources, manages them safely and carries out regular checks to help make sure that all its medicines are in good condition.

### Inspector's evidence

Access to the pharmacy was via a single door, and a bell was available for people to request help if they needed it to gain access into the pharmacy. The consultation room was wheelchair friendly and the PMR system was capable of producing large print font.

Pharmacy practice leaflets gave information about the services offered. There was also information available on the company's website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients using a signposting folder.

The pharmacy opening hours were displayed at the entrance of the pharmacy, and a range of leaflets provided information about various healthcare topics. There were local restrictions in the area which prevented the pharmacy from ordering prescriptions on behalf of patients.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and logged onto an electronic delivery system. The driver obtained an electronic signature from the patient on delivery of the medication. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. Delivered CDs were recorded in a carbon-copy book for individual patients and a separate signature was obtained to confirm receipt.

The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. This would allow an accuracy checker to perform the final accuracy check.

Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patient prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen confirming the patient's name and address when medicines were handed out.

Fridge items awaiting collection were stored in clear bags, but patients were not asked to check the medicines to confirm that it had been correctly prescribed and dispensed. Schedule 3 CDs were highlighted so that staff could check prescription validity at the time of hand out, but schedule 4 CDs

were not This means there is a risk that they could be supplied after the prescription had expired.

High-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team may not be aware when they are being handed out in order to check that the supply remains suitable for the patient. The staff were aware of the risks associated with the use of Valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he had spoken to relevant patients about the pregnancy prevention programme.

Some medicines were dispensed in MDS compliance aids. A record sheet was kept for all MDS patients containing details of current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the MDS packs included medication descriptions, a dispensing check audit trail and patient information leaflets.

Medicines were obtained from licensed wholesalers, with unlicensed medicines source via a special's manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine safety checks of medicines.

Stock was date checked on a 12-week rotating cycle. A date checking matrix was signed by staff and shelving was cleaned as part of the process. Short dated stock was highlighted using a sticker and liquid medication generally had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been in the required range for the last 3 months.

Patient returned medication was disposed of in DOOP bins located away from the dispensary. Drug alerts were received electronically on the company's intranet. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy team has access to the equipment they need for the services they provide.

### Inspector's evidence

The staff had access to the internet for general information. This included access to medicine information on the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. Stickers were seen attached to electrical equipment to indicate they had been PAT tested in 2014.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication.

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 staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required.

### 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.