

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, Acklam Medical Centre, Trimdon Avenue, Middlesbrough, North Yorkshire, TS5 8SB

Pharmacy reference: 9010979

Type of pharmacy: Community

Date of inspection: 07/07/2022

Pharmacy context

This is a community pharmacy attached to a Medical Centre in Middlesbrough. It dispenses both NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy team offers advice to people about minor illnesses and over the counter medicines. It provides covid and seasonal flu vaccinations. It supplies some medicines in multi-compartment compliance packs to people living in their own homes. And it provides a home delivery service.

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
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 generally manages its risks appropriately. It has written instructions to help its team work safely. It mostly keeps the records it needs to by law. And it has appropriate insurance to protect people if things do go wrong. People who use the pharmacy can provide feedback to help improve the services they receive. Pharmacy team members understand their role in protecting vulnerable people. And they talk to each other about the mistakes they make so they can learn from them.

Inspector's evidence

The pharmacy had a good-sized retail area. And adequately sized dispensary. The pharmacy counter prevented access from the retail area to the dispensary. There was an established workflow with separate areas for dispensing and checking. The pharmacy had screening at the medicines counter and advice about infection control measures.

The pharmacy had a set of standard operating procedures (SOPs). And these had been extended for use until July 2024. The superintendent (SI) usually reviewed the SOPs every two years or sooner for individual SOPs that had been changed. They included ones for responsible pharmacist regulations and controlled drugs. These had been signed and authorised for use. Some members of the pharmacy team had read and signed to confirm they understood the SOPs and agreed to work to them. The trainee pharmacist and newer members of the team had not. So, the team maybe working inconsistently.

The pharmacist highlighted near miss errors made by the team when dispensing. And they recorded the details of each near miss error onto the paper near miss logs. Each member of the pharmacy team had their own near miss log. The team members recorded the date and type of the error. But they did not record the reasons why the error may have happened. And so, they may have missed out on some learning opportunities. The team discussed dispensing incidents as they occurred. The company's procedure required the pharmacy to complete a monthly review of dispensing errors. But the newly appointed manager couldn't find any reviews on the electronic system to demonstrate this. The team recorded errors electronically. A sample of the records were seen. The team had recorded full details of the error. And completed a root cause analysis. Following a recent error, the manager had introduced an additional step in the process of checking multi-compartment compliance packs. The pharmacy had a complaints procedure in place, and this detailed ways in which people could complain or provide feedback. Some people had been unhappy that their prescriptions weren't ready when they called to collect them. The team had made efforts to tell people about the texting service so that they could be contacted as soon as their medication was ready for collection. This had reduced the wait time in the pharmacy and stopped overcrowding at busy times. The pharmacy had professional indemnity and public liability.

The team displayed the correct responsible pharmacist sign prominently so that people could see who the pharmacist was on the day. The pharmacy held electronic responsible pharmacist records and a sample of June's records showed that all the relevant information had been recorded in a timely manner. The pharmacy kept private prescription records and a sample of records checked found them to be complete with most of the necessary details correctly recorded. CD running balances were usually checked twice monthly. The controlled drug (CD) cabinet held a range of CDs. A random balance check of two medicines in the CD cabinet tallied with the CD register quantity. The pharmacy kept records of

CDs that people had returned for destruction. The pharmacy had a procedure and a marked file to keep records of unlicensed special medicines together.

Team members demonstrated an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. The manager explained that they knew not to discuss people's medicines or other personal details where other people might overhear them. And they had three portable telephone handsets so that people could discuss private information in quieter areas in the pharmacy or the consultation room. The pharmacy held records containing personal identifiable information in areas of the pharmacy that only team members could access. And they placed confidential waste into a separate basket to avoid a mix up with general waste. Team members shredded confidential waste onsite at the end of the day. The pharmacist had completed level 2 training in safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. The manager had access to local contact numbers electronically. The manager gave an example of a time they had contacted the local surgery when concerns had been raised about a vulnerable person requiring support.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills to provide pharmacy services. And they work well together to complete the workload. They complete some ongoing training to keep their knowledge and skills up to date. And they informally discuss any training needs they have.

Inspector's evidence

At the time of the inspection the pharmacy team consisted of a pharmacist manager, a trainee pharmacist, a non-registrant accuracy checker, three dispensing assistants and a driver. The pharmacy team members worked efficiently and dealt with people in an open friendly manner. People were acknowledged as soon as they arrived at the pharmacy counter. The member of the pharmacy team on the counter was informing people of the waiting time for prescriptions to be dispensed and taking time to speak with them if they had any queries. The newly appointed manager described how the pharmacy team members worked hard and were supportive of her and each other. The pharmacy team displayed a holiday planner on the notice board. And usually only one member of the team was on holiday at a time. The pharmacy didn't usually get cover for absences, and this meant that sometimes they struggled with the workload.

The trainee pharmacist had an afternoon off a week for training. Head office directed staff to mandatory training that needed to be completed. And they had training records. Examples given of team training completed included risk management, inhaler technique, and infection control. The team completed a quiz once they had completed the training. At the end of the test, they received the result and a certificate to say they had passed. Most pharmacy team members hadn't received an appraisal this year, but the manager had spoken to the team individually and discussed any training needs or career plans. The manager gave on the spot feedback. And had regular one to ones with the trainee pharmacist. The pharmacy team members discussed tasks that needed to be completed. They discussed any dispensing incidents as they occurred. No notes were taken of these meetings or discussions. The pharmacy team knew there was a whistleblowing policy. Targets were set for most services such as New Medicine Service (NMS) and flu vaccinations. The team did feel some pressure to hit targets. But targets did not impact on the ability of the team to make professional judgements.

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 a suitable room 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. It had a large retail area. It had enough workbench space and limited storage space. There had been a noticeable difference since the last inspection in the way the pharmacy operated and the team kept work areas tidy and organised. They made best use of the space available. The pharmacy had a consultation room for the services it offered and if people needed to speak to a team member in private. The consultation room was locked when not in use. The pharmacy had a sink in the dispensary. And it had a supply of hot and cold water. The rest rooms and the staff area 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 access and that supports their health needs. Its working practices are appropriately safe and effective. Members of the pharmacy team dispose of people's unwanted medicines properly. And they carry out checks to make sure the pharmacy's medicines are safe and fit for purpose. The pharmacy delivers prescription medicines to people's homes and team members keep records to show they deliver the right medicine to the right person. The pharmacy gets its medicines from reputable sources.

Inspector's evidence

People had direct access into the pharmacy from the street. It had wide aisles so that people using wheelchairs could access the pharmacy's services. The pharmacy had a bell to ring for attention. But this didn't work. The manager agreed to report the issue. The team member working at the front counter had access to a computer so that they could use to locate people's prescriptions quickly.

The pharmacy offered a range of additional services including covid and flu vaccinations. The manager had completed training on injection techniques and anaphylaxis and resuscitation. The pharmacy team had read the relevant SOPs and risk assessments. The pharmacy offered a medicines' delivery service to people who couldn't attend its premises in person. The pharmacy used an electronic application (app) to plan the delivery route and people signed on receipt of CDs to show that the right medicine had been delivered to the right person. Patient information leaflets were routinely supplied. So, people had the information they needed to make sure they took their medicines safely. The pharmacy used clear bags for dispensed CDs and refrigerated lines to allow the pharmacy team member handing over the medication and the person collecting the prescription to see what was being supplied and query any items. The manager 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. The RP explained that only details of significant interventions were recorded on the PMR. Team members were aware of the requirements for people taking valproate, who could become pregnant. And the importance of a pregnancy prevention programme to be in place. The pharmacy team members had access to the valproate educational materials they needed and they knew to counsel people in this at-risk group who had been prescribed valproate.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of 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. Team members checked the expiry dates of medicines regularly. Short-dated items had been stickered so they could be easily identified and removed from the shelf before expiry. No out-of-date medicines were found after a check of around ten randomly selected medicines in different areas of the pharmacy. The pharmacy stored pharmacy (P) medicines behind the pharmacy counter, so people were not able to self-select them. The pharmacy had medical waste bags and CD denaturing kits available to support the team in managing pharmaceutical waste.

Team members used a large, controlled drug cabinet that had adequate space to safely segregate stock items. The pharmacy had fridges to store items at the recommended temperature. Team members

monitored and documented the temperatures daily. They were able to evidence it had been operating within the accepted range of 2 and 8 degrees Celsius. The team received drug alerts electronically and actioned these. The team printed these out and noted 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 glass measures to measure out liquids. And 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 two medical, glass fronted refrigerators to store pharmaceutical stock requiring refrigeration. The pharmacy 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.

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.