

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 52-54 King Edwards Drive, Bilton, HARROGATE, North Yorkshire, HG1 4HL

Pharmacy reference: 1085272

Type of pharmacy: Community

Date of inspection: 10/07/2019

Pharmacy context

The pharmacy is in a row of shops in a residential area in Harrogate. 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.

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 up-to-date procedures for pharmacy team members to follow. And it has some systems for people using its services to feedback their views. The pharmacy mostly keeps the records it needs to by law. And the pharmacy team members know how to protect the safety of vulnerable people. The pharmacy generally manages risks to its services. And it records mistakes that happen whilst dispensing. But sometimes it may not make the most effective changes. And this may mean that the same or a similar mistake may happen again.

Inspector's evidence

There was a generously sized retail area to the front. And a 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 dispensing controlled drugs (CDs). 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 8 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 or the accuracy checking technician (ACT) on picking up an error, handed the prescription back to the dispenser responsible to correct. A monthly patient safety review (MPSR) was done. The last MPSR completed and available on the day was for February 2019. There had been twenty-two near misses recorded in February. The records lacked some details such as the contributory reasons why the error had occurred. And what changes had been made to prevent a similar error occurring. Zomorph 100mg capsules had been selected instead of the 10mg capsules required. The manager advised that the CD cabinet had been a little untidy. So, it had been tidied up and baskets were now in use for each CD. But the baskets had the strengths mixed together in the same basket. So, this might not be effective in reducing the risk of a picking error involving selecting the wrong strength. Dispensing errors were recorded and reported to the superintendent's team. A recent error had occurred when the wrong strength of pregabalin had been supplied. These had been moved apart. The 25mg was in a drawer and the 75mg was on the shelf.

The pharmacy had a SOP relating to complaint handling. And there was an online form. There was no pharmacy leaflet in the pharmacy. And this may mean the people who wanted to complain cannot access all the information they need. The pharmacy team members were aware that there was a community pharmacy questionnaire, but they were unaware of the areas highlighted for improvement. A customer had been unhappy because she was not receiving her sip feeds in a timely manner. To address their concern, it was agreed that her sip feeds were delivered every 28 days.

The pharmacy had appropriate professional indemnity insurance. A sample of the CD register entries checked met legal requirements. The pharmacy maintained the register with running balances. And these were audited monthly. Headers were completed in the CD register. And any incorrect entries were annotated at the bottom of the page. The private prescription records looked at were complete. A register was maintained of CDs returned by patients for destruction and was complete and up to date. A sample of records for the receipt and supply of unlicensed products looked at found that the invoices were not kept with the certificates of conformity. And some patient details were missing. So, there was an incomplete audit trail.

Pharmacy staff had completed information governance training. Confidential waste was segregated. The team said that the waste was collected and destroyed off site. Team members confirmed that they had their own NHS smartcards to access electronic prescriptions. The team were aware of the importance of the need to protect people's private information.

The pharmacy's team members had completed training about safeguarding vulnerable adults and children. The contact details for local safeguarding organisations were available. A team member said that they would escalate incidents to the manager initially.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy usually has enough trained and skilled team members to provide its services safely. The pharmacy team receive training on procedures. But do not have regular performance reviews. This could mean that gaps in their skills and knowledge are not identified and supported.

Inspector's evidence

The pharmacy team, on the day consisted of the RP who was the manager. And he been in post since January 2019. There were two accredited checking technicians (ACTs). And two dispensers. The pharmacy team members thought that they had previously managed with the staffing levels. But on the day a member of the pharmacy team was on holiday. And another had left the previous week. There was an ACT from another branch who was helping out on the day of the inspection.

The team had completed training on the SOPs. There was a booklet that the team had to complete. And had to get 80% and above to pass. Training was provided through external training events. Two members of the pharmacy team had completed the healthy living pharmacy (HLP) training. The pharmacy team read information that was provided through manufacturers about new over the counter medicines.

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 branches. Performance reviews had not been completed for more than a year. The pharmacy team members thought the manager was approachable and they could make suggestions for change to improve services. The pharmacy team were aware that there was a whistle blowing policy. And the details of this were displayed. 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 clean, secure and suitable to provide its services safely. The pharmacy's team appropriately manages the available space. And it has a suitable consultation room for people to have private conversations.

Inspector's evidence

The pharmacy premises were clean. The dispensary had separate areas for dispensing and checking prescriptions. And there was an efficient workflow. The consultation room was suitable for private consultations and counselling. There was a desk, chairs and a computer. Its location was well advertised. The consultation room was accessed by a key pad. 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. And running hot and cold water was available.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy gets its medicines from reputable suppliers and it mostly stores and manages its medicines appropriately. The services are generally well managed. The pharmacy may not always identify people who take higher-risk medicines. And this may mean that these people do not always get the information they need to help take their medicines safely.

Inspector's evidence

There was a wide door to the front of the premises. 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 people to help them to take their medicines on time. Most of these were prepared at the company hub. The pharmacy offered a free delivery service to people in their own homes. The delivery driver got signatures from the person accepting the medicines. And there was a separate book for people to sign for CD deliveries.

A controlled drugs cabinet was available for the safe custody of controlled drugs. The cabinet was appropriately secured. There was no patient returned or out of date CDs in the controlled drugs cabinet. These had been destroyed. Dispensed controlled drug or fridge items such as insulin were stored in clear plastic bags which provided the opportunity for additional accuracy checks when being collected by the patient.

The pharmacy team members had their own sections to date check. There was a date checking matrix on the wall. The procedure was to sticker short-dated medicines. Random checks of the pharmacy shelves found that this was not routinely happening. For example, Levofloxacin was not stickered and was out of date in April 2019. This was removed from the shelf for destruction. 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 23 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 pharmacy team were aware that an audit had been completed relating to the valproate Pregnancy Prevention Programme. And were aware that there was guidance that had to be provided to people who may become pregnant who received valproate. The leaflets were not on the shelf near to the stock. But they were in a folder in the pharmacy. There were stickers to highlight higher-risk medicines such as warfarin. The pharmacy team members said that these were not always used. This may mean that opportunities are missed to advise people about the safe use of their medicines.

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 (FMD). The scanners were in place. But the pharmacy team members had not received training. So, the pharmacy wasn't compliant with FMD requirements. Recalls and MHRA alerts were received electronically. These were printed off and actioned. The file was not up to date and the last one in the file was from January 2019. So, there was no assurance that all the alerts had been received and actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Equipment required for the delivery of pharmacy services is readily available, stored appropriately and used in a way that protects the privacy and dignity of people.

Inspector's evidence

Up-to-date reference sources were available and included the British National Formulary (BNF) and BNF for Children. There was access to the internet which was used for a range of uses including leaflets for patients and there was access to 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. There was a first aid kit.

The CDs were stored in a CD cabinet which was securely bolted in place. The fridge used to store medicines was from a recognised supplier and an appropriate size for the volume of medicines requiring storage at such temperatures.

The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Access to patients' records restricted by NHS smart cards. Medication awaiting collection was stored out of view and no confidential details could be observed by customers. 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.