

# Registered pharmacy inspection report

**Pharmacy Name:** Cohens Chemist, Moor Park Health & Leisure Centre, Bristol Avenue, BLACKPOOL, Lancashire, FY2 0JG

**Pharmacy reference:** 1107706

**Type of pharmacy:** Community

**Date of inspection:** 25/02/2020

## Pharmacy context

This is a community pharmacy inside a health and leisure centre. It is situated in the residential area of Bispham, north of Blackpool town centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time. It also has a facility which enables people to collect their medicines any time of day from an automated vending machine which is accessible from outside of the pharmacy.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

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## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	1.2	Good practice	Members of the pharmacy team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.
		1.7	Good practice	Members of the pharmacy team are given training so that they know how to keep private information safe.
<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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

### Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were issued in July 2018 and their stated date of review was July 2020. Members of the pharmacy team had signed to say they had read and accepted the SOPs. An SOP assessment had been recently completed by each member of the pharmacy team to check their understanding of the procedures.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). A recent error involved supplying a box of medicines which had someone else's details attached. The pharmacist had investigated the error and shared their findings with members of the pharmacy team. Near miss incidents were recorded on a paper log. The pharmacist explained that each member of the pharmacy team had been trained to review near miss incidents. And members of the team took turns to review the records to help identify possible trends and discuss them with staff each month. A pharmacy technician gave examples of action which had been taken to help prevent similar mistakes. Such as using take care stickers in dispensary locations to prevent common picking errors between clobetasone and clobetasol cream, and different formulations of carbamazepine tablets. The company shared learning between pharmacies by intranet. Amongst other topics they covered common errors. The bulletin was printed and given to each member of the pharmacy team to read and sign.

Roles and responsibilities of the pharmacy team were documented on a matrix. A trainee dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure which was explained in the practice leaflet. Any complaints were recorded to be followed up. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. Members of the pharmacy team had completed in-house IG training and each member had signed a confidentiality agreement. When questioned, a trainee dispenser was able to describe how confidential waste was segregated to be removed and destroyed by the head office. Details about where to find the pharmacy's privacy notice was on display in the retail area.

Safeguarding procedures were included in the SOPs. Members of the pharmacy team had completed in-house safeguarding training and pharmacy professionals had completed level 2 safeguarding training. Contact details for the local safeguarding board were in a folder. A dispenser said she would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date.

### Inspector's evidence

The pharmacy team included a pharmacist manager, two pharmacy technicians who were trained to accuracy check (ACTs), six dispensers – two of whom were in training, two medicine counter assistants (MCA) – one of whom was in training, a pharmacy student, two new starters and three drivers. Members of the pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was one to two pharmacists, one to two ACTs, five to seven assistants, and two to three counter staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had completed a training pack about Children's oral health. Certificates were kept showing what training had been completed. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

A trainee dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines that were liable to abuse that she felt were inappropriate, and refer people to the pharmacist if needed. The relief pharmacist said he felt able to exercise his professional judgement and this was respected by the pharmacy team. A trainee dispenser said she felt a good level of support during her training from members of the pharmacy team and was able to ask for further help when she needed it. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. The pharmacy was set targets for services such as MURs, NMS and flu vaccinations. The pharmacist said he did not feel under pressure to achieve these.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

### Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and access to it was restricted by use of a gate. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, desk, seating, and adequate lighting. The patient entrance to the consultation room was clearly signposted.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. The pharmacy provides services safely, and additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

### Inspector's evidence

Access to the pharmacy was level and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients elsewhere using a signposting folder. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

A repeat prescription service was offered where patients would contact the pharmacy to order their medication. A record of requested medication was kept, and any missing items were queried with the GP surgery. The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery sheet was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded in a carbon copy delivery book for individual patients and a signature was obtained to confirm receipt.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were also highlighted. Members of the pharmacy team said they would counsel patients on their latest results, and this was seen recorded on their PMR. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. And this had been recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacist would complete an assessment to check their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Compliance aids were assembled off-site at a hub. People had provided written consent to send their information to the

company's hub. Each prescription was clinically checked by the pharmacist and he would also check the data entry on the PMR was accurate before it was transmitted to the hub. Compliance aids were returned to the pharmacy from the hub the following week. They were labelled with medication descriptions and an there was an audit trail to show who was responsible for dispensing and checking. But patient information leaflets (PILs) were not routinely supplied. So people may not always have all of the information they need to take the medicines safely.

The pharmacy provided a flu vaccination service using a patient group direction (PGD). A current PGD was available to view and the pharmacist had completed a declaration of competence to indicate she had the necessary training to provide the service. Records of vaccinations were kept and the patient's GP surgery was informed that they had been vaccinated.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine checks of medicines. Stock was date checked on a 12-week rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short dated stock was highlighted using a sticker and liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinets, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been in range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head office. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

### Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Some people had signed up to collect their medicines from an automated vending machine, accessible from outside of the pharmacy. Written procedures were available, and only trained staff could load the machine. People would receive a text indicating their medicines were ready to collect and the text message contained a unique code. Only people with the correct code could obtain their medicines. CDs and fridge items could not be collected from the vending machine.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide 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.