

Registered pharmacy inspection report

Pharmacy Name: Cohens, 861a Ashton New Road, MANCHESTER, Lancashire, M11 4PA

Pharmacy reference: 1033448

Type of pharmacy: Community

Date of inspection: 14/08/2019

Pharmacy context

This is a community pharmacy situated on a shopping-parade along a busy main road in an urban 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 supplies some medicines 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	Staff do not feel pressurised when working and complete tasks properly and effectively in advance of deadlines. And the pharmacy reviews its staffing levels so that they remain appropriate.
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 has policies on keeping 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). The RP, who was the manager and resident pharmacist, said that all the staff had read the procedures applicable to them. However, records only indicated that a few of them had read and understood them.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication supplied and assisted with investigating and managing any mistakes. The team recorded near misses that it identified when dispensing medicines, addressed each of these mistakes separately and periodically reviewed these records. However, team members often did not record the reason why it thought each near miss happened. So, it could be more difficult for them 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 2017 and March 2018. The RP said that staff had read the pharmacy's complaints handling procedure, but they did not keep records that supported this. And the pharmacy did not have any publicly displayed information about how people could make a complaint.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice, so the public could identify them. The pharmacy maintained its records required by law for the RP, CD transactions and private prescriptions. And it maintained its records for CD destructions, minor ailments and MURs. The pharmacy also kept records of medicines it had supplied to people who urgently requested them, but typically did not record the nature of the emergency, as required by law. The pharmacy kept records of special medicines it had supplied but did not record the people to whom it supplied them. These gaps in the records could make it harder for the team to explain what has happened in the event of a query.

The pharmacy had policies and procedures on protecting people's information that the RP said all the staff had read. However, the pharmacy did not have any records to support this. Staff securely destroyed confidential material, used passwords to protect access to electronic patient data and they each used their own security card to access NHS electronic patient data. The team secured the consultation room when it was vacant. However, it stored the CD registers within easy access of anyone left unattended in the room. And the patient medication record (PMR) system in the room did not automatically lock itself when left idle until a considerable amount of time had passed. The team had also left some private prescriptions loosely stored in a file, which risked them getting lost. The RP said

that they would address these matters. The pharmacy had also not completed a data protection audit or any similar review.

The RP had level two safeguarding accreditation and they said staff had read the pharmacy's procedures on safeguarding. And the team had the local safeguarding board's policies and contact details. The pharmacy had consulted the GP when it had concerns about people who had exhibited signs of memory loss or difficulties with managing their welfare. And it kept records of each compliance pack person's care arrangements, which included their next of kin details. So, the team had easy access to this information if needed urgently. The pharmacy had consulted the GP to establish which people using compliance packs it was safe to issue twenty-eight days' medication per supply. However, it did not keep records supporting the reasons behind this.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together and complete training so that they have the qualifications and skills necessary for their roles. Qualified staff complete some additional 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 full-time accredited checking technician (ACT), three experienced full-time dispensers, a part-time trainee dispenser and a medicine counter assistant (MCA). The pharmacy's other staff included a part-time dispenser and a full-time delivery driver.

The pharmacy had enough staff to manage the workload. The team usually had its repeat prescription medicines, including those dispensed in compliance packs ready in good time for when patients needed them. And it consistently dispensed acute prescriptions the same day that it received them. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services. And the pharmacy owner's hub pharmacy dispensed around forty percent of the medicines dispensed in compliance packs, which helped to maintain service efficiency. Staff promptly served the regular flow of people who presented, so the team avoided sustained periods of increased workload pressure.

Staff worked well both independently and collectively. They used their initiative to get on with their assigned roles and did not need constant management or supervision. Three dispensers provided the compliance pack service, so the pharmacy could maintain the service's continuity.

The pharmacy had an effective strategy to cover planned staff leave of only allowing one team member to be on leave at any time. And it could seek support from the pharmacy owner's other nearby pharmacy or its head office to provide cover.

The trainee dispenser and MCA were about to start a dispenser training course and staff had participated in the pharmacy's appraisal process in the last year. Staff received trade magazine training material, but their progress in relation to this training was not supported or monitored. And the pharmacy did not have a planned or structured training programme to make sure the staff's skills and knowledge remained up to date.

The pharmacy had targets for the number of MURs it completed, and the number of people who used its prescription ordering and electronic prescription services. The RP said that the MUR target was realistic and achievable. And the ACT's presence meant the team could manage the competing MUR and dispensing demands. The RP spent around ten to fifteen minutes on each consultation and always held them in the 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 electronic prescription, MUR and minor ailment services and NMS. However, it only obtained people's verbal consent for the prescription ordering service and did not keep its electronic prescription service nominations in any coherent order. So, it may not be able to effectively confirm the people who wanted to use these services.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The level of cleanliness was appropriate for the services provided. The premises had the space that the staff needed to dispense medicines safely. And they 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 generally help make sure people receive safe services. It gets its medicines from licensed suppliers and manages them effectively to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy opened 9am to 6.30pm on weekdays, except Thursday when it closed at 1pm. It had a low-step front entrance and staff could see anyone needing assistance entering the premises. So people had could easily access the premises.

The pharmacy's written procedures covered dispensing higher-risk medicines including anti-coagulants, methotrexate and lithium. And the RP said that they had briefed staff on identifying people on valproate who could be in the at-risk group. The team had checked all its people on valproate and did not have anyone in the at-risk group. Staff said they had the MHRA approved valproate advice booklets and cards to give people, but they could not locate them. The pharmacy checked that people on other higher-risk medicines had a blood test either with each prescription or at the time of their MUR consultation. It also checked if any of these people were experiencing side-effects or interactions and advised them when necessary.

The pharmacy team prompted people to confirm the repeat prescriptions they needed requesting before it was due, which helped it supply medication on time. However, the team did not keep records of these prescription requests, which could make it harder to effectively handle queries if needed.

The pharmacy team scheduled when to order prescriptions for people using compliance packs, so it could supply their medication in good time. The team kept a record of people's current medication that also stated the time of day they should take them, which 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 the information that helped it make sure they received the correct medicines. The team labelled each compliance pack with a description of each medicine inside it, which helped people to identify each medicine. The pharmacy owner's hub pharmacy prepared some of the pharmacy's compliance packs with printed images of each medication. However, some images did not clearly show each medication's markings, so it could be more difficult for people to identify one all their medicines

The pharmacy team used baskets during the dispensing process to separate people's medicines and organise its workload. However, 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 them in an organised manner. The RP said that the pharmacy had the hardware required for the Falsified Medicines Directive (FMD). However, it had not received any further update about when it would have the software to start scanning medicines. So, its system for complying with the

FMD was not yet live, as required by law.

The pharmacy suitably secured its CDs, properly segregated its date-expired and patient-returned CDs. and had destruction kits for destroying CDs. The team monitored its medicine refrigerator storage temperatures. And records indicated that the pharmacy had monitored its medicine stock expiry dates over the long-term. The RP said that the team took appropriate action when it received alerts for medicines suspected of not being fit for purpose, but it did not keep records that supported this. The pharmacy disposed of its obsolete medicines away from medicines stock, which reduced the risk of it supplying medicines that might be unsuitable.

The pharmacy team used an alpha-numeric system to store bags of dispensed medication. So, staff could efficiently retrieve patient's medicines when needed. The pharmacy did not dispense CD prescriptions until people presented to collect them. Its electronic systems would then alert staff if the prescription had passed its deadline date to supply the CD. The RP said that they checked the prescription issue date for any CDs it owed at the time people visited to collect the balance of their CD. So, the pharmacy made sure it only supplied CDs when it had a valid prescription. And records 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. So, the pharmacy had facilities to make sure it did not contaminate the medicines it handled, and it could accurately measure and give people their prescribed volume of medicine. The team had access to the latest versions of the BNF and cBNF, so it could refer to the latest pharmaceutical information if needed.

The team viewed people's electronic information on screens not visible from public areas and regularly backed up their data on its patient medication record (PMR) system. So, the pharmacy 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.