

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 8 Eastland Road, Thornbury,
BRISTOL, Avon, BS35 1DS

Pharmacy reference: 1095141

Type of pharmacy: Community

Date of inspection: 10/08/2020

Pharmacy context

This is a community pharmacy located in a residential area on the outskirts of the town of Thornbury, north of Bristol. Most people who use the pharmacy are elderly. The pharmacy dispenses NHS prescriptions and sells over-the-counter medicines. It also supplies medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines. This inspection was carried out during the COVID-19 pandemic.

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's working practices are safe and effective. The pharmacy is appropriately insured to protect people if things go wrong. It keeps the up-to-date records that it must by law. The pharmacy team members keep people's private information safe. And, they know how to protect vulnerable people. The pharmacy has some procedures in place to reduce the risk of transmission of coronavirus. But, it could be better at formally assessing all the known COVID-19 risks.

Inspector's evidence

The pharmacy team identified and managed most of the risks associated with providing the pharmacy's services. They had put some changes in place as a result of the COVID-19 pandemic. The pharmacist had only returned to work a week before the visit. She had been furloughed since the end of March 2020. She did not know if there had been any changes to the pharmacy's written standard operating procedures (SOPs) as a result of the pandemic. The pharmacist also did not know if the pharmacy's business continuity plan had been updated to accommodate any potential issues relating to the current NHS 'test and trace' scheme. She said that she would investigate this. The pharmacist said that the pharmacy was part of a local WhatsApp group. This had been organised by the local primary care network (PCN) lead pharmacist. She said that she would liaise with them to ensure that there was no disruption in the supply of medicines to their patients in the event of the pharmacy having to close as a result of a team member testing positive for the virus. The staff said that they had not had occupational risk assessments as a result of the pandemic. On 10 August 2020, the superintendent gave assurances that this would be done and that a risk assessment of the premises would also be completed.

The pharmacy team members recorded near miss mistakes but they did not always document enough information to allow useful analysis, such as, recording what was on the prescription and what was picked and the potential reason for the error. The near miss log was reviewed each month. The staff were able to demonstrate some actions to reduce the likelihood of future errors, such as, 'select with caution' labels on the shelf edges where the atenolol was stored.

The dispensary space was limited but it was tidy and organised. The pharmacy had dedicated work areas. The pharmacist endeavoured to have only one prescription at a time on the checking bench to reduce the risk of errors. The team assembled the multi-compartment compliance aids when it was quiet so there was less chance of them being interrupted. This also reduced the risk of errors. And, a large number of compliance aids were dispensed off-site which reduced the team's workload.

All the staff were clear about their roles and responsibilities. A NVQ2 trained dispenser said that she would refer all requests for pseudoephedrine-containing medicines to the pharmacist. All the team members knew that medicines containing codeine should only be used for three days.

The pharmacy team members were clear about their complaints procedure. They had received several positive comments from people since the outbreak of the pandemic. Some people had written to the pharmacy's Head Office praising the staff for their dedication and service.

The pharmacy had current public liability and indemnity insurance provided by the National Pharmacy Association (NPA). The pharmacy kept the up-to-date records that it must law: the responsible

pharmacist log, controlled drug (CD) records, private prescription records, emergency supply records and specials records. They also had fridge temperature records, date checking records, patient-returned CD records and cleaning rotas.

All the staff understood the importance of keeping people's private information safe. All confidential information was stored securely. The computers, which were not visible to the customers, were password protected. The correct NHS smartcards were seen in the appropriate computers. The team members shredded all confidential wastepaper. People could not be overheard or seen in the consultation room but the pharmacy was currently not offering any face-to-face services.

The pharmacy team understood safeguarding issues. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. The pharmacy had local telephone numbers to escalate any concerns relating to both children and adults. The staff did not know about the national 'safe space' initiative for victims of domestic violence. The inspector told them where to find the information about this service.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage their workload safely. The team members are flexible and cover holidays and sickness. And, the pharmacy's head office provides additional help when people are off for a long time. The team members are encouraged to keep their skills and knowledge up to date. They work well together and are comfortable about providing feedback to their manager.

Inspector's evidence

The pharmacy's current staffing profile was one pharmacist, the manager, one full-time NVQ2 qualified locum dispenser, covering a full-time staff member who was off sick and two part-time NVQ2 qualified dispensers. The part-time staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one member of the dispensary staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix.

The staff seen worked well together as a team. They said that they were a close-knit team and all supported one another. The manager said that she usually continually monitored the performance of her team members but that she had been off work, furloughed for the last four months. She planned to have one-to-one discussions with all her staff and would also ask them about their mental health and if they needed any support. The staff had a more formal annual appraisal where they could identify any learning needs. All the staff said that they felt able to raise any issues or concerns with their manager and believed that she would act on these.

The staff were encouraged with learning and development. Since the outbreak of the pandemic, most of their learning was related to coronavirus. The pharmacy received daily updates from their head office. The staff all said that they were supported to learn from errors. The pharmacist said that all learning was documented on her continuing professional development (CPD) records. No targets or incentives were currently set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is suitable for the services it provides. The premises are thoroughly cleaned to reduce the likelihood of transmission of coronavirus. The pharmacy has made pragmatic physical changes to reduce the spread of the disease but these could look more professional.

Inspector's evidence

The premises was small but tidy and organised. A small screen had been erected on the medicine counter as a result of COVID-19. But, this was made of flimsy plastic and it was held in place to some cardboard with cellotape. The staff had placed a chair to prevent people from coming too close to them at the medicine counter. They also used this for the card machine. The pharmacy team had erected a tape barrier to keep them two meters apart from customers. These measures were pragmatic solutions to the risks posed by coronavirus but did not present a professional pharmacy image. The dispensing benches were largely uncluttered and the floors were clear. The premises were clean. As a result of COVID-19, the premises were cleaned three times a day. The hard surfaces were seen to be wiped over more frequently than this.

The consultation room was limited in size but it did have a computer and a small sink. It was not currently being used but anyone in the room could not be seen or overheard. The pharmacy's computer screens were not visible to customers. Their telephone was cordless and the staff took all sensitive calls out of earshot. The temperature in the pharmacy was below 25 degrees Celsius. There was good lighting throughout.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the services the pharmacy offers. It manages its services effectively to make sure that they are delivered safely. The team members make sure that people have the information that they need to use their medicines properly. The pharmacy gets its medicines from appropriate sources and stores them safely. It makes sure that people only get medicines or devices that are safe.

Inspector's evidence

Everyone could access the pharmacy and the consultation room. The staff could print large labels for sight-impaired people. They reported no difficulties with non-English speakers.

The pharmacy was located in a residential area on the outskirts of Thornbury, to the north of Bristol. Most of its prescriptions were NHS electronically transferred prescriptions from the local surgery. Since the outbreak of the pandemic, the pharmacy had dispensed very few private prescriptions. The pharmacy was not currently offering any face-to-face services. It had recently seen an increase in referrals under the Community Pharmacy Consultation Service (CPCS). The pharmacy was conducting the New Medicine Service (NMS) mainly over the telephone. The pharmacist, newly returned to work, did not know if the company had planned for the safe delivery of the upcoming flu vaccination season. She was also due to have had face-to-face training in July this year. The pharmacist said that she would look into both of these issues.

The pharmacy had no supervised substance misuse patients. It did assemble medicines into compliance aids for domiciliary patients. The pharmacy had limited dispensary bench space and so many compliance aids were assembled off-site. The pharmacy did those compliance aids that were needed each week, those with many changes, odd doses and CDs. It had dedicated folders where they recorded changes and other issues.

The pharmacy had a good audit trail for all items ordered by them on behalf of patients and for all items dispensed by them. The staff signed the 'dispensed by' and 'checked by' boxes on the labels and so there was a good audit trail of the dispensing process. The staff highlighted all prescriptions containing potential drug interactions, changes in dose or new drugs to the pharmacist. They targeted any patients giving rise to concerns for counselling. The pharmacist routinely counselled patients prescribed high-risk medicines such as warfarin and lithium and also patients prescribed antibiotics, new drugs or any dose changes. All the pharmacy team were aware of the pregnancy protection programme regarding sodium valproate. They counselled any patients and included guidance cards with all sodium valproate medicines.

The pharmacy delivered several medicines to people. The delivery driver was currently not asking people to sign for their medicines indicating that they had been safely received. The driver knocked or rang the doorbell and left the medicines on the doorstep. She retreated and waited until the medicines had been taken safely inside. The driver annotated the delivery sheet with the person who had taken the medicines inside.

The pharmacy got its medicines from Alliance Healthcare, AAH, Phoenix and Cohens' warehouse. They got their specials mainly from Eastone Specials. The pharmacy did not have a scanner to check for

falsified medicines as required by the Falsified Medicines Directive (FMD). It stored its CDs tidily in accordance with the regulations and access to the cabinet was appropriate. But, money was stored in the cabinet and this took up valuable space. The pharmacy had a few out-of-date CDs but no patient-returned CDs. The staff had clearly labelled and separated these from usable stock. The pharmacy had appropriate CD destruction kits. The pharmacy stored its fridge lines correctly and it had date checking procedures. It was accepting patient-returned medicines. The staff used gloves to do this and washed their hands thoroughly after disposing of the medicines into the bags.

The pharmacy had procedures for dealing with concerns about medicines and medical devices. It received drug alerts electronically. These were printed off and the stock was checked. The pharmacy had received a recent alert about digoxin 250mcg tablets. It had none of the affected batches in stock and this was recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. And, the team members make sure that it is clean and fit for purpose. The pharmacy has physical barriers to reduce the risk of transmission of coronavirus.

Inspector's evidence

As a result of the pandemic, the pharmacy only allowed one person at a time to enter the premises. The team had erected a tape barrier across one side of the pharmacy to keep them two meters away from customers. They had also placed a plastic screen across the medicine counter. All the staff were wearing Type 2R fluid resistant face masks or face shields. The staff were seen to clean the hard surfaces regularly throughout the visit. They used alcohol gel after each interaction with people.

The pharmacy used British Standard crown-stamped conical measures. There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. The pharmacy had up-to-date reference books, including the British National Formulary (BNF) 78 and the 2019/2020 Children's BNF. The staff could access to the internet.

The fridge was in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and the staff took any sensitive calls out of earshot. The pharmacy team members shredded all confidential waste information.

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.