

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 199 King Street, Hoyland,
BARNSELY, South Yorkshire, S74 9LJ

Pharmacy reference: 1039100

Type of pharmacy: Community

Date of inspection: 18/02/2020

Pharmacy context

The pharmacy is in a residential area in Hoyland. The pharmacy team mainly dispense NHS prescriptions and sell a range of over-the-counter medicines. A significant proportion of their work is supplying medicines to people in multi-compartment compliance packs. They offer other services including medicines use reviews (MUR) and the NHS New Medicines Service (NMS). And they deliver medicines to people's homes. The pharmacy provides a substance misuse service, including supervised consumption.

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 has procedures to identify and manage risks to its services. The pharmacy protects people's confidential information. And it adequately keeps the records it must by law. Pharmacy team members know how to help safeguard the welfare of children and vulnerable adults. They record and discuss mistakes that happen when dispensing. And they make changes to help reduce the risks. But they don't record much detail about why mistakes happen. So, they may miss opportunities to improve and reduce the risk of further errors. Pharmacy team members generally follow the pharmacy's written procedures to complete the required tasks. But some pharmacy team members have not read the procedures. So, there may be some confusion about how to perform tasks in the safest and most effective ways.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The sample checked were last reviewed in 2018. And the next review was scheduled for 2020. Some pharmacy team members had read and signed the SOPs since the last review. But the pharmacy had a trainee dispenser. And she had not read or signed the procedures. The pharmacy defined the roles of the pharmacy team members in the SOPs. Each procedure was colour coded. And each colour represented different levels of qualification. For example, the steps that the pharmacist was responsible for were highlighted with one colour. And the steps that could be done by a dispenser were highlighted in another colour. The pharmacy also had a roles matrix in the front of the SOP file. The matrix was available to define tasks for each team members based on their qualifications and experience. But the matrix had not been completed.

The pharmacist highlighted near miss errors made by the pharmacy team when dispensing. Pharmacy team members usually recorded their own mistakes. The pharmacy team discussed the errors made. But they did not discuss or record much detail about why a mistake had happened. They usually said rushing or being short staffed had caused the mistakes. They did not record any information about what they had changed to prevent a mistake happening again. Pharmacy team members gave examples of separating different strengths of amlodipine on the shelves. And separating tramadol and trazadone to help prevent picking the wrong item whilst dispensing. They explained the pharmacist analysed the data collected for patterns. But they did not know if he recorded his analysis. And no records could be found during the inspection in the managers absence. Pharmacy team members could not give any examples of recent patterns they had been made aware of. The pharmacy had a process for dealing with dispensing errors that had been given out to people. It recorded incidents using an electronic reporting system. And a copy of the reports was printed and kept in the pharmacy. A recent example of a report was seen. And it gave details of what had happened. But it did not provide any information about what had caused the error. Or what pharmacy team members had done to prevent the error happening again. Pharmacy team members could not give any examples of any changes they had made in response to dispensing error to help reduce risks.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a poster available for customers in the retail area which clearly explained the company's complaints procedure. It collected feedback from people by using questionnaires. And feedback from the last set of questionnaires to be analysed was available. One feedback point from people was for the pharmacy to

provide more advice about healthy lifestyles. In response, a dispenser had recently complete training to become a healthy living champion. And she was in the process or developing a display of health promotion material for people to refer to when they visited the pharmacy.

The pharmacy had up-to-date professional indemnity insurance in place. They had a certificate of insurance displayed. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. But pharmacy team members did not frequently audit these running balances against the physical stock, including in the registers for methadone. For example, they had last audited dexamfetamine 5mg tablets in May 2019 and methylphenidate 10mg tablets in November 2019. They had audited Zomorph 30mg capsules in February 2020. But the check prior to that had been in January 2019. Pharmacy team members said the pharmacy kept a register of CDs returned by people for destruction. But they could not find the register during the inspection. The pharmacy maintained a responsible pharmacist record on paper. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. The pharmacy team monitored and recorded fridge temperatures daily in one of their fridges. The pharmacy had a second fridge where medicines were stored. Pharmacy team members explained the fridge had been installed in November 2019. They did not monitor or record minimum and maximum temperatures in the second fridge. The explained they checked the current temperature once each day. But they did not record the information. The temperature of the fridge was 4.3 degrees Celsius during inspection. They kept private prescription records electronically, which was complete and in order. And, they recorded emergency supplies of medicines electronically. But there were no records available to see. They recorded any unlicensed medicines supplied, which included the necessary information in the samples seen.

The pharmacy kept sensitive information and materials in restricted areas. It collected confidential waste in dedicated bags. The bags were sealed when they were full. And, these were collected and returned to head office for secure destruction. Pharmacy team members had been trained to protect privacy and confidentiality by reading the documented procedures available. They were clear about how important it was to protect confidentiality. There was no evidence that the pharmacy had been assessed for GDPR compliance. Pharmacy team members were asked about their role in safeguarding people. A dispenser gave some clear examples of symptoms that would raise their concerns in both children and vulnerable adults. And, how they would refer their concerns to the pharmacist. The pharmacist explained how they would assess the concern. And would refer to local safeguarding contacts or head office for advice. The pharmacy had contact details available for the local safeguarding service. And, it had a procedure in place to explain what to do in the event of a concern. The pharmacist had completed training in relation to safeguarding in 2019. There was no training provided for other pharmacy team members, other than the contents of the documented procedure.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete ad-hoc training. And, they learn from the pharmacist and each other to keep their knowledge and skills up to date. Pharmacy team members feel comfortable making suggestions to help improve pharmacy services. Their suggestions are considered. And changes are made to help improve the way the pharmacy delivers its services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a locum pharmacist, two dispensers and a trainee dispenser. Pharmacy team members completed training ad-hoc by reading various trade press materials. And by having regular discussions with the pharmacists and colleagues about current topics. The pharmacy had a quarterly appraisal process for staff. Pharmacy team members explained their appraisals tended to be informal discussion with the manager about their work. And any learning needs would be addressed informally by the pharmacist teaching them and by signposting them to appropriate resources. They did not set any objectives at the appraisals.

The dispenser explained she would raise professional concerns with the pharmacist, area manager or head office. She felt comfortable raising a concern. And confident that her concerns would be considered, and changes would be made where they were needed. The pharmacy had a whistleblowing policy. And the information was displayed to team members. Pharmacy team members communicated with an open working dialogue during the inspection. They explained a change they had made after discussing issues with each other and areas for improvement. One example was to change to make sure everyone remained multi-skilled, especially to be able to prepare multi-compartment compliance packs. They explained this had helped to make sure they could safely provide all the pharmacy's services, especially when team members were on holiday or absent. The pharmacy owners asked the team to achieve targets in various areas of the business. These included the number of medicines use review consultations completed and the volume of prescriptions dispensed. Pharmacy team members felt comfortable achieving the targets set. And, the area manager supported them to achieve the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and properly maintained. It provides a suitable space for the services provided. The pharmacy has a suitable room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. The pharmacy had a separate room which it used to prepare and store multi-compartment compliance packs. It kept equipment and stock on shelves throughout the premises. The pharmacy also had a first floor, which pharmacy team members used for storage. The pharmacy had a private consultation room available. The pharmacy team used the room to have private conversations with people. The room was signposted by a sign on the door.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a toilet, which provided a sink with hot and cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible to people, including people using wheelchairs. The pharmacy has systems in place to help provide its services safely and effectively. The pharmacy supports people by dispensing medicines into devices to help them remember to take their medicines correctly. And pharmacy team members manage this service well. They take steps to identify people taking high-risk medicines. And they provide these people with advice and support to help them take their medicines safely. Pharmacy team members source medicines from licenced suppliers. And they adequately store and manage medicines. But they don't always carefully monitor and record temperatures in their fridges. So they might not know if the temperature is not suitable for storing medicines safely.

Inspector's evidence

The pharmacy had level access from the street. It advertised services in various places in the retail area. And in the pharmacy's window. Pharmacy team members explained they could provide large-print labels to help people with a visual impairment. And they would use written communication to help someone with a hearing impairment.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacist counselled people receiving prescriptions for valproate if appropriate. He checked if the person was aware of the risks if they became pregnant while taking the medicine. And checked if they were on a pregnancy prevention programme. He referred people to their GP if he had any issues or concerns. The pharmacy had a stock of printed information material to give to people to help them manage the risks. The pharmacy supplied medicines in multi-compartment compliance packs when requested. They did this for people who used their pharmacy. And for people who used three of the company's other pharmacies nearby. The pharmacy attached backing sheets to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. And provided people with patient information leaflets about their medicines each month. Pharmacy team member managed the prescriptions ordering process for all the packs they prepared. They recorded and tracked each stage of the process to make sure prescriptions were ordered and available on time. Pharmacy team members reconciled each prescription they received against their orders. And they contacted surgeries to quickly resolve any discrepancies. They recorded any changes made to people's medication using the electronic patient medication record. When packs for the other pharmacies were completed, the pharmacy delivered them back to the necessary branches for them to be delivered locally by each pharmacy's delivery driver. The pharmacy delivered medicines to people's homes. It recorded the deliveries made and asked people to sign for their deliveries. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy. The team highlighted bags containing controlled drugs (CDs) with a sticker on the bag and on the driver's delivery sheet. And, people signed for CDs in a separate record book.

The pharmacy obtained medicines from three licensed wholesalers. It stored medicines tidily on shelves. And all stock was kept in restricted areas of the premises where necessary. Pharmacy team

members were aware of the new requirements under the Falsified Medicines Directive (FMD). But they had not received any training. The pharmacy did not have procedures that incorporated the requirements of FMD in to the dispensing process. And it did not have any software or equipment to scan compliant products. Pharmacy team members said they were waiting for further instructions from head office about the rollout and implementation of FMD requirements. They did not know when this would be. The pharmacy had adequate disposal facilities available for unwanted medicines, including CDs. Pharmacy team members kept the CD cabinet tidy and well organised. And out of date and patient returned CDs were segregated. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct. Pharmacy team members kept the contents of two pharmacy fridges tidy and well organised. They monitored minimum and maximum temperatures in one of the fridges every day. And they recorded their findings. The temperature records seen were within acceptable limits. Pharmacy team members explained the second fridge had been installed in November 2019 to provide more space for medicines. They checked the temperature of the fridge every morning. But they did not monitor the minimum and maximum temperature over 24 hours. And they did not record their findings. The temperature of the fridge during the inspection was 4.3 degrees Celsius. And it was a dedicated fridge designed specifically to store medicines. This was discussed. And pharmacy team members gave an assurance they would start monitoring temperatures immediately in both fridges.

Pharmacy team members checked medicine expiry dates every 12 weeks. And records were seen. They highlighted any short-dated items with a sticker on the pack up to four months in advance of its expiry. The process relied on pharmacy team members seeing a sticker and removing a pack from the shelves if it expired before the next scheduled date check. After a search of the shelves, the inspector did not find any out-of-date medicines. The pharmacy responded to drug alerts and recalls. And, any affected stock found was quarantined for destruction or return to the wholesaler. It recorded any action taken. And, records included details of any affected products removed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had a set of clean, well maintained measures available for medicines preparation. The pharmacy positioned computer terminals away from public view. And these were password protected. It stored medicines waiting to be collected in the dispensary, also away from public view. The pharmacy had two dispensary fridges, which were in good working order. And, pharmacy team members used them to store medicines only. They restricted access to all equipment, and they stored all items securely.

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.