

# Registered pharmacy inspection report

**Pharmacy Name:** Cohens Chemist, 21 Avenue Road, Seaton Delaval,  
WHITLEY BAY, Tyne and Wear, NE25 0DS

**Pharmacy reference:** 1037730

**Type of pharmacy:** Community

**Date of inspection:** 18/07/2019

## Pharmacy context

The pharmacy is on a row of shops in Seaton Delaval, Whitley Bay. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides NHS services such as flu vaccinations, EHC and a substance misuse service.

## 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 has up-to-date procedures for pharmacy team members to follow. The pharmacy asks people for their views and tries to resolve any complaints. And it looks after people's private information. The pharmacy team members have received some training to help them protect the safety of vulnerable people. The pharmacy generally identifies and manages the risks associated with its services. But the pharmacy team members don't always record all near misses and the details of what the error was or why it happened. So, they may miss out on learning opportunities.

### Inspector's evidence

There was a generously sized retail area to the front. And a large well laid out pharmacy. The pharmacy had a set of up-to-date, standard operating procedures (SOPs) for the team to follow. And these included SOPs for repeat dispensing. There was a record of competence for each member of staff. And these were signed to indicate that team members had read and understood SOPs. The Superintendent (SI) had authorised the SOPs. And these were due to be reviewed in August 2019. Pharmacy team members had only signed the SOPs relevant to their level of expertise.

The pharmacy had a paper log to record near miss incidents. The pharmacist on picking up an error, handed the prescription back to the dispenser responsible to correct and record. There were few near misses recorded and the manager was aware of this. And had spoken to the pharmacy team about this. The records lacked some details such as what the error was, the contributory reasons. And why the error had occurred. And in most cases this column was blank or 'under pressure'. The monthly patient safety review (MPSR) had not been completed since May 2018. The manager advised that he did discuss errors with the pharmacy team as they occurred. There were take care labels on the look alike sound alike drugs such as atenolol and amlodipine.

Dispensing errors were recorded and reported electronically. A recent error had occurred when the wrong strength of an inhaler had been supplied. The manager said that these had been moved apart. He was disappointed that the change had not been maintained. The pharmacy had a SOP relating to complaint handling. There was a pharmacy leaflet in the pharmacy. And this provided information on how to make a complaint. There had been a hand out error. The team had reflected on the incident. And the manager re-trained the team to always ask people to provide the patients address at hand out.

The pharmacy had appropriate professional indemnity insurance. A sample of the controlled drug (CD) register entries checked met legal requirements. The pharmacy maintained the register with running balances. And these were audited regularly. Headers were completed in the CD register. And any incorrect entries were annotated at the bottom of the page. The private prescription paper records looked at were complete. There was a register to record CDs returned by patients for destruction. There was patient returned CDs in the cabinet that were not recorded in the return book. The manager thought that this was an oversight.. And he said that he would do this straight away. A sample of records for the receipt and supply of unlicensed products looked at found that the details were completed as per requirements.

Pharmacy staff had completed information governance training. Confidential waste was segregated. The team said that the waste was collected and destroyed off site. The team were aware of the need to

protect people's private information. The pharmacy's team members had completed some training about safeguarding for vulnerable adults, through dementia friends external training. The team did not remember having any training on safeguarding children. The pharmacy team could not find contact details for local safeguarding organisations in the pharmacy. A team member said that they would escalate incidents to the manager initially.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough trained and skilled team members to provide its services safely. And the pharmacy supports people working to achieve their qualification. The pharmacy team members complete some ongoing learning. But they don't have a regular training plan. So, they may miss opportunities to improve their skills and knowledge.

### Inspector's evidence

The pharmacy team, on the day consisted of the RP who was the manager, three dispensers and one counter assistant. The pharmacy team members thought that they normally managed with the current level of staffing. But holidays and sickness were sometimes difficult. Part-time team members worked extra to cover holiday and were given lieu time. Overtime payments had to be authorised. There was a trainee counter assistant. And she was working her way through the course. She was supported by the rest of team. The manager tried to give her some training time each week. But this was not always possible. Members of the team had completed healthy living pharmacy training on oral health.

The pharmacy team had discussions about tasks that needed completing. And about dispensing incidents. There were no notes taken at these discussions. The company was introducing a weekly huddle for all pharmacies. There was no ongoing training offered. The team had previously completed training matters modules. But had not completed any this year. The pharmacy team do not have performance reviews. The pharmacy team were aware that there was a whistle blowing policy. And the details of this were displayed in the staff areas. Targets were in place for the services offered such as MURs. And the RP felt able to use their professional judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are suitable to provide its services safely. The pharmacy's team appropriately manages the available space. And it has a suitably soundproofed consultation room for people to use to have private conversations with the team.

### Inspector's evidence

The pharmacy premises were clean and tidy. There was hot and cold running water and the sink area was clean and tidy. The consultation room was suitable for private consultations and counselling. Its location was well advertised. There was a key lock on the door. The door was unlocked at the time of the inspection. No patient confidential information was accessible. The layout of the premises was such that confidential information was not visible from the public areas.

The pharmacy's premises were appropriately safeguarded from unauthorised access. There was adequate heating and lighting throughout the premises. Maintenance issues were reported to head office.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services to help people meet their health needs. The services are generally well managed. The pharmacy gets its medicines from reputable suppliers. It responds appropriately to drug alerts. And product recalls. It adequately sources and manages its medicines, so they are safe for people to use.

### Inspector's evidence

There was direct access into the pharmacy from the street. And this made it easier for wheelchair users to access the pharmacy and its services. The pharmacy opening hours were displayed on the door. There were some leaflets on display.

Multi-compartmental compliance packs were supplied to patients to help them to take their medicines on time. These were prepared in a room to the back of the dispensary. The pharmacy maintained records of medicines, administration times, and changes to medicines. Prescriptions were ordered in enough time to make sure they could be received promptly. Descriptions were supplied on the pack which allowed individual medicines to be identified. Patient information leaflets (PILs) were supplied on the first dispensing only. This didn't meet the legal requirements. The pharmacy offered a free delivery service to people in their own homes. The delivery driver got signatures from the person accepting the medicines, including CDs.

There were two controlled drugs cabinets. And these were available for the safe custody of controlled drugs. The cabinets were appropriately secured. There was some patient returned and out of date CDs in the controlled drugs cabinet. These were segregated and marked.

The pharmacy team were directed to different sections of the dispensary to date check. The pharmacy team were behind with date checking. And this had not been done since May 2019. They advised that this was because of staff holidays. The procedure was to sticker short-dated medicines. Random checks of the pharmacy shelves found that this was happening. A section of the dispensary was looked at and one out of date item was found. Opened bottles of liquid medications were marked with the date of opening to ensure they were still safe to use when used for dispensing again. For example, ranitidine was marked as opened 28 June 2019.

The dispensers were observed using coloured baskets to ensure prescriptions were prioritised and assembled medication remained organised. Computer generated labels included relevant warnings and were initialled by the pharmacist and dispenser which allowed an audit trail to be produced. There was an adequately sized retrieval area where dispensed medication for collection was stored. People collecting were routinely asked to confirm their details to ensure that medication was supplied to the correct patient safely.

The manager was aware that there was guidance that had to be provided to people who may become pregnant who received sodium valproate. He could not recall completing a sodium valproate audit. But he advised that he spoke to female patients about the risk and supplied the information. The leaflets were not on the shelf near to the stock. But they were in a folder in the pharmacy. The manager said

that he asks people taking warfarin if they have their yellow book with them. And he checks recent results. Notes were not made on the patient record of these conversation or of the INR results. So, the team may not be able to refer to this information in the future if it needed to.

Out of date stock and patient returned medication were disposed of in pharmaceutical waste bags for destruction. These were stored securely and away from other medication. A sample of invoices showed that medicines and medical devices were obtained via licensed wholesalers. Stock requiring refrigeration was stored at appropriate temperatures. And electronic records were maintained to ensure temperatures were within the appropriate ranges. The records showed that these were consistently recorded.

The pharmacy team members said that the pharmacy had not yet adjusted to meet the Falsified Medicines Directive. The scanners were in place. But the pharmacy team members had not received training. Recalls and MHRA alerts were received electronically. These were printed off and actioned. And retained in a file for reference.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. It stores it appropriately and uses it in a way that protects the privacy of people.

### Inspector's evidence

Up-to-date reference sources were available and included the BNF and BNF for Children. There was limited access to the internet which was used for a range of uses including leaflets for patients and accessing PharmOutcomes. A range of CE quality marked measures were in use which were cleaned after use. The pharmacy also had a range of equipment for counting loose tablets and capsules with a separately marked tablet triangle that was used for cytotoxic drugs. Tweezers and gloves were available to use when dispensing multi-compartmental compliance packs. There was a first aid kit.

The CDs were stored in CD cabinets which were securely bolted in place. The fridge used to store medicines were from a recognised supplier and an appropriate size for the volume of medicines requiring storage at such temperatures. The pharmacy computer terminals and patient medication records (PMR) were password protected. The computer screens were out of view of the public. Access to patients' records was restricted by the use of NHS smart cards. Medication awaiting collection was stored out of view and no confidential details could be observed by people using the pharmacy. Prescriptions were filed in boxes out of view of patients keeping details 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.