

# Registered pharmacy inspection report

**Pharmacy Name:** Cohens Chemist, Ground Floor, Globe Mill,  
Slaithwaite, Huddersfield, West Yorkshire, HD7 5JN

**Pharmacy reference:** 9011607

**Type of pharmacy:** Community

**Date of inspection:** 30/03/2023

## Pharmacy context

This is a community pharmacy located adjacent to a health centre in the village of Slaithwaite in the town of Huddersfield. It dispenses NHS and private prescriptions including supplying medicines in multi-compartment compliance packs. The pharmacy also offers a substance misuse service. Pharmacy team members advise on minor ailments and medicines use.

## 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	N/A	N/A	N/A
<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	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has a set of written procedures which team members generally follow to help them safely and effectively provide people with pharmacy services. The team follows a process to record mistakes made during the dispensing process. And they make some changes to the way they work to improve patient safety. The pharmacy keeps most of the records it needs to by law. Team members are suitably equipped to help safeguard vulnerable adults and children.

### Inspector's evidence

The pharmacy had a set of online standard operating procedures (SOPs) to help the safe and effective running of the pharmacy. The SOPs provided the team with information to help them complete various tasks. They covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensing processes, and services. The SOPs were reviewed approximately every two years to ensure they continued to accurately reflect the pharmacy's processes. They were last reviewed in July 2022. There was a record of competence document used to keep a record of which SOP each team member had read and understood. There were no documented dates of when this process had taken place, but team members recalled having read the SOPs that were relevant to their roles, within the last few months.

The pharmacy had a process to record any mistakes made during the dispensing process which were identified before the medicine was supplied to a person. These mistakes were known as near misses. Team members used a paper-form near miss log to record any near misses. They recorded some basic details such as the date the near miss happened and a brief description of the near miss. But they didn't record why a near miss might have happened. And so, team members may have missed the opportunity to identify any patterns and make specific changes to help improve patient safety. There was an electronic near miss log that team members could use. The log could be analysed at the pharmacy's head office to help identify any trends or patterns. But the team had not started using the log regularly. Team members explained they often let each other know immediately that a near miss had happened. And they discussed ways to prevent a similar mistake happening again. Team members explained that following some near misses involving amlodipine and amitriptyline, they had decided to separate them to reduce the risk of them being picked in error during the dispensing process. The pharmacy used an electronic recording process to record details of dispensing mistakes that were identified after the person had received their medicines. Most recently, the pharmacy had made an error with a medicine dispensed in a multi-compartment compliance pack. The team recorded the details of the error. Following an analysis of the error, a decision was made to move the process of dispensing the packs to a central dispensing hub pharmacy. The pharmacy had a concerns and complaints procedure. Any complaints or concerns were verbally raised with a team member. If the team member could not resolve the complaint, it was escalated to the pharmacy's superintendent pharmacist (SI) office.

The pharmacy had up-to-date professional indemnity insurance. It displayed the right RP notice. The pharmacy kept an RP record, but it was incomplete as on several days, pharmacists had not recorded the time their RP duties had ended. The pharmacy kept complete records of supplies against private prescriptions. The pharmacy retained complete CD registers. And the team mostly kept them in line with legal requirements, but on some occasions the team had not entered the full details of wholesaler who had supplied the pharmacy with the CD. The inspector checked the balances of three randomly

selected CDs which were found to be correct. The pharmacy kept records of CDs returned to the pharmacy for destruction. The pharmacy held its records relating to the supply of unlicensed medicines and these were kept in line with requirements.

Team members received training to help them understand data protection requirements and how to protect people's privacy. The pharmacy had a designated container to store confidential waste. The contents of the container were destroyed by the team using a shredder. The pharmacy trained its team members how to deal with safeguarding concerns. And they had contact details for the local safeguarding agencies. Team members knew to speak to the RP whenever they had cause for concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy employs enough suitably skilled team members to help manage its workload. Team members support each other to complete tasks. The pharmacy supports its team members to update their knowledge and skills and raise professional concerns where necessary.

### Inspector's evidence

Present during the inspection were a full-time pharmacy who was the RP and the pharmacy's manager, five part-time qualified pharmacy assistants and two part-time trainee pharmacy assistants. Locum pharmacists covered the RP on Fridays and Saturdays. A part-time qualified pharmacy assistant and two part-time delivery drivers were not present during the inspection. Team members were observed working well together and managing the dispensing workload effectively. The team was a few days behind with the dispensing workload as some team members had recently been absent due to sickness. The pharmacy's head office had provided the team with an accuracy checking technician to temporarily support the team. Team members felt they had enough support to help manage the workload and felt they didn't have to dispense medicines under any significant time pressures.

The pharmacy provided some support to its team members to update their knowledge and skills. Team members were occasionally provided with some healthcare-related modules for team members to work through. The pharmacy provided team members who were enrolled on a training course with protected training time to help them work through their respective courses. A trainee pharmacy assistant described how they were well supported by other team members. For example, they had recently asked for some additional training around the sale of herbal medicines. The team member was provided with support material and reference sources to help them achieve their goal. Team members attended informal team meetings where they could discuss any professional concerns and give feedback on ways the pharmacy could improve. There was a whistleblowing policy to support team members who wished to anonymously raise a concern. Team members were set some basic targets to achieve. They did their best to achieve the targets but focused on aiming to provide an efficient service for the local community.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are professional, clean, and maintained well. And there are appropriate facilities to support people who wish to have a private consultation with a pharmacy team member.

### Inspector's evidence

The premises was clean, modern, well maintained and highly professional in appearance. There were several benches for the team to undertake dispensing activities and the benches were kept well organised throughout the inspection. Floor spaces were kept clear of obstruction to prevent the risk of team members tripping. There was ample space for the pharmacy to store medicines. There was a designated, signposted consultation room available for people to have private conversations with team members.

Team members had access to sink and toilet facilities. The facilities were in a separate area of the building and shared with the staff working within the health centre. There was a separate sink in the dispensary for team members to use for hand washing and the preparation of medicines. The sink provided both hot and cold running water. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides people with a range of pharmacy services that are easily accessible. It correctly sources its medicines and team members complete some checks of the expiry dates of medicines to ensure they are fit for purpose. The pharmacy takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. But it does not always keep a record of the action taken, which could make it harder for it to show what it has done in response.

### Inspector's evidence

The main building was accessible via a front and rear entrance. The pharmacy was located on the ground floor and had step free access. This made it easy for people with wheelchairs or pushchairs to enter the pharmacy. There was a small car park at the front of the building for people visiting the pharmacy to use. There were signs close to the front and rear entrances to the building which highlighted to people that the pharmacy was located inside. The pharmacy advertised its services and opening hours via a notice next to the pharmacy's entrance door. There was a notice advertising the pharmacy's free blood pressure checking service. The pharmacy had a facility to provide large print labels to people with a visual impairment. The team helped some people who didn't speak English via translation applications.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. For example, they used 'BP check' stickers to remind people they were eligible for a free blood pressure check, and 'pharmacist' stickers to remind team members that the pharmacist needed to provide some advice or ask the person a question before their medicine was supplied to them. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. But they didn't sign the labels when dispensing methadone. And so, a full audit trail was not in place. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The baskets were of different colours to help separate the workload. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered a delivery service and kept records of completed deliveries. And it kept an audit trail of the service. The pharmacy provided a substance misuse service. It used a separate electronic record system for the service. Supervised administrations were undertaken in the pharmacy's consultation room. The team ensured they contacted the local drug team if people had missed doses to ensure their treatment remained appropriate. Team members were aware of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation, including checking people were enrolled on a PPP if they fitted the inclusion criteria. They ensured they didn't cover any warnings on packs of valproate with dispensing labels.

The pharmacy supplied medicines for some people into multi-compartment compliance packs. These packs were designed to help people to remember to take their medicines at the correct times of the day. The packs were not dispensed in the pharmacy and were instead dispensed at the company's offsite dispensing hub. The RP completed an accuracy and clinical check of each prescription before it was electronically sent to the hub for dispensing. The prescriptions were annotated to confirm these checks had been completed. This reduced the risk of a prescription being sent for dispensing without

the appropriate checks being made. The packs were supplied with a photograph of each medicine to help people identify them. But the packs were not supplied with patient information leaflets (PILs). And so, people were not provided with the full information about their medicines. Team members kept comprehensive records of any changes made to medicines supplied in the packs. For example, if there had been a change in dosage or directions.

The pharmacy stored its pharmacy-only (P) medicines directly behind the pharmacy counter. This was to prevent self-selection. The pharmacy stored most of its dispensary medicines on open shelves in the dispensary. Team members kept the stock tidy and well-organised. The pharmacy had a documented procedure for identifying medicines that were close to their expiry date or expired. The process was scheduled to be undertaken every three months, but the team explained the process had not been completed in full recently and they checked medicines when they had the time to do so. The team kept a list of the medicines that were expiring, and they highlighted the packaging of medicines that were expiring soon. But some team members thought they should be highlighting medicines that expired within two months, whereas others thought they should highlight those expiring within six months. A check of approximately 20 randomly selected medicines did not find any which were out of date. Team members were observed checking the expiry date of medicines during the dispensing process. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste. The pharmacy had a fridge used to store medicines that needed cold storage. Team members kept daily records of the temperature ranges of the fridge. The pharmacy received medicine alerts electronically through email. The team actioned the alert but didn't keep a record of the action taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy holds the necessary equipment it needs to manage the services it provides to people. And the pharmacy manages and uses the equipment appropriately. It uses the equipment correctly to help protect people's confidentiality.

### Inspector's evidence

The pharmacy had access to the online versions of the British National Formulary (BNF) and the BNF for Children.

There were clean, glass measures, with separate measures for exclusive use of certain liquids. Tablet and capsule counters were available to use. The team used a blood pressure monitor this had been recently obtained but there was no recorded date of first use or when the calibration was due.

The pharmacy stored dispensed medicines for collection out of view of the public waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. Computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. Team members had access to personal protective equipment including face masks and gloves.

### 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.