

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: 03/08/2022

Pharmacy context

This is a community pharmacy that is situated in a row of shops on a housing estate. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own home. Other services that the pharmacy provides include delivering medicines to people's homes, flu vaccinations and blood pressure 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

Overall, the pharmacy identifies and manages the risks associated with the provision of its services. Its team members have defined roles and accountabilities. And the pharmacy manages people's personal information safely. The pharmacy has some procedures to learn from its mistakes. But because it doesn't review its mistakes for trends and patterns it might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which had been signed by the pharmacy team members to show they had read them. The team didn't routinely follow all the SOPs but the team was seen dispensing medicines safely. The pharmacy had processes for recording dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time and recorded in a near miss log. Because the pharmacy didn't currently have a manager the log was taken away by a manager of another nearby branch at the end of the month. The team weren't aware of any reviews of the near miss logs for trends or patterns.

Staff understood how to sell medicines safely and knew the advice to give during a sale. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. Staff didn't know all of the CDs that were not kept in the CD cupboard and not all of the prescriptions indicated that they were a CD to remind staff of the shorter validity. This increased the risk that a medicine might be handed out when the prescription was no longer valid. The supervisor said she would review this process.

The pharmacy maintained the necessary records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) record, the CD registers, and the private prescription book. At the start of the inspection the RP notice from the previous day was on display. The RP had signed in on the RP log at the beginning of the day. She changed the RP notice displayed to the correct person. The pharmacy had an electronic CD register. The pharmacist carried out regular checks of certain CD liquids to make sure the balance matched the quantity in the register, but this wasn't recorded in the electronic register. One of the team from a local branch came to the pharmacy to carry out the running balance checks for solid dose CDs. A random check of the recorded running balance of a CD reconciled with the actual stock in the CD cabinet. The pharmacy stored patient-returned CDs securely, but these were not being recorded in the electronic log until a staff member from the local pharmacy visited the branch to enter them. The supervisor said that she would review the process.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential paperwork was stored and destroyed securely. Professional indemnity insurance was in place. The pharmacy understood safeguarding requirements and could explain how they had recently raised a concern about a vulnerable person with the local surgery.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members manage the workload within the pharmacy well. They are suitably trained for the roles they undertake. Team members support each other and can raise concerns if needed.

Inspector's evidence

The pharmacy didn't have a manager. The pharmacist from a local branch of the same group was providing branch manager functions. During the inspection the pharmacy team were observed working together as a team, giving each other advice and support as necessary. They managed the day-to-day workload well. There was one pharmacist, two qualified dispensers, a trainee dispenser and a trainee counter assistant. The trainee counter assistant had recently started and was undertaking a restricted role. Staff said that they had a formal appraisal and also had the opportunity to make suggestions or raise any issues informally. The pharmacy team had online training and also had informal training from the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And it has made changes to help keep its team members and people using the pharmacy safe during the pandemic.

Inspector's evidence

The pharmacy was a reasonable size for the services provided. There were separate areas for the assembly and checking of medicines. There was adequate heating and lighting with hot and cold water available. A small sized basically fitted out consultation room was available for patients to have a private conversation with pharmacy staff. The pharmacy had a clear plastic screen at the pharmacy counter which provided re-assurance to both the staff and the customers. There was hand sanitiser available. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers healthcare services which are adequately managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It mainly stores them safely and it takes the right actions if medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacist understood the signposting process and used the team's local knowledge to direct people to local health services. The pharmacy delivered medications to some people. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacist gave some advice to people using the pharmacy's services. This included advice when they had a new medicine or if their dose changed. The pharmacist didn't routinely speak to people on higher risk medicines such as people who took warfarin to check their INR levels were appropriate or people taking methotrexate had regular blood tests. This could make it harder for the pharmacy to know if people were having relevant blood tests at appropriate intervals.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error.

A substantial part of the service offered by the pharmacy was the supply of medicines in multi-compartment compliance packs to people living in the community who needed help managing their medicines. This was managed well. The pharmacy had processes to make sure people got their medicines in a timely manner, including making sure that people who weren't in when the medicine was delivered the first time were contacted and a second delivery made. The compliance packs seen recorded the colour and shape of the medicine to make it easier for people to identify the medicine. Patient information leaflets (PILs) were sent each time.

Medicines were stored tidily on shelves in their original containers. Opened bottles of liquid medications were not always marked with the date of opening which could make it harder for the pharmacist to know if they were still suitable for use. The team said that going forward they would make sure they recorded the date of opening on the bottle. The pharmacy team had a process for date checking medicines. A check of a small number of medicines didn't find any that were out of date. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. A team member explained the process for managing drug alerts which included a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy's portable electronic appliances had been tested to make sure they were safe.

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.