

# Registered pharmacy inspection report

**Pharmacy Name:** Cohens Chemist, 17 Bridge Road, Great Crosby,  
LIVERPOOL, Merseyside, L23 6SA

**Pharmacy reference:** 1034424

**Type of pharmacy:** Community

**Date of inspection:** 11/04/2024

## Pharmacy context

This is a community pharmacy located on a small high street. It is situated in a residential area of Crosby, Merseyside. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, COVID-19 vaccinations, and the NHS Pharmacy First scheme. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has written procedures for team members to follow. And this helps services to be provided in a safe and effective manner. The pharmacy keeps the records it needs to by law. And it has procedures to keep people's information safe. But members of the team do not record things that go wrong. So, they may miss some learning opportunities.

### Inspector's evidence

There was a set of standard operating procedures (SOPs) which were routinely reviewed by the company's head office. When questioned, members of the team confirmed they had read the SOPs. But they had not signed the training sheets or completed the company's online learning module. So the pharmacy could not show that team members fully understood their responsibilities.

The pharmacy had a process in place investigate dispensing errors and record them on electronic software. Any near miss incidents which had been identified during the final accuracy check were discussed between the pharmacist with the team member who dispensed it. Part of the discussion was identifying any learning points. But near miss incidents were not recorded. So the pharmacy team was not able to review mistakes that happened over a period of time in order to identify any trends. Members of the team explained they had been tidying the dispensary's shelves and removing excess stock to reduce the risk of picking errors.

The roles and responsibilities of team members were documented on a matrix. A trainee dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Team members wore standard uniforms and had badges identifying their names and roles. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. A notice in the retail area advised people to raise any feedback with the pharmacy team. Any complaints were recorded and followed up as necessary. A current certificate of professional indemnity insurance was available.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked frequently. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. Members of the team had each signed a confidentiality agreement. When questioned, a dispenser was able to describe how confidential information was separated for removal by a waste carrier. A notice in the retail area described how the pharmacy handled people's information. Safeguarding procedures were included in the SOPs. The pharmacy professionals in the team had completed safeguarding training. Contact details for the local safeguarding board were on display. A dispenser said they would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough members of the team to manage the pharmacy's workload. Team members are trained for the jobs they do, and they are provided on the job training to help them become more effective.

### Inspector's evidence

The pharmacy had recently undergone a team change, which resulted in a number of new and inexperienced pharmacy team members. The company had identified this as a concern and had implemented a plan to improve the pharmacy's operation and upskill the new team members. The pharmacy team included a temporary pharmacist manager, three dispensers, two of whom were in training, a medicine counter assistant, and a new starter. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be well managed. Staffing levels were maintained by part-time staff and a staggered holiday system. During the inspection, a locum dispenser was present and a dispenser from the company's regional team who was trained to accuracy check (ACD). A new pharmacist manager was due to start in around three months' time.

All eligible team members had been enrolled onto a pharmacy training course. And the temporary pharmacist manager and ACD were providing training in the company's procedures to all members of the team. But the pharmacy had not implemented the company's training programme to make sure the training was provided in a structured or consistent manner. So the development of team members could be restricted.

The temporary pharmacist manager had been seconded from a nearby branch to provide training and support until the new manager took up their position. The pharmacist felt able to exercise their professional judgement and this was respected by members of the team. The new starter had been working in the pharmacy for a few weeks. They felt able to ask for help when they felt they needed it, and they felt a good level of support. Team members were seen to work well with each other. And they discussed any learning or concerns as part of a daily huddle. A trainee dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed.

Members of the team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. There were targets for some professional services, such as blood pressure checks. The pharmacist did not feel under pressure to achieve these.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

### Inspector's evidence

The pharmacy was generally clean and appeared adequately maintained. But some of the floor was cluttered with boxes, which may create a tripping hazard for team members. The size of the dispensary was sufficient for the workload. People were not able to view any sensitive information due to the position of the dispensary. The temperature was controlled by the use of air condition units, and lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

A consultation room was available. It appeared clean, and it had a desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So, they might not always check that the medicines are still suitable or give people advice about taking them.

### Inspector's evidence

Access to the pharmacy was level via a single door and suitable for wheelchair users. Various posters and leaflets provided information about the services offered. Information was also available on the pharmacy's website. Leaflets about various healthcare topics were also available. Details of the pharmacy's opening hours were on display.

The pharmacy had a delivery service and records of successful deliveries were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels for medicines dispensed in the pharmacy. This provided an audit trail of the team members involved in the dispensing process. They used dispensing baskets to separate people's prescriptions to avoid medicines being mixed up. The baskets were colour coded to help prioritise dispensing.

Some prescriptions were dispensed by an automated system at the company's hub. This was a registered pharmacy which dispensed prescriptions for a number of pharmacy branches within the same company, and the dispensed medicines were delivered to the pharmacy to be supplied to people. Prescriptions for the hub were labelled electronically at the pharmacy by members of the team. The pharmacist then completed a clinical and accuracy check of the records. The information was then transmitted to the hub for the medicines to be dispensed. Some items could not be dispensed by the hub, including items out of stock, not stocked, or CD and fridge items. The process was auditable by use of a personal log in to identify who had labelled the prescription and who performed the accuracy check.

Dispensed medicines were received back from the hub within 24-48 hours. The medicines were packed in sealed clear bags with the patient's name and address the front. These did not need to be accuracy checked by the pharmacy unless they opened the bag, in which case the RP in the pharmacy was responsible for the final accuracy check. When the dispensed medicines were received in branch, they were matched up with the prescription forms, any other bags from the hub, and any medicines or medical devices that had been dispensed and checked locally in the pharmacy.

Dispensed medicines awaiting collection were kept on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Members of the team were seen to confirm the patient's name and address when medicines were handed out. The pharmacy's computer software highlighted any prescriptions containing schedule three or four CDs which were due to expire, so team members could

remove them. The pharmacist would provide counselling to people who started a new medicine or asked for help. But the team did not routinely highlight high-risk medicines (such as warfarin, lithium, and methotrexate) to enable referral to the pharmacist for counselling. Members of the team were aware of the risks associated with the use of valproate-containing medicines during pregnancy, and the need to supply unopened boxes. Educational material was supplied when the medicines were handed out. The pharmacist explained how they would speak to patients prescribed valproate to check the supply was suitable and record the note on the pharmacy's computer software.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack, the pharmacy would complete an assessment about their suitability. A record sheet of current medication was kept for each patient. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge information was kept with the record sheet, and previous information was retained for future reference. The compliance aids were labelled with medication descriptions. But patient information leaflets (PILs) were not routinely supplied. So, people may not always have important and up to date information about their medicines.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Members of the team were checking the expiry date of medicines in the dispensary during the inspection. The team explained they had fallen behind with this process, and they were currently trying to get back on top of it. Short-dated stock was highlighted using a sticker for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on. A spot check did not find any out-of-date medicines.

Controlled drugs were stored appropriately in the CD cabinet, with clear separation between current stock, patient returns and out of date stock. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had remained in the required range for the last three months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received electronically from the head office. Records were kept of who dealt with the alert and when.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

### Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFC and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. People were offered its use when requesting advice or when counselling was required.

### 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.