

Registered pharmacy inspection report

Pharmacy Name: Cohen Chemist, 108 Gold Street, Wellingborough,
NORTHAMPTON, Northamptonshire, NN8 4ES

Pharmacy reference: 1035520

Type of pharmacy: Community

Date of inspection: 20/11/2019

Pharmacy context

This community pharmacy is situated on the outskirts of the town centre. Most of the activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy is a local hub for the supply of medicines in multi-compartment compliance packs. Other services that the pharmacy provides includes prescription deliveries to people's homes, Medicines Use Reviews (MUR), and New Medicine Service (NMS) checks.

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 mainly identifies and manages the risks associated with the provision of its services. The pharmacy adequately manages people's personal information. It knows how to protect vulnerable people. The pharmacy has some procedures to learn from its mistakes. But because the pharmacy does not record all of its near misses it may miss some opportunities to improve its services.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs). But the SOPs had not been signed by staff to show which ones they had read. The pharmacist said that staff were reading through the SOPs. Each individual SOP had not been signed and dated by the pharmacist. The pharmacy task matrix had not been completed.

The pharmacy used a range of stickers including MURs; controlled drugs (CDs) and fridge to highlight appropriate dispensed prescriptions. The dispenser knew the questions to ask to sell medicines safely and had a good product knowledge. She knew that prescriptions had a 6-month validity and that CDs were valid for 28 days from the date on the prescription. She could name most of the CDs not stored in the CD cupboard that had a 28-day validity. The dispenser said that bags of dispensed medicines with CDs were supposed to be highlighted but when checked not all had been. A dispenser explained that there was an electronic system for checking electronic prescriptions and she showed the inspector how it worked.

The pharmacy had some procedures for managing near misses, errors and incidents. The pharmacist explained the process for near misses. These were returned to the member of staff for them to find the error and then discussed. The aim was for the pharmacist to record the near miss in the near miss log. But in practice near misses weren't always recorded. There were no records available for October 2019. There were only two near misses recorded for November 2019. The pharmacist was supposed to complete a monthly patient safety report but the latest report available was from February 2019.

An audit trail was created through the use of 'dispensed by' and 'checked by' boxes. This identified the staff involved in the dispensing and checking processes. The accuracy check was completed by the responsible pharmacist (RP). The pharmacy mainly had the records required to support the safe delivery of pharmacy services. These included the RP log, private prescription records and the CD register. Private prescriptions were recorded electronically; the record seen didn't have the name of the prescriber recorded which meant the record wasn't complete.

CDs were stored securely. A random check of the recorded running balance of a CD matched the actual stock. Running balances were audited at suitable varying intervals. There were out-of-date CDs awaiting destruction. The dispensed CD waiting collection was in a clear bag with a CD sticker. There was a patient-return CD register in place.

There was a complaints procedure in place; staff referred to the pharmacist if required. There was information about how to complain in the patient information leaflet. The pharmacy had its latest satisfaction survey on display. 88% of people who had completed the survey were satisfied with the service. Public liability and professional indemnity insurance were in place until August 2020. Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. Access to the

electronic patient medication record (PMR) was password protected. Confidential paper work was stored securely. Confidential waste was bagged and sent away for destruction. The pharmacy had an information governance protocol. The pharmacy team was aware of safeguarding requirements to make sure that vulnerable people were protected and the pharmacist knew who to contact to report a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members are suitably trained for the roles they undertake. Team members work well together, and they can raise concerns if needed. The team members receive some support to aid their development. But regular on-going training would help staff to keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy had the responsible pharmacist (RP) notice on display. On arrival the wrong pharmacist's name was on display. The pharmacist changed it to the correct name. The pharmacist didn't always sign out of the electronic RP record which made an incomplete audit trail.

During the inspection there was one pharmacist, three trained dispensing assistants and one trainee dispensing assistant. During the inspection the pharmacy team worked well together and engaged with the inspection process. The pharmacy team managed the services effectively. The trainee dispensing assistant said that she had been behind in her training but was now getting good support from the pharmacist. Another dispenser said that she hadn't had any recent training. The pharmacist said that the last on-going training had been in December 2018 about children's oral health.

Staff said that they had a regular annual appraisal and that they could raise concerns and make suggestions about improvements. The pharmacist said that targets were set but that they didn't have an impact on the safety of people using the pharmacy's services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. The pharmacy protects personal information.

Inspector's evidence

The pharmacy was maintained to a suitable standard. The dispensary was clean and tidy; there was a sink with hot and cold water. The dispensary was an appropriate temperature for the storage of medicines; lighting was sufficient. The dispensary was a reasonable size for the services provided. There was adequate space for the storage of stock medicines, but some baskets and trays were on the floor which might create a trip hazard.

A reasonable sized but basically laid out consultation room was available to ensure that people could have confidential conversations with pharmacy staff. Computer screens were set back from and faced away from the counter. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely. Staff understand the actions to take if any medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy had a push pull-door with flat access which provided reasonable access for a wheelchair or those with mobility problems. Once inside the shop there was a clear route to the dispensary counter; there were sufficient seats for people waiting for their medicine. Pharmacy opening hours and services were clearly advertised. The pharmacy had a practice leaflet which gave details of opening hours and services. Staff had uniforms to make them easily identifiable.

The pharmacist understood the signposting process. The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes. This helped identify who had carried out each task. The pharmacy also used baskets during the dispensing process to reduce the risk of error. There were separate areas for the assembling and checking of prescriptions.

The pharmacist provided a range of counselling to people visiting the pharmacy. This included advice on a new medicines and changes of dose. The pharmacy was carrying out a lithium audit. The dispenser said that there were no processes for highlighting prescriptions for people who came into the pharmacy who were taking higher-risk medicines. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group taking sodium valproate. The pharmacy had the information leaflets available.

For people taking warfarin in a multi-compartment compliance pack the dispenser said that they got information each month from the hospital about a person's INR and the dose they were to take. She said that they didn't dispense the warfarin until they have received the information.

There were a range of leaflets and health promotion posters on display. The pharmacy was a Healthy Living Pharmacy. There was a display about the use of antibiotics and how to access NHS services appropriately.

The pharmacy was a local hub for the supply of multi-compartment compliance packs. The assembly of the packs was split over four weeks to allow easy management. Information was recorded electronically. Staff contacted the surgery to confirm any changes before medicines were dispensed; records of any changes and interventions were seen. Each patient had a printed chart which showed which medicines they were on and when they were taking them. Staff printed off new charts when a change was made. This meant that charts were easy to read and were up to date. The compliance pack checked recorded the shape and colour of a medicine to allow easy identification. Patient information leaflets were sent to the people every month. The pharmacy was making sure that a compliance pack was appropriate for people before they started them on one.

The pharmacy delivered medicines to people. The recipient signed to show that they had received the medicine to create an audit trail. Medicines in the fridge were pulled forward; which was good practice. Medicines were mainly stored in their original containers. Two brown bottles containing dispensed

medicines were seen. The bottles were pushed inside the original pack but the bottles weren't labelled. Bottles containing medicines should be labelled with the name of the medicine, the batch number, expiry date and date of assembly. CDs were stored in accordance with legal requirements.

The dispenser explained that date checking was carried out every three months. Electronic records were maintained. Only recognised wholesalers were used for the supply of medicines. Drug alerts were printed out and signed to create an audit trail. The pharmacy had Falsified Medicine Directive compliant scanners, but they had not started implementing the process.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities it needs to provide the services that it offers. It mainly maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy used crown-marked measures for measuring liquids. Separate measures were available for CDs. The pharmacy had up-to-date reference sources. The fridge was in working order with the current temperature within the required range. The records in place showed that fridge lines were stored correctly between 2 and 8 degrees Celsius. Records showed that electrical equipment had been safety tested in November 2018. Designated bins for storing waste medicines prior to destruction were available and used. The pharmacy had a blood pressure monitor but staff didn't know how long it had been used for. Staff said that they would replace the monitor and regularly replace it after that.

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.