

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, Hollies Road, Halewood Village,
LIVERPOOL, Merseyside, L26 0TH

Pharmacy reference: 1090242

Type of pharmacy: Community

Date of inspection: 29/08/2024

Pharmacy context

This community pharmacy is next to a medical centre. It is located in a residential area of Halewood, Knowsley, in 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, the NHS Pharmacy First service, and emergency hormonal contraception. 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
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 team follows written procedures, and this helps them to provide services safely and effectively. The pharmacy generally keeps records according to the requirements. And members of the team understand how to keep people's information safe. Members of the team discuss when things go wrong. But they cannot demonstrate how they review their mistakes or identify learning opportunities.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) which had been updated in July 2024. Members of the pharmacy team had signed training sheets to say they had read and accepted the SOPs.

The pharmacy had systems in place to identify and manage risk, such as the recording of dispensing errors and details of the learning outcomes. The pharmacist discussed near miss incidents with members of the team to identify learning points. But the team did not record their mistakes which would provide information for the team to review. To help reduce picking errors, the team had re-arranged the location of some medicines during a tidy up of the dispensary shelves. For example, they had moved pain medicines, and antibiotics, away from the main stock section.

The roles and responsibilities for members of the team were documented on a matrix. A trainee dispenser explained what their responsibilities were and was clear about the tasks that could or could not be conducted during the absence of a pharmacist. Members of the pharmacy team wore standard uniforms. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure, but information about it was not on display. Which would help to encourage people to raise feedback. Any complaints were recorded, sent to the head office and followed up. A current certificate of professional indemnity insurance was seen.

RP records were maintained electronically. But details of when the pharmacist had signed out were not routinely made. So, the pharmacy may not be able to accurately show when a pharmacist's responsibility had ended. The pharmacist acknowledged that these records need to be kept going forwards. Records for private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were kept on electronic software. Running balances were recorded and checked frequently. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded.

An information governance (IG) policy was in place, and this had been read by members of the team. When questioned, a dispenser was able to describe how confidential information was separated to be removed by a waste carrier. Safeguarding procedures were included in the SOPs. The pharmacist had completed level 2 safeguarding training and understood where to find the contact details for the local safeguarding board. Members of the team said they would refer any concerns to the pharmacist in the first instance.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload safely. And they complete the necessary training, or undertake training, for the jobs they do. But ongoing learning is not routinely provided, so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included five dispensers, three of whom were in training, and a delivery driver. All members of the pharmacy team were appropriately trained or on accredited training programmes. The pharmacy had been without a pharmacist manager for over 12 months. A locum pharmacist was currently working at the pharmacy to provide regular cover. The volume of work appeared to be well managed. Staffing levels were maintained by a staggered holiday system and part time members of the team. Relief team members could be requested from the head office, if necessary, when additional support was needed.

Members of the pharmacy team had previously completed some additional training. For example, they had completed a training pack and assessment about the company SOPs. But ongoing training was not provided in a consistent manner, which would help to ensure learning needs were met. A trainee dispenser provided examples of selling a pharmacy only medicine using the WWHAM questioning technique, refusing sales which they felt were not appropriate, and referring people to the pharmacist when needed. The pharmacist felt able to exercise their professional judgement and this was respected by the team.

Members of the team felt well supported by each other. They were seen working well together and assisted each other with any queries they had. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. The pharmacy had targets for professional services such as the NHS new medicines service. 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 premises was clean and tidy, and appeared to be adequately maintained. People in the retail area were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled using air conditioning units and lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

A consultation room was available. It was tidy with a computer, desk, seating, and adequate lighting. 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

The pharmacy and consultation room were easily accessible by those with additional mobility needs. Information was on display about the services offered and information was also available on the website. The pharmacy opening hours were on display.

Some prescriptions were dispensed by an automated system at the company's hub pharmacy. Prescription information was entered on to the pharmacy computer. 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 for the computer system to identify who had labelled the prescription and who performed the clinical check, and accuracy check.

Dispensed medicines were received back from the hub within 24-48 hours. The medicines were packed in sealed 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 responsibility for the final accuracy check fell to the RP in the pharmacy rather than the hub. When the dispensed medicines were received in branch, they were matched up with the prescription forms, and any items that had been dispensed and checked in the pharmacy.

Members of the team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail for medicines dispensed in the pharmacy. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical 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 confirming the patient's name and address when medicines were handed out.

The pharmacy's computer software alerted the team when prescriptions were due to expire, and these were removed from the collection shelves. The team provided counselling advice to people when it was requested, but there was no process to routinely identify those taking higher-risk medicines (such as warfarin, lithium, and methotrexate). So, team members may not remember to discuss these medicines to help make sure they remained suitable and safe to use. Members of the team were aware of the risks associated with the use of valproate-containing medicines during pregnancy, and the need to supply full packs. Educational material was supplied with the medicines. There were no people who were currently supplied valproate containing medicines who met the risk criteria.

Some medicines were dispensed into multi-compartment compliance packs. Before a person was started on a compliance pack the team completed a suitability assessment. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was updated. Hospital discharge information was sought and kept for future reference. The compliance packs were labelled with medication descriptions. But patient information leaflets (PILs) were not routinely supplied to help ensure people had up to date information about their medicines.

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

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy team had recently completed a full tidy and check of the expiry dates of medicines. Short-dated stock was highlighted using a sticker and open liquid medication had the date of opening written on the bottle. A spot check of medicines did not find any expired stock. A process to check a different section of the pharmacy every three months had been implemented.

Controlled drugs were stored in the CD cabinet, with clear separation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were two clean medicines fridges, each with a built-in thermometer. The pharmacist advised that the minimum and maximum temperature was being checked each day. But the temperatures were only being recorded for one of the fridges on the electronic software. The pharmacist admitted this was an oversight and immediately implemented a new record for the second fridge. The fridge's thermometer showed it was at the correct temperature, and it had remained within the correct range after it had been reset. Patient returned medication was disposed of in designated bins located in a separate room away from the dispensary. But a number were stored outside of the designated bins as they needed to be sorted, which was not good practice as it introduced unnecessary risk. Drug alerts were received by email from the MHRA. But the pharmacy did not keep records to show how they had dealt with them. Which would help them to show they had acted appropriately.

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 keep the equipment clean in a manner expected of a healthcare setting.

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 counting 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.