

# Registered pharmacy inspection report

**Pharmacy Name:** Cohens Chemist, West End Medical Centre,  
Conway Road, Colwyn Bay, LL29 7LS

**Pharmacy reference:** 9010400

**Type of pharmacy:** Community

**Date of inspection:** 05/12/2019

## Pharmacy context

The pharmacy is situated next door to a GP medical centre with two GP practices, in a residential area of Colwyn Bay, North Wales. The pharmacy premises are easily accessible for people. It has adequate space in the retail area, a consultation room available for private conversations and a waiting area. The pharmacy sells a range of over-the-counter medicines and dispenses private and NHS prescriptions. And it supplies medication in multi-compartment compliance aids for some people, to help them take the medicines at the right time.

## 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
<b>1. Governance</b>	Standards met	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
<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	4.2	Good practice	The pharmacy effectively supports people taking high-risk medicines by making extra checks and providing counselling.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy manages the risks associated with its services and protects peoples' information. 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.

### Inspector's evidence

There were up-to-date standard operating procedures (SOPs) for the services provided, with sign off sheets showing that members of the pharmacy team had read and accepted them. Roles and responsibilities of the pharmacy team were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. Dispensing incidents were reported on incident report forms and were reviewed by the superintendent (SI) pharmacist. Near miss errors were recorded on a log and discussed with the member of the pharmacy team at the time. They were reviewed each month for trends and patterns, which was shared with the team. Some stock medicines had been highlighted because of previous near miss errors occurring. For example, amlodipine and amitriptyline.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place and a practice leaflet explaining the complaints process was available for people to refer to. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose. A customer satisfaction survey was carried out annually with the results of the last survey displayed. A pharmacy technician explained that some patients had provided negative feedback about the stock availability. She said the pharmacy had a good working relationship with the two GP practices in the medical centre and the GPs would change the medication prescribed when there were long-term manufacturing problems.

The company had appropriate professional indemnity insurance in place. The private prescription record, emergency supply record, responsible pharmacist (RP) record, unlicensed specials record, and the CD register were in order. Records of CD running balances were kept and audited regularly. Patient returned CDs were recorded and disposed of appropriately.

Confidential waste was shredded. Confidential information was kept out of sight of patients and the public. An information governance policy was in place and the members of the pharmacy team had read and signed confidentiality agreements as part of their training. The computers were password protected, facing away from the customer and assembled prescriptions awaiting collection were stored in a manner that protected patient information from being visible. There was a privacy notice displayed.

The pharmacist and pharmacy technicians had completed level 2 safeguarding training and the team had read the safeguarding policy. The local safeguarding contact details for seeking advice or raising a concern were present.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are comfortable about providing feedback to the pharmacist. And they receive feedback on their own performance. The pharmacy enables its team members to act on their own initiative and use their professional judgement, to the benefit of people who use the pharmacy's services. But, the lack of formal ongoing training could mean their skills and knowledge may not always be up to date.

### Inspector's evidence

There was a locum pharmacist, an accuracy checking pharmacy technician (ACPT), a pharmacy technician, four dispensers and a trainee medicines counter assistant on duty. The members of the pharmacy team had completed accredited training courses for their roles or were in the process of doing so. The pharmacy team were busy providing pharmacy services. They appeared to work well together as a team and manage the workload adequately.

A member of the pharmacy team spoken to said the pharmacist manager was very supportive and was more than happy to answer any questions they had. She explained that training included reading updated SOPs and periodically covering topics such as safeguarding and general data protection regulation (GDPR). She said that no ongoing training material was provided. The pharmacy team were aware of a process for whistle blowing and knew how to report concerns if needed. They were regularly given feedback informally from the pharmacist. For example, about near miss errors. And the members of the pharmacy team had received appraisals in the last year.

The trainee medicines counter assistant was clear about her role. She knew what questions to ask when making a 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 co-codamol, which she would refer to the pharmacist for advice. There were no formal targets set for the locum pharmacist.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. It has a consultation room so that people can have a conversation in private.

### Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. A member of the pharmacy team said that dispensary benches, sink and floors were cleaned regularly. A cleaning rota was displayed. The temperature in the pharmacy was controlled by air conditioning units. Lighting was good.

The pharmacy premises were maintained and in a good state of repair. Maintenance problems were reported to head office and dealt with. Pharmacy team facilities included a microwave, fridge, kettle, toaster, WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to most people and they are managed, so people receive their medicines safely. The pharmacy takes extra care when supplying some higher-risk medicines. It sources and stores medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets. The pharmacy team were clear about what services were offered and where to signpost to a service if this was not provided. The opening hours were displayed near the entrance.

The work flow in the pharmacy was organised into separate areas, with adequate dispensing bench space and separate checking areas for the pharmacist and ACPT. Baskets were used in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

A member of the pharmacy team demonstrated that prescriptions containing schedule 2 CDs had a CD sticker included on the assembled bag. She explained that this was to act as a prompt for staff to take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. She said all prescriptions containing schedule 2,3 or 4 CDs had a form completed by the patient at the point of supply which included the patient's name, address, details of the CD supplied and the patient's signature. She explained this was to provide an audit trail for the CD supplied. And copies of previously completed CD forms were present.

A member of the pharmacy team explained that prescriptions with high-risk medicines such as warfarin, methotrexate or lithium were highlighted with a "MTX", "Li" or "INR" sticker attached to the assembled prescription bag prior to collection. And examples of these were observed in the prescription retrieval area. People who were prescribed warfarin and had their prescription delivered had a note included in the prescription bag that stated, "Please call the pharmacy for us to record your last INR reading". The computerised patient medication record (PMR) for a person prescribed warfarin was reviewed and it contained a detailed INR history and dosage. The pharmacy had carried out a clinical audit for patients prescribed valproate and had not identified any patients who met the risk criteria. The pharmacy had patient information resources for the supply of valproate.

A member of the pharmacy team provided a detailed explanation of how the multi-compartment compliance aid service was provided. The service was organised with an audit trail for changes to medication with the handwritten list of medicines and the PMR being updated. Disposable equipment was used. Individual medicine descriptions were added to each compliance aid pack. And patient information leaflets were included.

A member of the pharmacy team explained how the prescription delivery service was provided to people. If a person was not at home when a delivery attempt was made, the prescription was returned to the pharmacy for safe-keeping. People signed for receipt of their prescription delivery and previous delivery records were present. A separate CD delivery record was used.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. Date checking was carried out and a record was kept. No out-of-date stock medicines were present from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits and a record was kept. A balance check for a random CD was carried out and found to be correct. There was a clean fridge for medicines, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and the record was complete.

The pharmacy team were aware of the Falsified Medicines Directive (FMD). The pharmacy had FMD software installed and 2D barcode scanners. FMD compliant medication packs were not being decommissioned at the point of supply. Therefore, the pharmacy was not yet complying with legal requirements. Alerts and recalls were received via the internet and NHS email. These were actioned on by the pharmacist or pharmacy team member and a record was kept.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide and they are used in a way that protects privacy.

### Inspector's evidence

The up-to-date BNF and BNFC were present. The pharmacy team also used the internet to access websites for up to date information. For example, Medicines Complete. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order, but there was no evidence of PAT testing.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. The computers were password protected with the screens positioned so that they were not visible from the public areas of the pharmacy.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.