

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 5 Bridge End, Chester Le Street,
Durham, DH3 3RE

Pharmacy reference: 9011035

Type of pharmacy: Community

Date of inspection: 03/05/2019

Pharmacy context

This is a community pharmacy in the town centre. It has recently relocated. And it is now on the same side of the road as the main surgery. The pharmacy dispenses NHS prescriptions and sells over-the-counter medicines. It provides a substance misuse service. And supplies medicines in multi-compartmental compliance packs to help people take their medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The risks associated with providing pharmacy services are not suitably managed. The areas for dispensing and checking are cramped and unsuitable for the pharmacy's workload. The pharmacy stores items waiting for a check in baskets, stacked on top of each other on the floor. In addition, it uses tote boxes as an extra surface to place baskets with items waiting for a check.
2. Staff	Standards not all met	2.5	Standard not met	There is evidence that the company has taken insufficient action regarding the layout and space, following concerns raised prior to opening. And the pharmacy team members feel the concerns they have raised since opening have not been addressed.
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy benches are cluttered, and the team use the floor to store stock and baskets waiting for checking. The layout of the pharmacy does not allow for the safe delivery the services the pharmacy provides. There is an increased risk of errors happening.
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 not all met

Summary findings

The pharmacy has some systems in place to support and manage risks when delivering its services. But the layout of the premises and limited space in the dispensary does not allow for a safe workflow. The pharmacy team members follow written procedures to provide services to people using the pharmacy. They record and discuss mistakes and dispensing errors. And they use this information to learn and make changes to their practice to improve the safety and quality of their services. But sometimes the level of detail the team record is limited so they may be missing out on opportunities for learning. The pharmacy advertises how people using its services can provide feedback and raise concerns. The team members look after people's private information and explain how they will use it. And the pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy team had identified that the space for dispensing was unsuitable for the volume of work and services provided. The layout was poor with limited space in the dispensary for dispensing and checking. There was a small island in the middle of the dispensary. And there was little room for the team members to pass each other. They had to move to let others access sections of the dispensary. The team also advised that they often caught stock on their clothing as they tried to get past another member and items continually fell from the shelves. This increased the risk of medicines falling into baskets waiting to be checked. The pharmacy provided multi-compartmental compliance packs which were prepared in a room upstairs and this had some shelving. But this was insufficient for the workload as the team had to store stock and baskets with items waiting to be checked on the floor.

The pharmacy had up to date standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as the dispensing prescriptions and controlled drugs (CD) management. These were subject to regular review. These were last reviewed in August 2018 and the team had brought them from the other pharmacy. The team could advise of their roles and what tasks they could do. The trainee dispenser had signed all the SOPs relating to working in the shop and providing advice at the pharmacy counter and was in the process of signing the dispensary SOPs, as her role had changed.

The team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets for waiting, electronic and delivery to distinguish patients' prescriptions by degree of urgency and this helped plan workload. Electronic downloads were undertaken, and the team labelled these items and ordered the stock. They then filed the prescriptions alphabetically. They then worked through the assembly of these. This assisted in locating prescriptions if people came in before their prescriptions had been assembled.

The pharmacy recorded near misses found and corrected them during the dispensing process. It used a specific template. Examples included wrong quantities, but the quantity wasn't always specified, and chlorphenamine with chlorpromazine given. The pharmacy members then recorded these on to the

computer and once recorded they marked the sheet with a tick. The pharmacy had a list of the Look Alike Sound Alike (LASA) drugs displayed and they had shelf alerts to help highlight the risk of selection error of these medicines. Examples included propranolol and prednisone, and amlodipine and amitriptyline. The alerts stated, "take care when selecting this product". The team members reviewed near misses to understand why things had gone wrong and what steps they needed to take to prevent similar mistakes happening in the future. They put alert messages on the computer to raise awareness.

The pharmacy advertised the complaints process on a notice displayed in the shop. And it informed people in the practice leaflet of how to make a complaint, including information about the Patient Advice and Liaison Service (PALs).

The pharmacy had a procedure to record and report dispensing errors and evidence was seen that this procedure was followed. The dispenser advised of the process.

The pharmacy had current indemnity insurance with an expiry date of 31 August 2019.

The pharmacy had the correct Responsible pharmacist (RP) notice displayed. And the pharmacist completed the Responsible pharmacist records as required. A sample of the CD registers looked at were complete, with running balances maintained and the register indicated the pharmacy team had completed monthly stock checks. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy team kept a record of CDs which had been returned by people and the team destroyed these appropriately as required. The pharmacy kept the records for private prescriptions electronically and advised emergency supply records were recorded. But the pharmacist was not able to access the register to show this. Special records for unlicensed products were kept with the certificates of conformity completed.

The pharmacy displayed information on the confidential data kept and how it complied with legislation. And it had a notice about how information was looked after with details directing to the website for further information.

The IT system was password protected. The pharmacy stored patient medication records (PMRs) electronically. The team used the NHS smart card system to access people's records. And it kept people's sensitive information secure. Confidential waste was stored in separate containers for offsite shredding.

The pharmacy had a flow chart displaying safeguarding information including contact numbers for local safeguarding teams. The pharmacist had undertaken level 2 CPPE training.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has enough knowledgeable and skilled staff in place for providing its services. The pharmacy team members keep their skills up to date through regular training. But they have no formal performance reviews which could mean they have unaddressed training needs. And the pharmacy may miss opportunities to listen to their concerns. The pharmacy team members are comfortable about providing feedback to the pharmacist manager. And they work well together. But they feel some concerns they have raised about the layout of the pharmacy and the environment they work in have not been addressed.

Inspector's evidence

There was a pharmacist, one accuracy checking technician (ACT) and five dispensers who worked in the pharmacy. Three of the dispensers worked 39 hours a week, one worked 40 hours and the other 32 hours. One of the dispensers was still in training and dispensing with supervision. The team advised the staffing level was sufficient and they covered any hours required, with one of the dispensers being new to the branch and other absences.

The accuracy checking technician (ACT) was based at this branch. She was the ACT for the area and she also co-ordinated staffing. She generally worked one day a week at this pharmacy. She checked the multi-compartmental compliance packs and assisted in the dispensary if it was busy. If she was working downstairs the pharmacist clinically checked the prescriptions and marked these so she could undertake the final check.

Certificates and qualifications were available for the team. The team members had training records. Recently they had started having tests after reading any SOPs. Recent training had included General Data Protection (GDPR) and Children's Oral Health. The ACT set up the training on the screen for the team member and they then read the section and carried out the test. At the end of the test, the result was given, and a certificate provided to say they had passed. The team members generally undertook training in the consultation room and they received time to undertake this. The dispenser doing the National Vocational Qualification (NVQ) got some time in the pharmacy to do training modules but also did this at home. There was no formal process in place for performance reviews or appraisals.

The pharmacist undertook training for services such as Emergency Hormonal contraception and flu vaccinations.

The dispensary team worked closely together. They advised that they had raised concerns and suggestions for improvement in relation to the layout of the new premises. They had contacted the Head Office and sent emails, prior to the opening, and since with their concerns. They advised that initially the company intended the multi-compartmental compliance packs to be prepared downstairs, but the pharmacy team moved this to an upstairs room due to lack of space. The room was originally for storage of stock. The team suggested that the counter moved forward, prior to opening but this had not acted taken on.

The pharmacy team had targets for services such as MURs. The pharmacist advised these were completed when possible and when they met the patient's needs. The company asked the pharmacy to try to undertake 200 by September.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy layout allows enough space for people in the shop. But the size of the dispensary and how the team works does not allow for the safe delivery of pharmacy services. The benches are cluttered and untidy. And the team use the floor to store medicines waiting for checking. So, this means there is an increased risk of errors happening. The pharmacy clearly signposts to the consultation room. So, people can easily see there is somewhere to talk in private. But there is limited space within the room for the team to provide pharmacy services.

Inspector's evidence

The company had submitted the premises application in September 2018 for registration for opening on 5 November 2018. The inspector went to the premises on 25 October 2018 for the new premises' approval. She spoke to the staff who were at the registered pharmacy which was relocating. They advised that they thought the dispensary space was very limited for the workload. They said that the head office had expected the multi-compartmental compliance packs to be undertaken downstairs in this area.

The inspector went to the premises, for approval, which was a shell and from the plans agreed that the dispensary space allocated appeared small. With the rest of the floor space downstairs being large in comparison. No counter or fixtures were in place at this stage. The inspector telephoned the head office and spoke to the superintendent pharmacist (SI). The inspector raised her concern with the proposed size of the dispensary and the full glass frontage in direct sunlight. The SI advised that she would come to see the premises. The SI advised that the pharmacy would not be undertaking the multi-compartmental compliance packs for much longer as these were going to be done centrally. The inspector sent an email to premises registration on 26 October 2019. She stated that the SI was going to the pharmacy to review the layout. But due to the proposed time scale, could the premises proceed for registration. The pharmacy opening was delayed, and it did not open until after January 2019.

The dispensary was small, with an island in the middle. It was difficult for the team members to pass each other round the island without knocking items on the shelves, especially a section which contained Pharmacy only medicines. There were two sections in the dispensary which contained Pharmacy only medicines, which limited space for dispensary stock. And there was a risk that medicines could fall into baskets.

The pharmacy team members had limited bench space for dispensing. Once they had assembled items into baskets, these were generally stacked on the floor for checking. The pharmacist had also made an extra work surface by stacking some delivery tote boxes on top of each other and put baskets for checking there.

Tote boxes were being used to place items for delivery and the team placed them on the stair way, blocking part of the stairs. This increased the risk of trip hazards. The stairs led to the upstairs where the team stored some stock and one of the fridges was there. And this was the room for preparation of

the multi-compartmental compliance packs. The carpet, at the entrance to the room currently used for dispensing packs, had come away from the gripper rod and was a trip hazard.

The consultation room was well signposted but small. The team had removed the chairs in the room as the space was restricted. They replaced the chairs with stools which may not be suitable for all people using the room. The pharmacy team stated that as the counter was at the dispensary entrance, people came to the counter and this sometimes caused a distraction. They suggested that the pharmacy required an additional counter which would increase the distance of people from the dispensary. And it would allow the team to place Pharmacy only medicines behind that which would release some shelving in the dispensary.

The sink, benches, shelves and flooring were all clean and a cleaning rota was available to ensure this was maintained.

There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. The pharmacy team kept the consultation room locked when not in use. Members of the public could not access the dispensary as there was a retractable barrier, but the team did not always have this in place. They said this was because they were in and out of the consultation room frequently. They advised that on occasions due to the openness some people had walked in to the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides access to a range of services to meet people's health needs. The pharmacy gets its medicines from reputable suppliers and it generally adheres to storage requirements. If the pharmacy receives an alert that a medicine is no longer safe to use, the team are good at taking the correct action to return it to the supplier. But it doesn't always have health and service information available for self-selection. The pharmacy has some systems in place to help deliver services safely and effectively. But the restrictions in space and layout of the premises increase the risks to its services. The pharmacy supports people by supplying medicines in multi-compartmental compliance packs. This helps people remember to take their medicines on time. But the pharmacy team doesn't always supply medicine information leaflets with these packs. So, people may not have all the information they need to take their medicines safely.

Inspector's evidence

The pharmacy, and pharmacy counter were accessible. There was some customer seating. The team members wore name badges with their role. The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door. The pharmacy had a new practice leaflet with details including hours of opening and comments, suggestions and complaints. The pharmacy had limited leaflets for selection in the public area but had a more comprehensive range in the consultation room on a variety of health topics. There was a healthy living zone with a current display.

The pharmacy displayed a sign at the old premises to raise awareness to people that they had moved. The team signposted to other healthcare services, referring to other pharmacies in the town.

The pharmacy carried out Medicines Use reviews (MURs) and the New Medicines Service. The team undertook blood pressure if required and the pharmacy participated in a Smoking Cessation service using the vouchers. A Minor ailments service was offered with limited use. The pharmacy provided a Needle exchange service with people attending each day. And a supervised consumption service was provided.

The supply in multi-compartmental compliance packs helped people take their medicines. A few of the compliance packs were undertaken centrally at the company's hub. The team members still had to input the prescription information into the computer and the prescriptions were clinically checked at the pharmacy. And they checked that the entries matched the medicines administration sheets. The team prepared packs and placed each week's supply in a clear bag. The pharmacy kept trackers of the packs and the team kept records of any changes with an audit trail of the authorisation of the changes. Descriptions were placed on the packs and the few from the hub had photographs of the medication included. The pharmacy supplied Patient information leaflets (PILs) to people with every cycle. The hub did not supply PILs, so the team asked people if they wanted them and only printed these off if they said they did.

The pharmacy provided a substance misuse service. Most people received their medication daily. The

pharmacist made up the supplies weekly. Some people liked to use the consultation room but most liked to take their dose at the counter.

There was a clear audit trail of the dispensing process. The team completed the “dispensed by” and “checked by” boxes which showed who had performed these roles. And a sample of completed prescriptions looked, at found compliance with this process.

The pharmacy still received several FP10 prescriptions and the team stamped all of these. The stamp had boxes for nomination, mobile telephone number and MURs and NMS. The team completed these to ensure the patients records were updated.

There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included medicines check-up and diabetic check which ensured patients received additional counselling.

The team used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid.

When the product or quantity prescribed could not be provided in full patients received an owing slip. And one was kept with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative.

The pharmacy team were aware of the Pregnancy Prevention Programme for valproate. The team had information clearly displayed on a wall as a reminder. They had the alert stickers, patient guide and packs which they used when required.

The pharmacy provided a repeat prescription collection service. They kept a track of items orders to identify any missing items. Some patients ordered their own and at the point of pick up they checked that they had everything they had expected.

The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery. The driver used a separate delivery sheet for controlled drugs.

Medicines were stored within the original manufacturers packaging and at an appropriate temperature. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. Any short-dated items were clearly marked. The team had a list on the computer which was checked each month and taken off the shelf prior to the expiry date. Liquid medication was marked with the date of opening. The pharmacy had two refrigerators obtained from a recognised supplier. These were appropriate for the volume of medicines requiring storage at such temperatures. The team recorded temperature readings daily and they checked these to ensure the refrigerators remained within the required temperature range.

The computer screens were out of view of the public. The pharmacy stored medication waiting collection on shelves where people could not observe confidential details while in the pharmacy. The team filed these in boxes in a retrieval system out of view, keeping details private.

The team were aware of the Falsified Medicines Directive (FMD) and had scanners.

The team used appropriate medicinal waste bins for patient returned medication. These were uplifted regularly. The pharmacy had appropriate denaturing kits for the destruction of CDs.

The pharmacy had a process to receive drug safety alerts and recalls. The actioned and kept records of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment for the services it provides. And it uses its equipment to keeps people's private information safe.

Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs).

The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring methadone. The measures were marked with M for methadone and A for antibiotics. And there were two others for any other liquids. It also had a range of equipment for counting loose tablets and capsules. The team had access to disposable gloves and alcohol hand washing gel.

The equipment such as the blood pressure machine appeared in good working order. But the team did not know when they had last checked it.

The computer in the consultation room was screen locked when not in use.

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.