

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: 09/01/2020

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. And supplies some medicines in multi-compartment compliance packs. These help people take their medicines. It provides services such as flu vaccinations, supervised substance misuse and needle exchange.

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 has reviewed the systems in place to support and manage risks when delivering its services. The layout of the premises and limited space in the dispensary has improved and provides a better workflow. The pharmacy team members follow written procedures to provide services safely. 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. 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 reviews of these lack detail so they may be missing out on learning opportunities.

Inspector's evidence

The pharmacy had been inspected in May 2019. And at this inspection there had been some unmet standards. These related to risk management, raising concerns and the suitability and layout of the premises. Following the inspection in May 2019, the pharmacy completed an improvement action plan. And provided evidence of steps it had taken to improve and meet the standards. In May 2019 the pharmacy had cramped areas for dispensing and checking medicines and these were unsuitable for the pharmacy's workload. The pharmacy had been storing baskets awaiting checking on top of each other. And on the floor. And using tote boxes to provide extra work space. The pharmacy now had a new counter in place. This was in front of the dispensary and had created more work space in the dispensary. It had allowed the team to move the pharmacy medicines out of the dispensary. And created more shelf space for baskets waiting checking. It had also increased bench space. This had improved the workflow and prevented the team placing baskets with items for checking 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 roles and responsibilities of pharmacy staff and taking in prescriptions. These were subject to regular review. And last reviewed July 2018. The SOPs had signature sheets and the team had read and signed the sections relevant to their role. Most of the pharmacy team members had completed some additional training on SOPs. The head office had supplied the pharmacy team members with a booklet with a set of SOPs. The team members had completed an open book test on the booklet. They advised it was useful doing the test referring to the SOPs. It encouraged them to refer to the SOPs when unclear.

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 the pharmacy had their prescriptions ready. The team were generally working on the prescriptions downloaded from the previous day.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team members recorded their own on a specific template. Examples included wrong quantities such as

pregabalin with 46 instead of 48. They generally noted the correct and incorrect quantities to try to understand why the quantity error may have occurred. The pharmacist discussed the near miss at the time or discussed with the individual as soon as possible. And the team members discussed these as they occurred. They had a weekly huddle to discuss various issues which they recorded in the communications book. A note, regarding near misses, had been for the team to take more care to avoid having so many split boxes on the shelves. The team recorded the total types of near miss on a monthly sheet. And recorded how many errors were with the Look-Alike Sound-Alike drugs. But the reviews of near misses were sometimes lost in amongst other information discussed at the weekly huddle, so it was sometimes hard to see any pattern. And they were not always discussed each week.

The pharmacy advertised the complaints process on a notice displayed in the shop. And informed people in the practice leaflet how to make a complaint, including information about the Patient Advice and Liaison Service (PALS). The pharmacy had a SOP for dispensing errors. The team followed the procedure to record and report dispensing errors. The dispenser advised of the process. The pharmacy had current indemnity insurance with an expiry date of August 2020.

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 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 people had returned, and the team destroyed these appropriately as required. The pharmacy kept the records for private prescriptions electronically and advised that they recorded emergency supplies in the electronic register. The pharmacist accessed the register to show the entries. The pharmacy kept special records for unlicensed products 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 it looked after information 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. The team placed confidential waste in separate containers for offsite shredding. The pharmacy had a safeguarding SOP. And it had a flow chart displaying safeguarding information including contact numbers for local safeguarding teams. The pharmacist had undertaken level 2 CPPE training. The team members advised they would inform the pharmacist if they had any concerns and report anything to the superintendent's office if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to support the pharmacy's 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 company may miss opportunities to listen to their concerns. The pharmacy team members can raise concerns and provide feedback to the pharmacist manager. And they work well together.

Inspector's evidence

Some of the staffing had changed since the previous inspection. There was one pharmacist, one accuracy checking technician (ACT), three dispensers and a medicines counter assistants (MCA) who worked in the pharmacy. The ACT had recently increased the hours she worked at this pharmacy to 32 hours. And she worked eight hours a week at another branch. The MCA had recently commenced and was waiting to start the course for counter assistants. She advised she would go on to do dispensing once trained. One of the other dispensers was undertaking the dispensers' course after completing the MCA course.

Certificates and qualifications were available for the team. The team members had some training records. Recent training had included General Data Protection (GDPR) and Children's Oral Health. The team undertook tests at the end of training. At the end of the test, they received the result and a certificate 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. And the MCA received some time for training. There was no formal process in place for performance reviews or appraisals. Some of the team undertook additional training using information such as Training Matters but they did not record this. The pharmacist undertook training for services such as Emergency Hormonal contraception and flu vaccinations. Most of the team had undertaken Dementia friends training.

In May 2019 the team had felt that they had previously raised concerns to the company such as the layout of the new premises. And the company had not addressed these before the opening. The deputy superintendent had visited the site. And the company had made changes to the layout as suggested by the team. The team advised that the pharmacy layout was much improved. But now felt the dispensary was very open. They felt that some screening would provide a bit more privacy. And minimise distractions. The team advised they would raise the concern with the area manager. There was a whistleblowing policy and telephone numbers were available so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The pharmacy team had targets for services such as MURs. These were achievable and done when they met the patient's needs.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises have improved greatly since the previous inspection. The pharmacy's premises are of an adequate size for the services it provides. And people can have private conversations with the team in a consultation room.

Inspector's evidence

The pharmacy layout had improved since the previous inspection. The premises were tidy. They were better organised due to the additional space in the dispensary. The dispensary size was still limited, and the team worked well to make best use of space. There were a few distractions when the pharmacy was busy due to the area being very open. And no screened area offering any privacy. The lack of any screened area could cause distractions. This could contribute to an increased risk of errors occurring.

The front of the pharmacy was all window and in direct sunlight. And no blinds or screen were in place. The stairs led to the upstairs where the team stored some stock and one of the fridges was there. And the room for preparation of the multi-compartment compliance packs. The carpet, at the entrance to the room used for dispensing the compliance packs, had been attended to. The gripper rod had been suitably fixed and no longer presented a trip hazard. The stairs were clearer of any boxes than the previous inspection, due to there being more space available in the dispensary.

The consultation room was well signposted but small. The team had removed the chairs in the room due to the restricted space. They replaced the chairs with stools which may not be suitable for all people using the room. The team could fold the table down in the consultation room if a person required more space. The sink, benches, shelves and flooring were all clean and a cleaning rota was available to ensure the team maintained this. The room temperature was comfortable, and the pharmacy was well lit.

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. The team could clearly see people in the pharmacy due to the very open layout.

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 adheres to storage requirements. If the pharmacy receives an alert that a medicine is no longer safe to use, the team take the correct action to return it to the supplier. The pharmacy displays some healthcare information for self-selection. The pharmacy supports people by supplying medicines in multi-compartment compliance packs. This helps people to take their medicines on time. But the pharmacy team doesn't regularly supply patient 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 within the pharmacy. The hours of opening were on the door. The pharmacy had a practice leaflet with details including hours of opening and comments, suggestions and complaints. The pharmacy had some leaflets for selection in the public area. And a more comprehensive range in the consultation room on a variety of health topics. There was a healthy living zone with a current display for dry January.

The pharmacy carried out Medicines Use reviews (MURs) and the New Medicines Service. The team undertook blood pressure checks if required and the pharmacy participated in a smoking cessation service using the vouchers. The pharmacy provided a minor ailments service. This was occasionally used by people with mostly paracetamol for children. The pharmacy provided a needle exchange service with people attending each day. And a supervised 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. The pharmacy had provided around 90 flu vaccinations. The pharmacy provided the Community Pharmacist Consultation Service (CPCS). The CPCS connected patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy as their first port of call. The referrals came from NHS 111. The pharmacy had a few since the service started.

The supply in multi-compartment compliance packs helped people take their medicines. The pharmacy referred people to the surgery to be assessed to see if a compliance pack would be suitable. About half of the compliance packs were undertaken centrally at the company's hub. One of the dispensers generally undertook the preparation of the compliance packs dispensed in the pharmacy. She was intending reducing her hours by one day a week. But this would still provide sufficient capacity to do the compliance packs. The ACT generally checked all the compliance packs assembled in the pharmacy. And the pharmacist checked all the packs which were dispensed at the hub. The team members still had to input the prescription information into the computer for ones being sent to the hub. And the prescriptions were clinically checked by the pharmacist. And they checked that the entries matched the medicines administration sheets. The team prepared packs and placed each week's supply, prepared in the pharmacy, into 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. The team put descriptions on the packs and most 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 any PILs. The pharmacy supplied people who received medication from the hub with PILs on the first occasion and if

they had any new medicines. But not routinely. They only printed these off if people said they wanted them.

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 used a stamp to indicate the clinical check and accuracy check. 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 they updated people’s records. And they checked with people. 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. And the team ticked if the CD was in the CD cabinet or bag. 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 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 team had undertaken an audit. They had one person in the at-risk group, but they had recently been switched to an alternative product.

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. The pharmacy stored medicines 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 members had a list on the computer which they checked each month and they removed items from the shelves prior to the expiry date. They marked liquid medication 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 pharmacy had one fridge under the medicines counter. They kept completed items in this fridge.

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. They were not sure when the process was being implemented. 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 and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

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.

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 team had marked the measures 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. And the pharmacy replaced it when required. 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.