General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 164 - 166 Higher Bents Lane, Bredbury, STOCKPORT, Cheshire, SK6 2LU

Pharmacy reference: 1029757

Type of pharmacy: Community

Date of inspection: 29/07/2019

Pharmacy context

This is a community pharmacy situated on a shopping-parade along a busy main road in a semi-rural residential area, serving the local population. It mainly prepares NHS prescription medicines and orders repeat prescriptions on behalf of people. It has a home delivery service and prepares medicines in weekly compliance packs to help make sure people take their medicines safely. The pharmacy also provides other NHS services such as Medicine Use Reviews (MURs).

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	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 generally manages its risks well. It provides the pharmacy team with written instructions to help make sure it provides safe services. The team records and reviews its mistakes so that it can learn from them. It keeps people's information secure. And the team understands its role in protecting and supporting vulnerable people.

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). Records indicated that all the staff had read and understood the procedures relevant to their role and responsibilities.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication and assisted with investigating and managing mistakes. The pharmacy team recorded mistakes it identified when dispensing medicines, and it addressed each mistake in isolation. The RP, who was the manager and regular pharmacist reviewed these records and wrote a report on them each month, which they shared and discussed with the rest of the team. However, the team did not include on many of these records why it thought each of these mistakes happened. So, it could be harder for it to identify trends and mitigate risks in the dispensing process.

The pharmacy team received positive feedback from people who used its services across several key areas in its last satisfaction survey conducted between April 2018 and March 2019. A public notice explained how patients could feedback or make a complaint but was obscured from view, which made it harder for people to see. The staff were trained to refer all complaints to the RP. And they would refer these complaints to the pharmacy's complaints handling department to investigate. Records also indicated staff had read and understood the pharmacy's dispensing error handling procedures. So, the pharmacy could effectively respond to complaints.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice, so people could easily identify them. The pharmacy maintained its records required by law for the RP and CD transactions and private prescriptions. It also recorded methadone running balance discrepancies as a percentage of the total quantity dispensed, which helped it to promptly identify any significant discrepancies. And the pharmacy maintained its records for MUR consultations and specials medication it had supplied.

The staff said they had discussed the pharmacy's data protection policy's procedures, including GDPR, and how they would maintain peoples' confidentiality with written and verbal information. However, records of them attending these discussions were not kept and the pharmacy had not formally audited its ability to protect data. Staff securely stored and destroyed confidential material and each team member used their own security card to access electronic patient data.

The pharmacy had confirmed with the GP the people on compliance packs who it was safe to issue a months' medication to in a single supply. However, it had not made corresponding records to this effect. The staff had a positive rapport with patients who could be vulnerable. And they recalled discussing concerns with these people and their mental health support team when they exhibited signs

of confusion or worry. In some cases, it led to adjusting the service given to these people to support their needs. And the pharmacy made corresponding records. The RP and registered technician had level two safeguarding accreditation and records indicated all the other staff had read and understood the pharmacy's written safeguarding procedures. The pharmacy had the locals safeguarding board's contact details. But it did not have their procedures, however the RP said they would obtain these.

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. They complete some ongoing training but this is not effectively planned or monitored. So, it may not always meet their needs or make sure their knowledge is up to date.

Inspector's evidence

The staff present were the RP, a part-time registered technician, a full-time and a part-time dispenser. The pharmacy's other staff included a part-time dispenser and two delivery drivers.

The pharmacy had enough staff to comfortably manage the workload. It usually had repeat prescription medicines, including those dispensed in compliance packs ready in good time for when people needed them. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services, which helped to reduce staff workload pressure. The pharmacy had a low footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve patients. Staff worked well both independently and collectively. And they used their initiative to get on with their assigned roles and did not need constant management or supervision. Several team members were trained and provided the compliance pack service. The pharmacy only allowed one team member to be on leave at any one time. And the other staff increased their working hours to cover them. So, it effectively maintained services. The staff had weekly team meetings when they discussed the pharmacy's head office latest bulletin, which could include patient safety case studies.

The full-time dispenser was studying towards an NVQ level three dispenser qualification, which they started nearly two years ago and were scheduled to complete shortly. The RP provided the support that the dispenser needed to progress their studies. However, they did not have any protected study time in work, so usually had to complete the course outside of their working hours.

The RP held informal discussions with each team member about their performance and training needs, but the pharmacy did not have a formal appraisal process. The team had access to an online training portal and pharmacy trade magazines that could help address any identified training needs. However, the pharmacy did not monitor or support staff progressing their training.

The pharmacy had targets for the number of MURs it completed, which the RP felt was slightly too high because the available pool of people who were eligible and agreed to the service was limited. However, the pharmacy's head office generally understood this difficulty in meeting the target. The RP could manage the competing MUR and dispensing workloads, usually took around fifteen minutes on each MUR consultation and did them in the pharmacy's consultation room. So, they conducted them in an appropriate time and place and the target did not affect how well they provided the service. The pharmacy obtained people's written consent to provide the MUR and electronic prescription services. Staff also said the pharmacy obtained people's written consent to provide the prescription ordering service, but they could not locate the supporting records.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean, safe, secure and spacious enough for the pharmacy's services. And it has a private consultation room, so members of the public can have confidential conversations.

Inspector's evidence

The premises' cleanliness was appropriate for the services provided. And it had the space needed to allow the team to dispense medicines safely. Staff could secure the premises to prevent unauthorised access. The consultation room offered the privacy necessary to enable confidential discussion. But its availability was not prominently advertised, so people may not always be aware 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 its medicines from licensed suppliers and it generally manages its medicines well to make sure they are in good condition, so are suitable to supply.

Inspector's evidence

The pharmacy opened 9am to 6pm Monday to Friday and it had a low-step entrance. Staff could see people having difficulty entering the pharmacy and assist them if needed. So, people could easily access services.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including insulin, anti-coagulants, methotrexate and lithium. All the dispensers had signed to declare they had read and understood these procedures. The RP had briefed staff on safely dispensing valproate. They had checked all the people prescribed valproate, identified any who could be in the at-risk group, and counselled relevant people about how to ensure they were not put at risk. The pharmacy also had the MHRA approved valproate advice booklets and cards to give people. The RP regularly checked that people on anti-coagulants, methotrexate and lithium had a blood test. And they consistently checked if these people were experiencing any side-effects or interactions and counselled them if necessary. The RP also counselled people on how to safely use and dispose of their fentanyl patches when the pharmacy supplied the medication for the first time.

The pharmacy team asked people to confirm the repeat medications they required seven days before their prescription was due, which helped it supply medication on time and limit medication wastage. And the pharmacy kept records of the prescriptions it ordered. So, it could effectively resolve queries about prescriptions if needed.

The team scheduled when to order prescriptions for people on compliance packs and when to deliver their medication, so it could supply their medication in good time. The team kept a record of these people's current medication that also stated the time of day they were to take them. This helped it effectively identify and query any medications changes with the GP surgery. The pharmacy recorded verbal communications about medication changes for compliance pack people. So, it had a record that helped make sure these people received only their currently prescribed medication. The team supplied medicines in disposable compliance packs for people who needed extra support taking their medicines safely. And it consistently labelled these packs with descriptions of each medicine, which helped people to identify them.

The team used baskets during the dispensing process to separate people's medicines, which helped it to avoid confusing people's medicines with others and organise its workload. The 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 people receiving the incorrect medication quantity.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored all of it in an organised manner. It had the hardware required to follow the Falsified Medicines Directive (FMD), and staff had completed training on how to use this system. The RP said that the pharmacy's head office would update the pharmacy when it had further information on when the

system would be live. So, the pharmacy's system for adhering to the FMD was not yet live as required by law.

The team quarantined its date-expired and patient-returned CDs and it had destruction kits for destroying CDs. The pharmacy monitored its medication refrigerator storage temperatures. Records indicated that the team consistently monitored medicine stock expiry dates over the long-term and it marked short-dated stock. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and recorded the action that it had taken. It disposed of its obsolete medicines in waste bins kept away from medicines stock. So, it reduced the risk of supplying its medicines that might not fit for purpose.

The team applied stickers to each dispensed CD that had the deadline date for supplying them, which the pharmacist checked at the point of supply. And the RP regularly reviewed each day the pharmacy's dispensed CDs awaiting collection. So, the pharmacy made sure it only supplied CDs when it had a valid prescription. The team used an alpha-numeric system to store patient's bags of dispensed medication. So, it efficiently retrieved patient's medicines when needed. Records indicated that the pharmacy delivered medicines safely and securely to patients. The pharmacist initialled each supply entry in the CD register. So, the pharmacy had an audit trail identifying the supplying pharmacist for each CD, including those it delivered.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities that it needs to provide its services effectively.

Inspector's evidence

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

The pharmacy team had facilities that protected peoples' confidentiality. It viewed people's electronic information on screens not visible from public areas. And the pharmacy regularly backed up people's data on its patient medication record (PMR) system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. And it had facilities to store bags of people's dispensed medicines and their 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.