

# Registered pharmacy inspection report

**Pharmacy Name:** Cohens Chemist, 102 High Street, Wootton Bassett,  
SWINDON, Wiltshire, SN4 7AU

**Pharmacy reference:** 1038766

**Type of pharmacy:** Community

**Date of inspection:** 09/08/2019

## Pharmacy context

This is a community pharmacy located on the high street in Wootton Bassett. It serves its local population which is mostly elderly. The pharmacy opens five days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccinations and supplies medicines in multi-compartment compliance aids for people to use living in their own homes.

## 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     | 1.8                          | Good practice    | The pharmacy team members are aware of how to notice signs of safeguarding issues and have used these to protect their patients. |
| <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 written procedures to help make sure the team works safely. Pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. 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. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. 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.

### Inspector's evidence

Processes were in place for identifying and managing risks. Some near misses were recorded but a limited amount of examples was demonstrated to the inspector. The pharmacy manager reported that these were reviewed on an ad-hoc basis. A team briefing would be held when there were any significant errors. 'Sound alike' and 'look alike' medicines such as amitriptyline and amlodipine were marked on the dispensary shelf.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). The pharmacist demonstrated that previous dispensing errors had been subject to an investigation and root cause analysis. Dispensing errors were also reported to the superintendent pharmacist.

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.

Standard operating procedures (SOPs) were in place for all the dispensary tasks. SOPs had been reviewed within the last two years. On questioning, the members of staff were all able to explain their roles and responsibilities.

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 (CPPQ) annually as part of their NHS contract and previous feedback was seen to be positive.

An indemnity insurance and public liability certificate from NPA was displayed and was valid and in date until the end of August 2019. Records of controlled drugs (CD) and patient returned CDs were seen as being kept. A sample of a random CD was checked for record accuracy and was seen to be correct. CD balance checks were carried out weekly. Patient returned and out of date CDs were separated from regular CD stock and labelled appropriately.

Date checking was carried out regularly and records were kept to demonstrate this. The fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. An electronic responsible pharmacist (RP) record was kept electronically but entries often omitted the time that the

pharmacist ceased responsibility. The responsible pharmacist notice was displayed in pharmacy where patients could see it. The private prescription and emergency supply records were retained and were in order. The specials records were retained but some entries omitted the prescriber's details.

Staff were seen to be following the company information governance policy. Confidential waste was separated and collected by the company for destruction. The computer screens were all facing away from the public and access to patient confidential records was password protected. All confidential information and patient sensitive information was filed away in the pharmacy. Staff explained that they were aware what signs to look out for that may indicate safeguarding issues in children and vulnerable adults. Contact details were available for safeguarding referrals, advice and support.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. 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

There was one pharmacist and five dispensing assistants present during the inspection. They were all seen to be working well together. Staffing levels were seen to be sufficient for the level of the services provided during the inspection.

Staff performance was monitored and reviewed bi-annually against key performance indicators (KPIs). In these reviews, a development plan would be introduced to help further develop and train the members of staff.

The pharmacy manager reported that patient safety meetings would take place on an ad-hoc basis to discuss any safety issues in the pharmacy and any learning from near misses or significant errors.

The staff reported that they kept their knowledge up to date by reading third party materials and would ask the pharmacist if they had any queries. Staff gave an example of having recently completed a CPPE package on children's oral health.

Staff reported that they felt comfortable to approach the pharmacy manager with any issues regarding service provision. There were targets in place in the pharmacy but the team explained that they did not feel any pressure to deliver these targets and that they would never compromise their professional judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy had a retail area toward the front and a dispensary area toward the back. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private.

There was a sink available in the dispensary and consultation room with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were generally organised in a generic and alphabetical manner and staff reported that the shelves would be cleaned when the date checking was carried out.

The consultation room was adequately soundproofed. It was normally kept locked but the pin-code lock was broken which had been reported to the company head office. Patient information was stored securely. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

## Principle 4 - Services ✓ Standards met

### Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action. But the pharmacy team do not always store medicines with batch numbers and expiry dates which could mean that it would be more difficult to trace these medicines when things have gone wrong. 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.

### Inspector's evidence

Pharmacy services were detailed in a practice leaflet available in the pharmacy. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting.

The pharmacy team dispensed multi-compartment compliance aids for 300 patients living in their own homes patients. Approximately 200 of these compliance aids were dispensed by an off-site robot and 100 were dispensed in the pharmacy. Audit trails were kept to indicate where each compliance aid was in the dispensing process. Compliance aids often did not contain an audit trail to show who had dispensed them but the pharmacist would routinely initial to show he had checked them. Descriptions were routinely provided for the medicines contained within the compliance aids. Patient information leaflets (PILs) were not regularly supplied and the pharmacist agreed to address this.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to patients who may become pregnant. The pharmacist reported that he would check that 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.

There were destruction kits available for the destruction of controlled drugs and designated bins were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was not available for use during the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The pharmacy was European Falsified Medicines Directive (FMD) compliant. The relevant equipment and software was in place. Medicines were obtained from suppliers such as AAH and Alliance. Specials were obtained via suppliers such as Alliance specials.

The majority of medicines and medical devices were stored within their original manufacturer's packaging. But the following medicines were stored in containers without batch numbers and expiry dates:

Alverine citrate 60mg capsules  
Propranolol 40mg tablets  
Trazodone 100mg capsules

Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated

products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacy manager explained that these were actioned appropriately. Records were kept to demonstrate this and audit trails were regularly kept.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for dispensing CDs. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. 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 online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources.

There were two fridges which were in good working order and the maximum and minimum temperatures were recorded daily and were seen to be within 2 to 8 degrees Celsius. Designated medicine waste 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.                                                                                                                                        |