General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 132-134 Church Street, Eccles, MANCHESTER, Lancashire, M30 0LS

Pharmacy reference: 1074458

Type of pharmacy: Community

Date of inspection: 22/08/2019

Pharmacy context

This is a community pharmacy situated in a town centre shopping-parade along a busy main road, serving the local population. It mainly supplies NHS prescription medicines and prepares some of them in weekly compliance packs to help make sure people take them safely. The pharmacy also provides other NHS services such as Medicines Use Reviews (MURs) and substance misuse treatments.

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. 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 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 pre-registration pharmacist (pre-reg), who had started around four weeks ago said they had read the procedures for safe dispensing and the RP regulations, so had made positive initial progress in understanding the procedures. And records indicated that all the other 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 supplied and assisted with investigating and managing mistakes. The RP, who was the manager and resident pharmacist, said that the pharmacy team recorded mistakes it identified when dispensing medicines, and addressed each mistake in separately. However, they could not locate the corresponding records. The accredited checking technician (ACT), who was not present, reviewed these records and shared their findings with the team. But, the pharmacy did not make a record of these reviews. So, it was difficult to confirm how effectively the team identified trends and mitigated against risks in the dispensing process.

The pharmacy team received positive feedback across several key areas from people who used its services in its last satisfaction survey conducted between April 2018 and March 2019. However, it did not publicly display any information about how to make a complaint. 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 an online system for reporting complaints to its head office.

The pharmacy had professional indemnity insurance for the services it provided. The RP displayed their RP notice, which helped people to identify them. The pharmacy maintained the records required by law for the RP and CD transactions. It also kept records of medicines it supplied urgently at people’s request without a prescription. However, several randomly selected records did not always make the nature of the emergency clear, as required by law. The pharmacy kept records of medicines supplied against private prescriptions. But it did not always record the prescriber’s details, as required by law.

The team maintained its records for CD destructions, MUR consultations and the specials medications it had supplied. However, specials records did not include the details of the people who the pharmacy had supplied, which could create difficulties when responding to queries.

The pharmacy had policies and procedures on protecting patient information. Staff said they had read these, however no supporting records were kept. Whilst team members understood the basic

principles of protecting people's information, they did not always follow the pharmacy's systems for securing and destroying confidential material. The patient medication record (PMR) system in the consultation room, did not automatically lock itself for a significantly long period of time. And an unsecured waste bin in the room, contained some confidential paperwork. So unauthorised persons could potentially have access to this information if left alone in the room. The pharmacy had not completed a data protection audit and it did not display any information about its privacy notice, so people may not know how to find out about its policies on protecting their data.

The pharmacy informally assessed people when they first requested the compliance pack service, which included whether they needed limiting to seven days' medication per supply to avoid them becoming confused. However, it did not make corresponding records of these assessments. The pharmacy kept records of the care arrangements for people on compliance packs, including their carer's details and special arrangements for who and when to supply their medication. So, the team had easy access to this information if they needed it urgently. Staff had reported safeguarding concerns to the GP and local support services when people, who were being treated for substance misuse , exhibited signs of confusion or looked in poor health. And they worked closely with carers and hospitals to ensure people's safeguarding issues were managed. In some cases, it led to the pharmacy dispensing their medicines in compliance packs or limiting them to one or seven days' medication per supply.

The RP and ACT had level two safeguarding accreditation and records indicated the staff had read and understood the pharmacy's written safeguarding procedures. However, the RP did not know if the other resident pharmacist had level two accreditation. The pharmacy also had the local safeguarding board's contact details and access to their procedures.

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. 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 included the RP, pre-reg, two experienced dispensers, and a third temporary dispenser. The pharmacy's other staff included a second resident pharmacist, accredited checking technician (ACT), an experienced dispenser, and a medicines counter assistant (MCA).

The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines, including those dispensed in compliance packs ready in good time for when people needed them. And the pharmacy owner's hub pharmacy usually dispensed around eighty-five percent of the compliance pack prescriptions, which supported service efficiency. The pharmacy had a steady footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people.

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. Two of the dispensers managed the administrative parts of the compliance pack service. However, only the RP was involved in preparing packs, which they said they would review.

The pharmacy only allowed one team member on planned leave at any time. However, it was not allowed to obtain cover during these periods or if staff took unplanned leave. The pharmacy would also shortly be reducing its staffing by forty working hours when the temporary dispenser left. So, it was unclear if the pharmacy would have enough staff in the future.

Staff had participated in the pharmacy's appraisal process and from time to time they arranged their own training, but it 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 displayed a whistle-blowing notice in its dispensary, which encouraged its staff to contact the pharmacy's head office if they had concerns about people's safety.

The pharmacy had a financial incentive for the number of MURs it completed, which the RP said was realistic and achievable. The team could manage the competing MUR and dispensing workloads by breaking down the MUR goal into achievable milestones. And the pharmacy owner's compliance pack dispensing service along with the ACT's support helped to control dispensing workload pressure. The RP spent around ten to twenty minutes on each consultation and always held them in the consultation room, and the majority were for the targeted groups. So, the team conducted these consultations in an appropriate time and place and the incentive did not affect how well they provided the service. The

pharmacy had obtained people's consent to provide the prescription ordering and electronic prescription service, which helped to confirm the people who wanted to use these services if needed.

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. The pharmacy also had a semi-private area for people to take their methadone.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's working practices are suitably effective, which helps 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 6pm Monday to Friday and Saturday 9am to 12 midday. It had a low-step entrance 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. All the dispensers had signed to declare they had read and understood these procedures. The pharmacy had checked all the people prescribed valproate, which confirmed it did not have anyone who could be in the at-risk group. It also had the MHRA approved valproate advice cards to give people, but it did not have the booklets which should be issued to anyone receiving valproate for the first time, as stated under MHRA guidance.

The RP regularly checked that people on anti-coagulants and lithium had a blood test but did not always do this for people on methotrexate. They consistently checked if any of 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 scheduled when to order prescriptions for people who used compliance packs, so that 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 query differences between the record and prescriptions with the GP surgery, and reduced the risk of it overlooking medication changes. The pharmacy owner's hub pharmacy prepared many 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 some of 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 RP had methadone instalments ready in advance of people presenting for them and they prepared instalments for more than one day in divided daily doses. This helped the pharmacy to manage its workload pressure and supported people to take an accurate dose.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. It had the system required to follow the Falsified Medicines

Directive (FMD) but staff had not yet received the training to comply with it, as required by law. Staff said this was because the pharmacy's head office had not issued training material, and they had not indicated when this would be happening when they raised it around four months ago.

The pharmacy suitably secured its CDs and recently destroyed its date-expired and patient-returned CDs. The RP said that they monitored the medication refrigerator storage temperatures every day and they were consistently within a safe range. However, they had not kept records that supported this, which they agreed to address. Records indicated that the pharmacy monitored medicine stock expiry dates over the long term. The team also took appropriate action when it received alerts for medicines suspected of not being fit for purpose, but its supporting records did not always make clear who handled the alert and when they did so. The pharmacy disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

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 RP checked the prescription issue date before dispensing each CD, so the pharmacy made sure it only supplied CDs when it had a valid prescription. And the pharmacists initialled each CD register supply entry, so the pharmacy had an audit trail that identified the supplying pharmacist, including for CDs that it delivered.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively. It properly maintains its equipment and it has the facilities to secure people's information.

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, including separate ones for methadone. 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 latest version of the BNF and a recent cBNF, which meant it could refer to pharmaceutical information if needed.

The RP said that they cleaned the manual methadone pump device after each time it was used, which was usually every two or three days. And they calibrated the device once a month, which helped to keep the device in working order. However, the pharmacy did not make records to support this.

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