

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, Crompton Health Centre,
Crompton Way, BOLTON, Lancashire, BL1 8UP

Pharmacy reference: 1093061

Type of pharmacy: Community

Date of inspection: 04/04/2019

Pharmacy context

This is a busy community pharmacy, in a large health centre, on a main road. The pharmacy dispenses NHS prescriptions and sells a range of over-the-counter medicines. It supplies a large number of medicines in multi-compartment devices to help people take their medicines at the right time. These are prepared in another Cohens pharmacy in the Bolton area.

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	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which it incorporates into day to day practice to help manage future risks.
2. Staff	Standards met	2.4	Good practice	Team work is effective and openness, honesty and learning is embedded throughout the team.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	People can access a wide range of services, and health and wellbeing are promoted to the community.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy manages the risks associated with its services to ensure people are kept safe. It asks its customers for their views and generally completes all the records that it needs to by law. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them and act to help stop the same sort of mistakes from happening again. The team members keep people's private information safe. And they complete training so they know how to protect children and vulnerable adults.

Inspector's evidence

There were up-to-date Standard Operating Procedures (SOPs) for the services provided, with signatures showing that most members of the pharmacy team had read and accepted them. The delivery driver had not signed to confirm that he had read the new delivery SOP but was clear about the procedures and had an abbreviated version of the delivery procedures in his possession. Roles and responsibilities of staff were set out in SOPs. The pharmacy team members were performing duties which were in line with their role. They were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed as per RP regulations.

Dispensing incidents were reported on Cohens intranet system and learning points were included. Near misses were reported on individual near miss logs, reviewed weekly by the pharmacy manager and discussed with the pharmacy team. The pharmacy manager said she asked the team to come up with the best way to avoid re-occurrences, e.g. using 'Take care when selecting this product' stickers to highlight medicines at higher risk of error. These stickers had been placed on the shelves containing prednisolone and prednisolone e/c tablets. All staff had been made aware of the difference between Epilim syrup and liquid following a near miss. Some medicines had been separated from different strengths, or those with similar names. Patient safety branch risk reviews had been completed monthly. Amlodipine and amiloride had been identified as at high risk of error so they had been separated. There were lists of other look-alike-and-sound-alike drugs (LASAs) on display in various locations in the dispensary. Clear plastic bags were used for assembled controlled drugs (CDs) and insulin to allow an additional check at hand out.

Monthly and annual patient safety reports were completed where dispensing errors, near misses and other patient safety activity was reviewed and priorities for the next year were recorded, e.g. 'ensure a thorough second check is carried out then signed off by the dispenser' and 'ensure drugs which require monitoring e.g. valproate and salbutamol over usage etc. are prioritised, and all staff members aware of the associated risks'.

New Services were assessed before commencing, e.g. the pharmacy was preparing to introduce a needle exchange service, and the pharmacy team were in the process of risk assessing the service, ensuring the required equipment was in place, the pharmacy team had received the appropriate

training and felt comfortable providing the service.

Clinical audits were completed and the most recent one was on non-steroidal anti-inflammatory drugs (NSAIDs). Six patients were referred to their GP for a review about the need for gastro protection.

The pharmacy manager described how she would deal with a customer complaint which was to attempt to resolve the situation herself, but if this was not possible she would refer the customer to the company's complaint procedure and the complaint manager. A notice was on display in the waiting area of the pharmacy with these details. The Pharmacy's Charter Standards were on display.

The pharmacy generally received good feedback from patients and they often received thank you cards/notes and chocolates. An e-mail from head office was on display with the details of particular good feedback from a patient. A customer satisfaction survey was carried out annually. The results were on display and available on the NHS choices website. The pharmacy was rated 90.9% overall. Areas of strength (95%) were 'providing advice on a current health problem' and 'disposing of medicines no longer needed'. An area identified which required improvement was 'providing advice on living a healthier lifestyle' and the pharmacy's response was that there was a healthy living champion who would use their skills to promote a healthier lifestyle in the pharmacy. There was lots of healthy living information on display in the pharmacy.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. Private prescription and emergency supplies were recorded electronically and generally in order, but the prescriber was missing from some entries, which might cause a delay in case of a problem or query. The RP record and the CD register were appropriately maintained. Two CD balances were checked and found to be correct. Adjustments to methadone balances were attributed to manufacturer's overage following an assessment calculation to see if within a reasonable range. Patient returned CDs were recorded and disposed of appropriately.

Confidential waste was collected in designated bags which were sent to head office for disposal. A dispenser correctly described the difference between confidential and general waste. The delivery driver knew what it meant to maintain patient confidentiality and demonstrated how a privacy screen was used to prevent breaches of confidentiality when recipients signed for their delivery. Paperwork containing patient confidential information was stored appropriately. Prescriptions awaiting collection were not visible from the medicines counter. Consent was received when summary care records (SCR) were accessed and access was recorded.

The pharmacist and accuracy checking technician (ACT) had completed CPPE level 2 training on safeguarding. Other members of the pharmacy team had read the safeguarding SOP. A dispenser and the delivery driver both said they would voice any concerns regarding children and vulnerable adults to the pharmacist. The pharmacy had a chaperone policy but this was on display inside the consultation so some people might not realise a chaperone was an option. Members of the pharmacy team had completed dementia friends training and so had a better understanding of patients suffering from dementia and their carers.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members are properly trained for the jobs they do. They get some ongoing training to help them keep up to date. But this is not always recorded so gaps in their knowledge might not be identified and supported. The team members work well together, are comfortable about providing feedback to their manager and receive feedback about their own performance. The pharmacy enables the team members to act on their own initiative and use their professional judgement to the benefit of people who use the pharmacy's services.

Inspector's evidence

There was a pharmacy manager (RP), a pre-registration pharmacist (pre-reg), an accuracy checking technician (ACT), two NVQ2 qualified dispensers (or equivalent), a trainee dispenser, a medicines counter assistant (MCA) and a delivery driver on duty at the time of the inspection. Planned absences were organised so that not more than one member of the team was away at a time. Absences were covered by re-arranging the staff hours where possible. Requests could be made to transfer staff from a neighbouring branch, but they were often in a similar position with limited staff levels.

The pharmacy team said they had been through a difficult period because the pharmacy's workload had increased over the last few months when a neighbouring branch closed, and three members of staff had left. Staff levels had been reviewed by head office and two new staff had been recruited, but not all the hours had been replaced, so the team did feel under pressure at times. The staff level appeared adequate for the volume of work seen during the inspection and the team were able to cope with the workload. The team were observed working collaboratively with each other and the patients.

The two new members of staff had been enrolled onto accredited training courses. Members of the pharmacy used various training resources to ensure their training was up to date, e.g. healthy living training events, information from pharmaceutical companies, but this was on an 'ad hoc' basis and not always recorded. The pharmacy team did not have regular protected training time apart from the pre-reg who was on a structured course with training days and a professional development manager. She had regular meetings with the pharmacy manager, who was her tutor, and she felt well supported and happy with the training provided.

The pharmacy team were given formal appraisals where performance and development were discussed with the pharmacy manager, and were given positive and negative feedback informally. Informal meetings were held where a variety of issues were discussed including information on bulletins from head office. A dispenser reported that she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the pharmacy manager or ACT (who was the supervisor) about any concerns she might have. She said that if these concerns were ignored she would talk to the coordinator or someone at head office, and was aware that the company had a whistleblowing policy. The dispenser confirmed that the staff could make suggestions or criticisms informally. She said she felt comfortable admitting and discussing errors and felt that learning from mistakes was encouraged.

The pharmacy manager said she felt empowered to exercise her professional judgement and could

comply with her own professional and legal obligations, e.g. refusing to sell a pharmacy medicine or supply a prescription because she felt it was inappropriate. She described how targets were set for services including medicine use reviews (MURs) and were very important in the organisation, but she didn't feel under pressure to achieve them. She said she felt that MURs were beneficial for patients and usually had a positive outcome for them.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy premises including the shop front and fascia were clean, spacious, well maintained and in a good state of repair. The retail area was free from obstructions, professional in appearance and had several waiting areas with comfortable seating and an activity area for children. There was a TV screen showing a news channel in the activity area. The temperature and lighting was adequately controlled. The pharmacy had been fitted out to a good standard when it opened and the fixtures and fittings were good. Maintenance problems were reported to head office and recorded on a log. The response time was appropriate to the nature of the issue.

There was a separate stockroom where excess stock was stored. Staff facilities included a staff room with a kitchen area and a WC with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above some of the sinks. Hand sanitizer gel was available.

There were two large soundproof consultation rooms equipped with sinks which were uncluttered, clean and professional in appearance. The availability of the rooms was highlighted by signs on the doors. The pharmacy team used the rooms when carrying out the services and when customers needed a private area to talk.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are generally well managed and easy for people to access. It sources, stores and supplies medicines safely. And carries out some checks to ensure medicines are in good condition and suitable to supply. Pharmacy team members are helpful and give advice to people about healthy living and where they can get other support.

Inspector's evidence

The pharmacy, consultation rooms and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchair users. There was direct access from the health centre and separate external access. Part of the medicine counter was at a low level which was used by wheelchair users to sign prescriptions on. There was a hearing loop in the pharmacy and a sign showing this. Large print was available on dispensing labels.

A list of the services provided by the pharmacy was displayed in the entrance of the pharmacy with the opening hours. Services were advertised inside the pharmacy. The pharmacy was a healthy living pharmacy and the team were aware of the local health priorities. There was a range of healthcare leaflets and a healthy living zone with information to increase awareness of cervical cancer.

The pharmacy team were clear what services were offered and where to signpost to a service not offered, e.g. needle exchange. A folder was available containing relevant signposting information which could be used to inform patients of services and support available elsewhere. Some signposting and healthy living advice were recorded, in the form of a tally chart, to help monitor the effectiveness of the health promotional activities (around 40 occasions each month). The pharmacy manager said the most effective campaign in terms of generating interest was information on e-cigarettes was available as part of Stoptober.

Instalment prescriptions for CDs were assembled the day before to be ready when the patients arrived. A dispenser assembled and initialled the medication label. The ACT checked the quantity and form, but did not record this check, so there was not a complete dispensing audit trail. A pharmacist made a final visual check before handout and initialled the medication label. Sugar free or original methadone were clearly highlighted on the prescription and assembled separately to avoid confusion.

There was a delivery service and a robust audit trail was in place. Each delivery was recorded and a signature was obtained from the recipient. A privacy sheet was used to protect confidentiality. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. The delivery driver described the delivery process which was in line with the SOP but he had not signed to confirm he had read and accepted the SOP. Patients were sent a text message when their prescription was going to be delivered or when it was ready to collect if delivery was not required.

Space was adequate in the dispensary and the work flow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. The ACT initialled the prescription if she accuracy checked it and the pharmacist initialled to show a clinical check had

been performed. The ACT was clear which prescriptions she was not allowed to accuracy check which included schedule 2 CDs. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Pharmacist' stickers were used to highlight counselling was required and high-risk medicines such as warfarin were targeted for extra checks and counselling. INR levels were requested and recorded when dispensing warfarin prescriptions. MUR stickers were used to highlight patients who would benefit from the service. The pharmacy manager said a valproate audit had not been carried out so she was not sure how many female patients of child bearing age regularly used the pharmacy. But valproate care cards and information pack were available so female patients could be provided with relevant information, although this was not documented.

The pharmacy supplied around 170 patients with medication in monitored dosage system (MDS) trays. Around 12 of these were assembled in branch, the rest were sent to a different pharmacy (hub) to assemble. They were clearly labelled with the address of the pharmacy assembling them as well as the pharmacy supplying the MDS trays. A dispenser confirmed that there was an audit trail for communications with GPs and changes to medication. A dispensing audit trail was completed and medicine identification was completed to enable identification of the individual medicines. Photographs of the medication in the MDS trays were on the packaging on the trays prepared at the hub. Packaging leaflets were not always supplied, despite this being a mandatory requirement, so patient or their carers might not have all the information they require. Disposable equipment was used.

Records of referrals to GPs and interventions were maintained in a book but this was not routinely recorded on the patient's medication record (PMR) so might not be accessible to members of the pharmacy team when labelling or checking patients' records. An example of an intervention recently made was 500mg clotrimazole pessary prescribed to be used daily for seven days for a pregnant woman, which was unlicensed. The pharmacy manager explained after discussing with the prescriber the prescription was changed to one pessary and cream to be used for seven days.

The MCA knew what questions to ask when making a medicine sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Recognised licensed wholesalers were used for the supply of medicines and appropriate records were maintained for medicines ordered from 'Specials'. No extemporaneous dispensing was carried out.

The pharmacy was not yet compliant with Falsified Medicines Directive (FMD). The required hardware and software were available but not yet in use. The team said they were waiting for the SOP before they started scanning medicines.

Medicines were generally stored in their original containers. Date checking was carried out and documented. Short dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired medicines were segregated and DOOP bins were in place. Alerts and recalls etc. were received via daily news bulletins from head office. These were read and acted on by a member of the pharmacy team and filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely.

Inspector's evidence

Current BNF and BNF for children, Martindale etc. were available and the pharmacist could access approved professional websites for the most up-to-date information, e.g. PSNC.

There were two clean medical fridges. The minimum and maximum temperatures were being recorded daily and had been in range throughout the month. But one of the fridges was recording a maximum temperature of 13.8°C at the inspection. The current temperature was within range and remained within range throughout the inspection. The dispenser who had recorded the temperature that morning was not confident in the use of the thermometer and did not know how to reset it, so the recorded readings might not provide adequate assurance that thermolabile products are always stored at the correct temperature. All electrical equipment appeared to be in good working order.

There was a large selection of clean glass liquid measures with British standard and crown marks. Separate measures were used for methadone solution. These were stored near the CD cabinet away from the other measures. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy so staff could move to a private area if the phone call warranted privacy.

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.