

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 222a Liverpool Road, WIDNES,
Cheshire, WA8 7HY

Pharmacy reference: 1029869

Type of pharmacy: Community

Date of inspection: 16/08/2019

Pharmacy context

This is a traditional pharmacy situated in a residential area on a busy main road, serving the local population. It mainly prepares NHS prescription medicines and it supplies some of them in weekly compliance packs to help make sure people take their medicines safely. The pharmacy also provides other NHS services such as Medicines Use Reviews (MURs) and minor ailment consultations.

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	2.1	Good practice	The staff profile and skill mix are effective. The team does not feel pressurised and completes tasks properly and effectively in advance of deadlines.
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 risks related to its services well. The pharmacy team follows written instructions to help make sure it provides safe services. The team records and reviews any mistakes so that it can learn from them and it keeps people's information secure.

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 RP, who was the co-manager and one of the resident pharmacists said all the staff had read the procedures relevant to their role. However, most of them had not signed the records to support this.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each supplied prescription medication. And it assisted with investigating and managing mistakes. The pharmacy displayed a notice that reminded staff about similar sounding medications to be aware of, which helped to avoid making a mistake when dispensing them.

The pharmacy team discussed and recorded mistakes it identified when dispensing medicines. And, it addressed each of these mistakes separately. The staff also reviewed these records monthly. However, staff usually did not record the reason why they thought they had made each mistake. And they did not record their reviews. So, the pharmacy could miss additional opportunities to learn and mitigate risks in the dispensing process.

The team received positive feedback in key areas in its recent satisfaction survey that people who used its services completed between April 2018 to March 2019. The pharmacy displayed information about how people could make a complaint in the consultation room, so they may not easily see this information. The RP said staff had been briefed to refer any complaints to one of the resident pharmacists, and the pharmacy had a complaints procedure and online reporting system for reporting complaints to its head office. However, staff had not read the procedure.

The pharmacy had professional indemnity insurance for the services it provided. The RP displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP, private prescriptions and (CD) transactions. And it recorded methadone balance discrepancies as a percentage of the total quantity dispensed, which helped to promptly identify any significant inconsistencies. The pharmacy also maintained its records for MURs, flu vaccinations, minor ailment consultations and the specials medications that it had supplied.

The pharmacy had data protection policies that staff recalled reading, but it did not have records supporting this. Staff used passwords to protect access to electronic patient data and each had their own security card to access NHS electronic patient data. They also stored and securely destroyed confidential material. And the pharmacy had completed a data protection audit around fifteen months ago. It also displayed information explaining how people could access its privacy notice.

The team had completed informal assessments into the needs of people when they started using the compliance pack service. This included whether they needed their medication limited to seven day's

supply, which could help them to avoid becoming confused. However, it did not make corresponding records that supported the decisions made. The team had also reported safeguarding concerns to the GP or social services when people exhibited signs of confusion.

Both resident pharmacists had level two safeguarding accreditation, but staff had not completed any training or been briefed on local procedures. The pharmacy had the local safeguarding board's contact details but it did not have their local procedures or knew that it could access them online.

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

Inspector's evidence

The staff present included the RP who was one of the resident pharmacists for three days each week, an experienced dispenser who worked thirty hours per week, and a dispenser providing temporary cover for annual leave. The other staff included the other resident pharmacist two days per week, a medicines counter assistant (MCA) and a part time delivery driver.

The pharmacy had enough staff to comfortably manage the workload. The team 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 electronic prescription service and it had a text-reminder service for people to collect their medication when it was ready. These systems helped to improve service efficiency such that the team dispensed most prescriptions on the day they received them. The pharmacy had a low footfall, which meant the team avoided sustained periods of increased workload pressure and it could promptly serve people.

Both dispensers provided the compliance pack service. And the MCA, who was due to start their dispenser training shortly, would eventually also provide the service.

The pharmacy had an effective strategy to cover planned staff leave. It only allowed one team member to be on leave at any one time and the pharmacy's regional co-ordinator arranged cover while staff were on leave.

Each team member participated in the pharmacy's performance appraisal process. They also completed some additional training. However, the pharmacy did not have a planned training programme.

The pharmacy had targets for the number of MURs it completed and how many new people elected to use its electronic prescription service (EPS), which the RP thought were realistic and achievable. They said that they could manage the competing MUR and dispensing workloads, which was possible due to the long periods between people presenting their prescription to be dispensed. MUR consultations usually took around fifteen minutes and these were undertaken in the pharmacy's consultation room. So, they were conducted 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 electronic prescription, MUR, flu vaccination and minor ailment services. However, it destroyed the minor ailment consent records shortly after providing the service, so could have difficulties handling any queries related to these.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The level of cleanliness was appropriate for the services provided. The premises had the space that the team needed to dispense medicines safely. And staff could secure it to prevent unauthorised access. The consultation room provided 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 help make sure people receive safe and efficient services. It gets its medicines from licensed suppliers and it generally manages these effectively to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy opened Monday to Friday 9am to 5.30pm. It had a low-step entrance and staff could see anyone needing assistance, so people could easily access the premises.

The RP had flu vaccination accreditation, but the other resident pharmacist did not, so this service was not available every day the pharmacy was open. The RP explained that the pharmacy was advising people that the service was only available three days each week, which should help them access the service when they presented.

The pharmacy's written procedures covered dispensing high-risk medicines including anti-coagulants, methotrexate and lithium. The RP said that the pharmacy screened people prescribed warfarin, methotrexate and lithium to make sure they had a regular blood test. And it checked if these people were experiencing any side-effects or interactions during their annual MURs and made sure over the counter medicines they requested were suitable.

The RP had checked all the people prescribed valproate and said that any of them in the at-risk group had been counselled. However, the pharmacy did not have a written procedure for dispensing valproate or the MHRA approved valproate guidance booklets, cards and cautionary stickers to apply to dispensed valproate.

The pharmacy team scheduled when to order prescriptions for people who used compliance packs, so that it could supply their medication in good time. It kept a record of these people's current medication that also stated the time of day they were to take them. This helped it to reduce the risk of it overlooking medication changes.

The pharmacy kept records of verbal communications about medication queries for people using compliance packs, which helped to make sure they received only their currently prescribed medication. However, the record was not in a structured format, so important information could be missed. The team labelled each compliance pack with a description of each medicine inside it, which helped people to identify each of them.

The team used baskets during the dispensing process to separate people's medicines and helped it to 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 patients receiving the incorrect medication quantity.

The pharmacy dispensed methadone instalments in advance of people presenting, which helped to manage its workload. And it prepared instalments for more than one day in divided daily doses, which supported people to take an accurate dose.

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 pharmacy's head office was intending to 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 pharmacy suitably secured its CDs and properly segregated its date-expired and patient-returned CDs. And it had destruction kits for destroying them. The team monitored its medication refrigerator storage temperatures and records indicated that it had monitored medicine stock expiry dates. The team also took appropriate action when it received alerts for medicines suspected of not being fit for purpose but did not record its actions for up to a year after each alert. Staff disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of them supplying medicines that might be unsuitable.

The RP labelled dispensed CDs with the deadline date by which it must be supplied, which reminded the pharmacist to check it when they supplied them. The team also checked the issue date on CD prescriptions at the point of supply and regularly reviewed the stored dispensed CDs each week. So, the pharmacy made sure it only supplied CDs against a valid prescription. The team used an alpha-numeric system to store people's bags of dispensed medication, so it could efficiently retrieve their medicines when needed. Records also showed that the pharmacy had a secure medication home delivery service.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively. And the team has the facilities to secure people's information.

Inspector's evidence

The pharmacy team kept the dispensary sink clean. It also had hot and cold running water and an antibacterial hand-sanitiser. And it had a range of clean measures, including separate ones for methadone. So, staff had the facilities to make sure they did not contaminate medicines they handled and could accurately measure and give people their prescribed volume of medicine. The team had access to the latest versions of the BNF and cBNF, which meant they could refer to the latest pharmaceutical information if needed.

The pharmacy team had facilities that protected people's confidentiality. It viewed their electronic information on screens not visible from public areas. And it 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 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.