General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 6 Vale View, Vicarage Lane, Bowdon, ALTRINCHAM, Cheshire, WA14 3BD

Pharmacy reference: 1029523

Type of pharmacy: Community

Date of inspection: 23/05/2019

Pharmacy context

This is a community pharmacy situated in a semi-rural residential area serving the local population. Its main service is preparing NHS prescription medicines. And a large number of people receive their medicines in weekly compliance packs, to help make sure they take them safely. It orders repeat prescriptions on behalf of people and provides a home delivery service. The pharmacy also provides other NHS services such as Medicine Use Reviews (MURs), a minor ailments scheme and substance misuse treatment.

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	2.1	Good practice	Staff do not feel pressurized and are able to complete tasks properly and effectively in advance of deadlines. And the pharmacy has a clear plan to maintain services when staff are on leave.
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 instructions that help the team provide safe services. It also acts to address any mistakes and prevent them happening again. Pharmacy team members understand the importance of protecting people's information. And they demonstrate their role in protecting vulnerable people, so they know how to support them.

Inspector's evidence

The pharmacy had written procedures that had been issued in July 2018 and were scheduled to be reviewed in July 2020. These covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CD).

The pharmacy team members discussed and recorded mistakes they identified while dispensing medicines. And they acted to address individual errors. However, the team did not discuss and record why they thought each mistake happened. And it did not complete a monthly review of mistakes to make sure any trends were identified, and as required by the pharmacy's procedures. The RP who had recently took over as the manager said they would address this.

A dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication. And it assisted with investigating and managing mistakes. The pharmacy team received positive feedback in the last satisfaction survey (April 2018 to March 2019). A public notice explained how patients could feedback or make a complaint. Staff declared reading the pharmacy's dispensing error procedures. The RP explained that, as the pharmacy had no other complaints procedures, they used the dispensing error procedures as a framework for handling all complaints.

The pharmacy had professional indemnity cover for the services it provided. The pharmacy maintained the records required by law for controlled drug (CD) transactions and private prescriptions. The pharmacist occasionally did not record when they ceased in their role as RP, but otherwise the pharmacy's RP records were generally maintained in compliance with the law. And the RP displayed their RP notice so that the public could identify them.

The pharmacy's emergency supply records consistently contained important information such as the patient's details, the medication supplied and why it was urgently required. However, the patient's GP details were frequently omitted from the records, as required by law.

The RP had familiarised themselves with the GDPR. The pharmacy had data protection policies that staff recalled reading but had not signed any records to confirm this. And they did not receive refresher data protection training and could not recall if they had signed confidentiality agreements. The RP said the team were concious of protecting patient information from being overheard because of the pharmacy's open plan design. And staff securely destroyed confidential waste. However, they were unable to recall when the pharmacy last conducted a data protection audit, and records of this could not be located. So it was unclear if audits were regularly completed to ensure compliance or identify further potential issues.

The pharmacy had not obtained compliance pack patients' consent to dispense their medication via the

owner's hub pharmacy. So patients' choice may not always be fully considered. The RP was level 2 safeguarding accredited and they had a specialised understanding of protecting children. Staff had completed the NHS dementia friends training. But they had not done any further safeguarding training.

The staff and delivery drivers had a positive rapport with patients who could be vulnerable. This proved vital as they recalled occasions when patients exhibited signs of confusion. They reported these concerns to the GP and in some cases, it led to additional support for patients. The staff said that they collectively knew each compliance pack patient's care arrangements. However, the pharmacy did not keep records of these arrangements. So, the team did not have easy access to this information. And the pharmacy had not established if it was safe for some compliance pack patients to receive all their medication in a single monthly supply, as this might not always be suitable.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together and have the qualifications and skills necessary for their roles.

Inspector's evidence

The staff present were the RP and manager who recently transferred from one of the owner's other pharmacies situated nearby, and two experienced dispensers who worked full-time and part-time respectively. The pharmacy shared two part-time delivery drivers with another of the owner's pharmacies situated nearby.

The pharmacy had enough staff to comfortably manage the workload. Staff said that compliance pack medicines dispensed via the pharmacy owner's hub pharmacy and this pharmacy were ready in good time for when patients needed them. And the hub pharmacy typically dispensed around half of the compliance pack medications, which significantly reduced staff work-load pressures. The pharmacy usually dispensed repeat prescriptions within twenty-four hours of its receipt, which meant medications were ready in good time for when the pharmacy expected patients needed them. A text-reminder service meant patients usually did not present until their repeat prescription medication was ready. And the team promptly served the steady flow of patients who presented, so they did not wait long to be served. Staff said they felt comfortable providing these services in this time frame, which meant they did not experience sustained work-load pressures.

Staff worked well both independently and collectively while providing services. And they required minimal pharmacist supervision. One dispenser oversaw providing the compliance pack service. The pharmacy sent most of the packs to be dispensed to the hub pharmacy ahead of the dispenser going on leave. One of the other dispensers was experienced in dispensing compliance packs, and dispensed the remaining few packs. So, the pharmacy had a plan to make sure the compliance pack service continued uninterrupted.

Staff had not had an appraisal since the owner acquired the pharmacy around two years ago. And they did not have access to an no on-going training programme. So their learning and development needs might not be fully supported. The pharmacy had targets for the number of MURs completed, which it achieved. Staff said it was sometimes challenging for the pharmacist to meet MUR target due to the heavy dispensing workload. This meant that the pharmacy experienced some pressure to achieve the target towards its end-of-year deadline. So the pharmacy may not always provide services as effectively as it could in its pursuit of targets.

The pharmacy obtained written patient consent for it to obtain their electronic prescriptions and the MUR service. And it obtained verbal consent from patients to order their prescriptions but did not obtained it in writing. So they may not able to effectively demonstrate they have obtained this.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises provide a secure and professional environment for healthcare services.

Inspector's evidence

The level of cleanliness was appropriate for the services provided. The premises had the space necessary to allow medicines to be dispensed safely for the scale of services provided. The consultation room offered the privacy necessary to enable confidential discussion. But its availability was not prominently advertised. So, patients may not always take advantage of this facility.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's working practices generally help make sure people receive safe and efficient services. It gets medicines from licensed suppliers and carries out checks that help make sure they are safe for people to use.

Inspector's evidence

The pharmacy was open Monday to Friday 9am to 6pm and closed for one hour at lunchtime. So, patients could access services across most of the week. The pharmacy team asked patients to confirm the repeat medications they required seven days before their prescription was due. This assisted in limiting medication wastage. And the pharmacy kept records of prescriptions it ordered for patients. So, it could effectively resolve queries about prescriptions if needed.

The team scheduled when to order compliance pack patients' prescriptions, which helped them to supply patients' medication in a timely manner. It kept a record of each patient's current medication that also stated the time of day they were to be taken, and queried differences between the record and prescriptions with the GP surgery before they dispensed medication. So, the team reduced the risk of patients who were more prone to medication changes being overlooked.

The pharmacy wrote communications about medication queries and changes for compliance pack patients alongside their list of current medication. So, it had a record that helped make sure these patients received only their currently prescribed medication. However, the record was not in a structured format, so there was potential to miss important information.

The team supplied medicines in disposable compliance packs for patients who needed extra support taking their medicines safely. They consistently labelled trays with descriptions of each medicine, which enabled patients and carers to identify them. So, patients were less likely to become confused about their medicines. The hub issued printed images of each medication. However, these images did not show up each medication's markings. So it could be more difficult for patients or carers to identify one or more of their medicines.

The pharmacy's written procedures covered dispensing high-risk medicines including anti-coagulants, methotrexate and lithium. Staff had either signed to declare they understood the procedures relevant to their role or confirmed they had read them.

The RP, who knew about the risks associated with female patients prescribed valproate, said that he had not come across any of these patients since he started around six weeks ago. However, the pharmacy had not audited its valproate patients to identify any that could be in the at-risk group. And it did not have a written procedure for dispensing valproate. The pharmacy had the MHRA approved valproate guidance booklets, cards and cautionary stickers to apply to dispensed valproate. However, staff did not know about them and said that they had not received training on dispensing valproate. So, patients may not always get all the information they need.

The RP said that the pharmacy screened patients prescribed warfarin, methotrexate and lithium to make sure they had their blood markers regularly monitored, but it did not make corresponding

records. The RP said that the pharmacy regularly counselled patients on warfarin, methotrexate and lithium. This included during annual MURs and when the pharmacy dispensed their prescription. So, these patients were more likely to get the information they needed. However, the pharmacy did not routinely advise patients on the safe use and disposal of their fentanyl patches.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers.The pharmacy had the software and hardware required to follow the Falsified Medicines Directive (FMD). And the owners planned a phased roll-out of the system across their pharmacy estate. So, staff were still to receive the training on using the system, meaning the pharmacy's system for adhering to the FMD was not yet live as required by law.

The pharmacy team most of the time only left a protruding flap on medication stock cartons to signify they were part-used, which could increase the risk of patients receiving the incorrect medication quantity.Records indicated that the pharmacy team consistently monitored medicine stock expiry dates over the long-term. So, it reduced the risk of patients receiving medication after its expiry date.

The pharmacy team stored thermo-labile medicines in a refrigerator, and consistently monitored and recorded the refrigeration storage temperatures. So, it made sure these medicines stayed fit and safe for patient use. The team stored CDs in an organised and tidy manner. The pharmacy did not have any date-expired or patient-returned CDs. And it had destruction kits for destroying these CDs, which reduced the risk of it supplying these medicines.

The team used an alpha-numerical system to store and retrieve bags of dispensed medication and their related prescription. So, it could efficiently retrieve patients' medicines and prescription when they came to collect their medication.

The staff said that they reviewed the CD prescription issue date at the point of supply, and the previous pharmacist regularly reviewed stored dispensed CDs awaiting collection. The RP said he would obtain stickers on which the prescription deadline date could be written. So, the pharmacy had systems to prevent CDs being supplied 28 days after the prescription issue date as required by law.

Records indicated that the pharmacy delivered medicines safely and securely to patients.The team disposed of obsolete medicines appropriately in pharmaceutical waste bins and segregated away from medicines stock, which reduced the risk of them being supplied to patients.

Staff recalled handling alerts the pharmacy received about suspected defective medicines. However, they could not locate records that supported the actions taken. The RP explained that the pharmacy should have been receiving electronic alerts from its head office that staff should print, sign and file when they had been actioned. They said that they would address this.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide the services it offers.

Inspector's evidence

The pharmacy team kept the dispensary sink clean. It also had hot and cold running water and an anti-bacterial hand-sanitiser. So, it had facilities to make sure they did not contaminate medicines they handled. The team had a range of clean measures, including separate ones for methadone. So, they could accurately measure and give patients their prescribed volume of medicine.The team had access to the latest or recent versions of the BNF and cBNF online. So, they could refer to the latest clinical information for patients.

The pharmacy team had facilities that protected patient onfidentiality. It viewed electronic patient information on screens not visible from public areas. The team also had a consultation room to enable confidential discussion with patients. And it had facilities to store bags of dispensed medicines and their related prescriptions away from public view.

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.