

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, Hanover Street, Morecambe,
Lancashire, LA4 5LY

Pharmacy reference: 9011687

Type of pharmacy: Community

Date of inspection: 11/03/2022

Pharmacy context

This is a community pharmacy in the vicinity of a large medical centre. It is situated near to the town centre of Morecambe, in Lancashire. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and the community pharmacist consultation service. The pharmacy supplies medicines 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 |
|--|-------------------|------------------------------|------------------|-----|
| 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 written procedures to help the team work safely and effectively. But it cannot show whether all members of the team fully understand them, so they may not always be properly followed. The pharmacy generally keeps all of the records required by law. And members of the team understand how to keep private information safe. They discuss things that go wrong to help identify learning and reduce the chances of similar mistakes happening again. But they don't always keep records of this so some learning opportunities may be missed.

Inspector's evidence

There was a set of standard operating procedures (SOPs). But not all members of the pharmacy team had signed to say they had read and accepted them. So members of the team may not always know exactly what is expected of them or where responsibility lies.

In the event of a near miss incident, staff said they would immediately discuss the mistake to see whether there could be an immediate improvement. But they had not made records of any incidents since November 2021. So underlying trends and learning opportunities may be overlooked. Staff provided examples of some recent discussions about medicines which had similar packaging and may lead to a picking error. The pharmacy technician explained that when two different medicines with similar packaging were dispensed for a patient, they would assemble one of them in a white tablet carton. This was done to help people to take their medicines safely by reducing the possibility of confusion. Any dispensing errors were investigated and electronically recorded.

Roles and responsibilities of the pharmacy team were documented on a matrix. A dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure, but did not display details about this. So people may not always know how to raise concerns or give feedback. Any complaints received were recorded to be followed up by the pharmacist manager or head office. A current certificate of professional indemnity insurance was on display.

Controlled drugs (CDs) registers were maintained with running balances recorded and checked each month. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register. Records for private prescriptions, emergency supplies and unlicensed specials appeared to be in order. But RP records had two missing entries from within the previous four weeks. So the pharmacy may not always be able to show who the responsible pharmacist was at a specific point in time.

An information governance (IG) policy was available. The pharmacy team completed IG training and had confidentiality agreements in their contracts. When questioned, a dispenser was able to correctly describe how confidential waste was segregated to be destroyed by a waste carrier. But the pharmacy did not display any information about how it used people's data. So people may not always know how their personal information is being handled.

Safeguarding procedures were included in the SOPs. The pharmacist said she had completed level 2 safeguarding training. Contact details for the local safeguarding board were available. A dispenser said that if she had any concerns, she would initially report them to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist manager, two pharmacy technicians who were trained to accuracy check, three dispensers and a driver. All members of the team had completed the necessary training for their roles. Most of the pharmacy support staff worked full time, and the staffing levels were maintained using a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about obesity. Training records were kept showing that ongoing training was up to date. But further training was not provided in a structured manner. So learning needs may not always be fully addressed.

A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. The locum pharmacist said she felt able to exercise her professional judgement and this was respected by members of the pharmacy team.

The dispenser said she received a good level of support from the pharmacist and felt able to ask for help if she needed it. Appraisals were conducted annually by the pharmacist manager. A dispenser said she received feedback about her performance, and she felt able to speak about any of her own concerns. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or head office. There were no professional based targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. Staff had access to a kitchenette and WC facilities.

Perspex screens had been installed at the medicines counter to help prevent the spread of infection. Hand sanitiser was available.

A consultation room was available. It had a desk, seating, and adequate lighting. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources and stores them appropriately. Additional checks are carried out when higher-risk medicines are supplied to ensure they are being used safely.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Posters provided information about the services offered and information was also available on the pharmacy's website. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients elsewhere using a signposting folder. The pharmacy opening hours were displayed.

The pharmacy had a delivery service. A delivery sheet was used to record an audit trail for delivered medicines. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done an accuracy checker was able to perform the final accuracy check.

Dispensed medicines awaiting collection were kept on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out. Schedule 3 CDs were highlighted so that staff could check prescription validity at the time of supply. But schedule 4 CDs were not. So there was a risk they could be handed out after prescriptions had expired. High-risk medicines (such as warfarin, lithium and methotrexate) were highlighted using a sticker so patients could be counselled. Fridge and CD items awaiting collection were stored in clear bags so that the patient and the pharmacist could confirm the correct item was dispensed as an additional checking step. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when valproate was supplied. The pharmacy team said the pharmacist would speak to patients to check the supply was suitable but that there were currently no patients meeting the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would complete a DDA assessment. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was sought, and previous records were retained for future reference. Medicines supplied in compliance aids were dispensed off-site at the company's hub. The compliance aids were labelled with medication

descriptions and a dispensing check audit trail. And an audit trail was available providing information about which pharmacist had clinically checked the prescription. But patient information leaflets (PILs) were not routinely supplied. So people may not always have all of the information they need about their medicines.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Staff were currently checking the expiry dates of stock. But there was no record kept to show which stock had been checked and when it was due to be checked next. So some medicines may be overlooked. Short-dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on. A spot check did not find any out-of-date medicines.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head office. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to use the consultation room to provide privacy.

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. |