

Registered pharmacy inspection report

Pharmacy Name: Coopers Chemist Redcar Ltd, New Medical Centre,
Coatham Road, REDCAR, Cleveland, TS10 1SR

Pharmacy reference: 1107766

Type of pharmacy: Community

Date of inspection: 20/07/2022

Pharmacy context

This community pharmacy is situated in the centre of Redcar, which is a coastal town in Cleveland. The pharmacy dispenses NHS prescriptions and private prescriptions. It offers a medicines' delivery service. The pharmacy team advises on minor ailments and medicines' use. And it supplies a range of over-the-counter 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 mostly identifies and manages the risks associated with its services. It has written procedures that the pharmacy team follows. And it completes all the records it needs to by law. Team members openly discuss errors they make but do not always record the details, so the team may be missing learning opportunities.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs). The SOPs provided the team with information to perform tasks supporting the delivery of services. The SOPs were due to be reviewed in October 2020 but the review had been delayed because of the additional work pressures during covid. The superintendent (SI) was in the process of updating these. All members of the pharmacy team had signed the SOPs appropriate to their level of training and expertise.

The pharmacy had a procedure for managing errors identified during the dispensing of prescriptions. The pharmacy kept some records of these near miss errors. The SI advised that although they discussed each near miss when they occurred, they weren't always recording them. The team members provided examples of changes they had made following a near miss. Such as moving the amitriptyline to a different area in the pharmacy from the amlodipine. The pharmacy had a procedure for managing errors that reached the person. The procedure included the team completing an electronic dispensing incident report to send to head office. The SI showed examples of the reports for some recent errors. The team had recorded basic details but had not completed a root cause analysis or recorded many details of actions taken. So, there may be a risk of a similar error occurring. Head office collated all the errors for the company and issued a six-monthly report to highlight the most common errors and share the learning. The pharmacy had a complaint policy and people received a copy on request. The pharmacy rarely received formal complaints and people usually discussed any concerns with the pharmacist on the day. Some people had expressed their dissatisfaction that their prescriptions weren't always ready or they expected to pick up items that were not on their prescriptions. The SI explained that they could no longer order prescriptions on behalf of customers so were unsure if the surgery had sent prescriptions for the medicines the patient had ordered.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. The team checked CD balances monthly. A balance check of two CDs in the CD cabinet tallied with the balances in the register. The team recorded CDs returned by people for destruction. A sample of records for the receipt and supply of unlicensed products were checked and found to be in order. The team members completed training about the General Data Protection Regulations (GDPR). And team members provided examples of how they protected people's confidential information such as offering the consultation room or the small private advice room for confidential discussions with people. They separated confidential waste for shredding offsite.

The pharmacy had a safeguarding file with safeguarding procedures and guidance for the team to follow. The team members had access to contact numbers for local safeguarding teams. The SI and the regular locum had completed level 2 training on protecting children and vulnerable adults. The team had not had a recent occasion to report a safeguarding concern. Concerns about vulnerable people not

taking their medication were reported to the GP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to support its services. Team members work well together, and they support each other to manage the workload. They complete some ad-hoc training to keep their knowledge up to date.

Inspector's evidence

The SI ran the pharmacy and on the day of inspection he was assisted by four qualified dispensing assistants, two part-time counter assistants and a driver. Team members reported that they had been very busy during covid and the team had made every effort to make sure that people had the medication they needed. The team had worked together and worked extra hours when required.

There was at least one dedicated member of the pharmacy at the pharmacy counter at all times to answer queries and take in prescriptions from people. This helped them manage distractions from the pharmacy counter while they were dispensing prescriptions. The counter assistant acknowledged people when they arrived at the pharmacy counter and they advised of the waiting time for prescriptions to be dispensed. The pharmacist took time to speak with people who had any queries. And advice was given in a quieter area in the pharmacy.

The pharmacy didn't have a formal appraisal process but the SI gave on the spot feedback. The pharmacy team members discussed tasks that needed to be completed. And they discussed any dispensing incidents as they occurred. Team members found the SI approachable and they felt comfortable sharing ideas to improve the pharmacy's services. The pharmacy had a whistle blowing procedure if they needed to escalate a concern. And team members knew how to access this. The pharmacy didn't provide its team members with a formal ongoing training programme. Team members usually completed training in their own time by reading training material they received in the pharmacy press or provided by manufactures of medicines. The SI had completed training to provide services such as the Community Pharmacist Consultation Service (CPCS) and flu vaccinations.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare. And its premises are bright, clean, and tidy. The pharmacy has rooms where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was air-conditioned, bright, secure, and professionally presented. The pharmacy had a good-sized retail area with a seating area in the centre. It had enough workbench space and storage space it needed for its current workload. And the team kept all areas clean and tidy. The pharmacy had a consultation room to deliver the services it offered and a small advice room if people needed to speak to a team member in private. Both rooms had signage and the consultation room door was locked. There was a sink in the dispensary. And it had a supply of hot and cold water. The rest room and the staff area also had hand washing facilities. Members of the pharmacy team were responsible for keeping the premises clean and tidy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can easily access. Its working practices are safe and effective. It gets its medicines from reputable sources. And members of the pharmacy team carry out checks to make sure the pharmacy's medicines are safe and fit for purpose. They highlight prescriptions for high-risk medicines to make sure people receive appropriate advice and information to take their medicines safely. And they dispose of people's unwanted medicines properly.

Inspector's evidence

People accessed the pharmacy via large automatic double doors at the front. People using the pharmacy had level access from the street. The pharmacy had a range of healthcare information leaflets for people to read or take away.

The pharmacy offered services including seasonal flu vaccinations. The pharmacy offered a free delivery service to people who couldn't attend its premises in person. And the driver used a carbonated book to obtain signatures from people on receipt of their CDs. So, the pharmacy had an audit trail to show that the right medicine was delivered to the right person. The pharmacy dispensed medicines in multi-compartment compliance packs to a handful of people, to help them take their medicines correctly. And it had written processes that the team followed to manage the service safely.

The pharmacy had separate areas for labelling, dispensing, and checking of prescriptions. The team used colour-coded baskets to prioritise the workload and to isolate people's medicines and to help prevent them becoming mixed up. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. The pharmacy supplied Patient information leaflets (PILs) routinely, and the team used Patient UK to print off additional leaflets when needed. So, people had the information they needed to make sure they took their medicines safely. The pharmacy team used stickers to highlight prescriptions that had been identified as requiring additional counselling. The SI explained that team members checked if people receiving high risk medication such as warfarin had had blood tests recently, and gave additional advice as needed. Details of significant interventions were recorded on the PMR. The SI reported that they had very few people taking warfarin because the local GPs prescribed the newer anti-coagulants that didn't require monitoring. Team members knew that people in the at-risk group, mustn't take valproate unless there was a pregnancy prevention programme in place. And that people in this at-risk group who were prescribed valproate needed to be counselled.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Team members marked containers of liquid medicines with the date they were opened. The pharmacy team checked the expiry dates of medicines regularly every Friday afternoon when the pharmacy wasn't so busy. And put stickers on all short-dated medicines so they could be easily identified and removed from the shelf before expiry. A random sample of medicines taken from four areas in the pharmacy found no out-of-date stock. The pharmacy stored pharmacy (P) medicines behind the pharmacy counter so people were not able to self-select them and so sales were supervised. The pharmacy had medical waste bags and CD denaturing kits available to support the team in managing pharmaceutical waste.

Team members used controlled drug cabinets that had adequate space to safely segregate stock items. The pharmacy purchased medicines and medical devices from recognised suppliers. It had fridges to store items at the recommended temperature, where necessary. Team members monitored and documented the temperatures daily. They were able to evidence they had been operating within the accepted range of 2 and 8 degrees Celsius. The team received drug alerts electronically. The last drug alert for amiodarone liquid arrived the previous day and the SI had marked the item as 'no stock' so the pharmacy had an electronic audit trail of alerts received and a note of any actions taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had a range of crown-stamped glass measures to measure out liquids. And a separate marked set of four measures for measuring methadone. It had equipment for counting loose tablets and capsules. Members of the pharmacy team made sure they cleaned the equipment they used to measure out or count medicines before they used it. The pharmacy team had access to up-to-date reference sources. The pharmacy had three medical grade refrigerators to store pharmaceutical stock requiring refrigeration. The pharmacy team positioned its computer screens so they could only be seen by a member of the pharmacy team. It restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. Team members used their own NHS smart cards to access computer records.

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.