General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 102 Church Lane, Harpurhey, MANCHESTER, Lancashire, M9 4NH

Pharmacy reference: 1033488

Type of pharmacy: Community

Date of inspection: 21/07/2023

Pharmacy context

This community pharmacy is situated in a suburban residential area, serving the local population. It mainly prepares NHS prescription medicines, and it manages people's repeat prescription orders. A large number of people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. The pharmacy provides a home delivery service.

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 generally manages its risks well. The pharmacy team follows written instructions to help make sure it provides safe services. The team reviews its mistakes which helps it to learn from them. Pharmacy team members receive training on protecting people's information, and they understand their role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that had been first issued in July 2018 and were regularly reviewed. These covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Records indicated that staff members had read and understood the procedures relevant to their role and responsibilities. The dispenser and checker initialled dispensing labels for prescription medicines that the pharmacy prepared and supplied. This helped to clarify who was responsible for each prescription medication supplied and assisted with investigating and managing mistakes.

The pharmacy had written procedures for learning from mistakes. The pharmacy team recorded mistakes it identified when dispensing medicines, and it addressed each of these incidents as they arose. The team members reviewed these records collectively each week, so they could consider learning points. The records did not always include details indicating why the team thought each mistake happened. So, the team might miss additional learning opportunities to identify trends and mitigate risks in the dispensing process.

The pharmacy had written complaint handling procedures, so staff members knew how to effectively respond to any concerns. A publicly displayed notice included information on how people could make a complaint. The pharmacy had not completed a patient survey since the pandemic.

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 kept records of the RP in charge of the pharmacy, as required by law. And it kept records for the medications prepared under a specials license or unlicensed medicines that it had supplied. The pharmacy kept records for CD transactions, but the year of each date entry was not always recorded, as required by law. The team checked its CD running balances and made corresponding records, which helped it to identify any discrepancies. Records of CDs returned to the pharmacy for safe disposal were kept.

The pharmacy had policies and procedures on protecting patient information. The subcontracted delivery driver had completed training on protecting people’s confidentiality. Team members secured and destroyed confidential papers. Team members had their own security card to access NHS electronic patient data and they used passwords to access this information. The pharmacy publicly displayed information about its privacy notice, so people knew how to find out about its policies on protecting their data. The RP had level three safeguarding accreditation and records indicated the staff had read and understood the pharmacy’s written safeguarding procedures, which meant they had a basic understanding on how to handle these concerns.

The pharmacy discussed potential new compliance pack patients with their GP, which included assessing whether the patient needed to be limited to seven day’s medication per supply to avoid them becoming confused. However, it did not make corresponding records of these assessments to

demonstrate this.

The pharmacy kept records of the care arrangements for people using compliance packs, including their next of kin's or carer's details and any special arrangements about who collected and when to supply their medication. This meant the team members had easy access to this information if they needed it urgently.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together, and they have the qualifications and skills necessary for their roles. New team members progress their training in a timely fashion.

Inspector's evidence

The staff present included the RP, who was the regular pharmacist and manager, two dispensers, and one trainee medicines counter assistant (MCA). The pharmacy's other staff included another MCA. The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines ready on time, including compliance packs. The pharmacy had low footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people. The pharmacy had reviewed its delivery service capacity to help make sure it continued to provide it safely, securely and efficiently. The delivery driver, who was a subcontractor, had received appropriate training on maintaining medicine security during transit.

Staff worked well both independently and collectively and they used their initiative to get on with their assigned roles and required minimal supervision. And they effectively oversaw the various dispensing services and had the skills necessary to provide them. One of the dispensers managed the compliance pack service under the regular pharmacist's supervision.

The trainee MCA, who started working at the pharmacy in October 2022, had completed half of their MCA training course. They had also recently enrolled onto a dispenser training course. The pharmacy had targets for the volume of some services provided, which the team found slightly above what it thought was achievable most of the time. However, team members did not feel pressurised to meet targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean, secure and suitable for the pharmacy's services. It has a private consultation room, so people can have confidential conversations with pharmacy team members and maintain their privacy.

Inspector's evidence

The level of cleanliness was appropriate for the services provided. The pharmacy had a separate area for preparing compliance packs. The dispensary space had become limited due to a significant increase in the prescription volume, which made preparing medicines cumbersome and led to stock being temporarily stored in baskets on the floor. The pharmacy team had various systems and arrangements to mitigate this to help make sure it prepared medicines safely.

The consultation room provided the privacy necessary to enable confidential discussion. Its availability was prominently advertised, to help people be aware of this facility. Pharmacy team members could secure it to prevent unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's working practices are generally effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers, and the team makes some checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy opened weekdays 9am to 6pm, except Wednesdays when it closed at 1pm. It had a low-step entrance. People could ring a bell outside the front door and staff could see anyone who needed assistance entering the premises.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including insulin, anti-coagulants, methotrexate, and lithium, but not valproate. The RP stated that they would enquire if the superintendent's office had issued this written procedure. The pharmacy had checked for any people at risk who were prescribed valproate. It had the booklets which should be given to anyone receiving valproate for the first time, as stated under MHRA guidance. And stock had the MHRA approved valproate advice cards attached. Staff members knew to avoid covering this card when preparing this medication.

The 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 effectively query differences between the record and the prescriptions it received with the GP practice, and it reduced the risk of it overlooking medication changes. The team recorded any communications about medication queries or changes for people using compliance packs. Descriptions for different medicines contained inside compliance pack were included, which helped people to identify them.

The team prompted people to confirm the repeat prescription medications they required, which helped the pharmacy limit medication wastage, and so people received their medication on time. The pharmacy retained records of the requested prescriptions. So, the team could effectively resolve queries if needed. The pharmacy had refused to sell OTC codeine-based pain relief medication to some people who repeatedly requested these products and advised them to consult their GP. The team had sold these medicines to some people who paid for their NHS prescription and had been previously prescribed them without checking with the GP if continued treatment was appropriate.

The pharmacy team used colour-coded 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 be easily overlooked and could increase the risk of not selecting the right quantity when dispensing and supplying medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured CDs, quarantined patient-returned CDs, and it used destruction kits for denaturing unwanted CDs. The pharmacy monitored its refrigerated medication storage temperatures.

The team used an alpha-numeric system to store patient's bags of dispensed medication, which meant

it could efficiently retrieve people's medicines when needed. The delivery driver obtained the recipient’s signature for delivered CDs, and they recorded when they had delivered all other medicines. Deliveries that were returned to the pharmacy were also recorded. The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose, and it kept supporting records that confirmed this. The pharmacy had facilities in place to dispose of obsolete medicines, and these were kept separate from stock.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy team has the equipment and facilities that it needs for the services it provides. The equipment is appropriately maintained and used in a way that protects people's privacy.

Inspector's evidence

The pharmacy team kept the dispensary sink clean and it had hot and cold running water and an antibacterial hand-sanitiser. The team had a range of clean measures. So, it had facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. The team had access to the British National Formulary (BNF) online, which meant it could refer to pharmaceutical information if needed.

The pharmacy team had facilities that protected peoples' confidentiality. People's electronic information on screens in the dispensary were not visible from public areas and the IT system in the consultation room was access controlled. 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 people's 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.