

# Registered pharmacy inspection report

**Pharmacy Name:** Cohens Chemist, 19 Borough Fields, Shopping Centre, Wootton Bassett, SWINDON, Wiltshire, SN4 7AX

**Pharmacy reference:** 1038751

**Type of pharmacy:** Community

**Date of inspection:** 09/07/2019

## Pharmacy context

This is a community pharmacy which is attached to a supermarket in Wootton Bassett. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. It sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment medicine devices for people to use living in their own homes.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.7	Standard not met	The pharmacy team do not store people's private information securely.
<b>2. Staff</b>	Standards not all met	2.4	Standard not met	The pharmacy team cannot demonstrate that they keep up to date with new information.
<b>3. Premises</b>	Standards not all met	3.2	Standard not met	The pharmacy team do not store people's private information securely.
<b>4. Services, including medicines management</b>	Standards not all met	4.4	Standard not met	The pharmacy team are not clear on what steps to take when concerns are raised about a medicine
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy does not adequately protect people's private information. The pharmacy generally maintains the records that it must keep by law. However, some records were not always completed correctly which could mean that the pharmacy is not able to show exactly what has happened if any problems arise. The pharmacy has written procedures to help make sure the team works safely. Pharmacy team members record and review some mistakes that happen and use this information and learning to avoid repeating the errors. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services and the pharmacy has appropriate insurance to protect people when things do go wrong.

### Inspector's evidence

Processes were in place for identifying and managing risk in the pharmacy. But near misses were recorded infrequently with only four near misses having been recorded in 2019 so far. The pharmacy team agreed to address this. The pharmacist would review any errors monthly to spot trends in errors and feed this learning back to the rest of the team. Based on previous errors, prochlorperazine had been separated from prednisolone on the dispensary shelving. In addition, different forms of nitrofurantoin had been separated from each other on the dispensary shelving.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs) and examples of incident report forms were seen. The dispensing error procedure was also displayed in the dispensary. All dispensing errors were reported to the superintendent pharmacist and a root cause analysis was carried out to find out why the error had happened and to ensure that the risk of errors being repeated is mitigated.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

SOPs were in place for all the dispensary tasks and these had been reviewed within the last two years. On questioning, the members of staff were all able to explain their roles and responsibilities. Some staff had not signed the SOPs and the pharmacist agreed to address this.

A complaints procedure was in place and the staff were all aware of the complaints procedure. The pharmacy carried out a Community Pharmacy Patient Questionnaire annually to gather feedback from patients and the latest results of these were displayed and were seen as being generally positive.

An indemnity insurance and public liability certificate from the NPA was held and was valid and in date until 31st August 2019.

Records of controlled drugs (CD) and patient returned CDs were seen as being kept. Annotations were present in the CD registers examined which were not always dated. Page margins were completed appropriately but some examined were illegible. A sample of diamorphine 5mg ampoules was checked for record accuracy and was seen to be correct. The controlled drug balance was checked in an inconsistent manner with only two checks having taken place in 2019 at the time of the inspection. Out

of date CDs were separated from regular CD stock and labelled appropriately.

Date checking was carried out regularly and records to demonstrate this were kept electronically.

Fridge temperatures were checked daily and seen to be between two to eight degrees Celsius. The stock inside the fridges was laid out in an organised fashion.

An electronic responsible pharmacist (RP) record was kept and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The RP record occasionally omitted the time that the RP had signed out.

The private prescription records were retained electronically but some entries omitted the prescriber's name and address. The specials records were retained but some entries also omitted the prescriber's name and address. The pharmacist could not demonstrate emergency supply records and the time of the inspection. The pharmacist agreed to familiarise himself with the patient medical record system in future.

Staff were aware of their obligations around protecting people's confidential information. Confidential waste was collected separate to normal waste and was disposed of appropriately. The computer screens were all facing away from the public and access to patient confidential records was password protected.

The consultation room was not lockable and did not have lockable cabinets inside. But patient confidential information was stored inside these cupboards and this could be accessed from the retail area of the pharmacy (see also principle 3).

The pharmacy team explained that they were aware what signs to look out for that may indicate safeguarding issues. Contact details were not readily available for safeguarding referrals, advice and support. The pharmacist agreed to address this.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy staff have the appropriate skills and qualifications to deliver services safely and effectively. But they are not able to demonstrate how they keep up to date with new information appropriately. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

At the time of the inspection there was one pharmacist, one dispensing assistant and one medicines counter assistant in the pharmacy. The staff were observed to be working well together and supporting each other. Staffing levels were seen as being appropriate for the services delivered during the inspection.

Staff performance was monitored and reviewed formally once a year. In these reviews, a development plan would be introduced to help further develop and train pharmacy staff.

Staff could not give any examples of recent training that they had completed. There was a general lack of awareness about how staff kept up to date with new information.

A dispensing assistant reported that the pharmacist discussed any errors or near misses with her on a monthly basis and that she communicated this to the wider team.

Staff reported they were than happy to raise any concerns they had immediately with the pharmacist or with one another. There was also a whistleblowing policy in place which staff were aware of and were happy to use should they require it. There were targets in place for services but the team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve targets.

## Principle 3 - Premises Standards not all met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. But the pharmacy team do not always protect people's private information sufficiently. The pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. The pharmacy was clean and tidy and was presented in a professional manner. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing.

Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out. The consultation room was not lockable and did not have lockable cabinets. But patient confidential information was stored inside these cupboards and this could be accessed from the retail area of the pharmacy. Conversations that took place inside the consultation room could not be easily overheard from outside.

The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy's services are accessible and they are generally managed and delivered appropriately. But the pharmacy team are not clear on what steps to take when concerns are raised about a medicine. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment. The pharmacy team do not always store medicines in accordance with the law which could mean that it would be more difficult to trace these medicines when things have gone wrong.

### Inspector's evidence

Access to the pharmacy was step free. Leaflets and posters were available to advertise pharmacy services. There was space for the movement of a wheelchair or pushchair in the store. There was seating available for patients and customers waiting for services.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. But valproate patient cards were not available for use during dispensing valproate to all female patients and the pharmacist agreed to address this. The pharmacy team reported that they would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

The pharmacy manager reported that the pharmacy was in the process of complying with the European Falsified Medicines Directive (FMD). The appropriate hardware was in place and the head office was rolling out the software.

The pharmacy used recognised wholesalers such as AAH and Alliance Healthcare to obtain medicines and medical devices. Specials were ordered via Eaststone specials. Invoices from these wholesalers were seen.

CD destruction kits were available for the destruction of controlled drugs at the time of the inspection. Doop bins were available for use. A bin for the disposal of hazardous waste medicines was not available for use at the time of the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The majority of medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. But the following medicines were stored with the following insufficient information that was not on the container:

Mebeverine 200mg modified release capsules no batch number

Cefalexin 500mg capsules with no information on the container

Date checking was regular and stock was marked if short dated. But a bottle of Oramorph 10mg/5ml was on the dispensary shelf and had expired as of 5 July 2019. This was disposed of during the inspection. The fridge was in good working order and the stock inside was stored in an orderly manner.

Staff were not able to demonstrate how they received and actioned MHRA drug alerts and recalls. No

recent records of MHRA drug alerts and recalls could be demonstrated to the inspector.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for methadone dispensing. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there was a counting triangle and a capsule counter. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was restricted but staff could access some further information sources via the intranet.

There were two fridges in the pharmacy and temperatures were recorded daily and were seen to be between two to eight degrees Celsius. Doop bins were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

### 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.