

# 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:** 11/07/2023

## Pharmacy context

This is a community pharmacy situated in a town centre shopping-parade along a busy main road. It serves the local population. It mainly supplies NHS prescription medicines and it supplies some of them in weekly compliance packs to help make sure people take them safely. The pharmacy also provides other NHS services such as the NHS New Medicine Service (NMS), flu vaccinations and substance misuse treatments.

## 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 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. The procedures were regularly reviewed. These covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CD). Staff confirmed that they had read the procedures relevant to their role and responsibilities, but some of them had not signed to indicate that they had done this.

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 pharmacy had written procedures for learning from mistakes. Staff said they discussed mistakes at the time each of them happened. They said the manager, who was the regular pharmacist, recorded these mistakes. But they could not locate these records and they were not shared with the team. So, it was difficult to confirm how effectively the team identified trends and mitigated against risks in the dispensing process.

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. However, it did not publicly display any information about how to make a complaint. The pharmacy had not completed a patient survey recently due to 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, but it did not always include the time they ceased being the RP. So, the record was incomplete, which could cause confusion if a query arose.

The pharmacy maintained the records required by law for CD transactions. The team regularly 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 team maintained records for NMS consultations. And it kept records for the medications prepared under a specials license that it had supplied. However, these 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, but no supporting records were kept. Team members secured and destroyed confidential papers. Most team members had their own security card to access NHS electronic patient data and they used passwords to access this information. Security cards had been requested for the remaining team members. The patient medication record (PMR) system in the consultation room did not automatically lock itself for a prolonged period of time. So unauthorised persons could potentially have access to this information if left alone in the room. The pharmacy 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 RP had level two safeguarding accreditation and records indicated the staff had read and understood the pharmacy's written safeguarding procedures. The pharmacy raised concerns about people who were consistently missing their medication doses with the local substance misuse treatment teams. It liaised with the local GP practice. And it 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 using 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.

## 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.

### Inspector's evidence

The staff present included the RP, who was a locum providing temporary cover, three dispensers, and a trainee pharmacist who was completing their foundation training. The pharmacy's other staff included the regular pharmacist, who was the manager, a dispenser, and a medicine counter assistant. A new trainee pharmacist was due to start working at the pharmacy.

The trainee pharmacist explained that they received the support they needed, and they had four hours protected study time each week.

The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines ready on time. The pharmacy owner's hub pharmacy dispensed most of the compliance packs, which supported service efficiency. The pharmacy had low footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people.

Staff members worked well both independently and collectively. They used their initiative to get on with their assigned roles and required minimal supervision. Team members effectively oversaw the various dispensing services and had the skills necessary to provide them. Two of the dispensers managed the administrative aspects of the compliance pack service. The manager and trainee pharmacist supported the service in their absence.

The pharmacy only allowed one team member on planned leave at any time. Staff said that the team could usually manage without cover when staff took a short period of unplanned leave. And it requested additional cover via head office if needed.

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 targets for the number of completed NMS and hypertension reviews, which the team found achievable most of the time providing no staff members were away.

## 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 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 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 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 9am to 6pm Monday to Friday and Saturday 9am to 12 noon. 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, but not valproate. The pharmacy had checked for any people at risk who were prescribed valproate. Staff did not know if the pharmacy had the booklets which should be given to anyone receiving valproate for the first time, as stated under MHRA guidance. The pharmacy had stock with MHRA approved valproate advice cards attached. Staff members did not know to remove this card from the box and to give it to people in the at-risk group, but they were reminded to follow this guidance.

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 pharmacy owner's hub facility prepared most of the compliance packs with printed images of each medication, which helped people to identify their medicines.

The team 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 and supported people to take an accurate dose.

The team used colour-coded baskets during the dispensing process to separate people's medicines and organise its workload. Staff left a protruding flap on several randomly selected part-used stock cartons, which could be easily overlooked and could increase the risk of team members selecting the incorrect 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 date-expired and patient-returned CDs, and it used destruction kits for denaturing unwanted CDs. The pharmacy monitored its refrigerated medication storage temperatures. The fridge had enough space to store a significant quantity of vaccine during the peak of the flu vaccination season.

Staff reported that they checked medication stock expiry dates. But they could not recall how often this was completed, and the pharmacy did not keep corresponding records. Several randomly checked stock medicines had a reasonably long shelf-life, but there were a few exceptions which had expired in the last three to six months which suggested that checks had not been completed recently.

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.

Staff members confirmed the pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose, but they could not locate the supporting records. The pharmacy had facilities in place to dispose of obsolete medicines, and these were kept separate from stock.

Team members stated that the delivery drivers obtained the recipient's signature when they delivered each CD, but records were not available to confirm this.



## 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, 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.

Staff members cleaned the manual methadone pump device at the end of the day after it was used. They calibrated the device once a month, which helped to keep it in working order. However, the pharmacy did not keep 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.