

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, Unit 5/6 Berwick Parade,
Brinnington, STOCKPORT, Cheshire, SK5 8LQ

Pharmacy reference: 1092283

Type of pharmacy: Community

Date of inspection: 29/01/2020

Pharmacy context

This busy pharmacy is situated near to a medical centre in an urban residential area, serving the local population. It mainly supplies NHS prescription medicines and it prepares some of them in weekly multi-compartment compliance packs to help make sure people take them safely. It also offers a prescription ordering service. The pharmacy provides other NHS services such as minor ailment consultations 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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	2.1	Good practice	Staff do not feel pressurised when working and complete tasks properly and effectively in advance of deadlines. And the pharmacy reviews its staffing levels so that they remain appropriate.
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

Overall, the pharmacy manages its risks well. The pharmacy team follows written instructions to help make sure it provides safe services. The team usually 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). Records indicated that all staff members 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 they supplied, and it assisted with investigating and managing mistakes. The pharmacy team discussed and recorded any mistakes it identified when dispensing medicines. It addressed each of them separately and it reviewed these records monthly. However, staff did not usually record the reason why they thought they had made each mistake. So, they could miss additional opportunities to learn and mitigate risks in the dispensing process.

The team received positive feedback from people across key areas in its last published patient satisfaction survey conducted from April 2017 to March 2018. The pharmacy had a complaint handling procedure which the staff had read. And it publicly displayed information about how to make a complaint.

The pharmacy had professional indemnity insurance for the services it provided. The RP, who was the manager and resident pharmacist, displayed their RP notice, so the public could identify them. The pharmacy generally maintained the RP record, but pharmacists did not always record when they ceased being the RP, which could cause ambiguity in the event of a query. It maintained the records required by law for CD transactions and it checked CD running balances regularly, which assisted in detecting any discrepancies at an early stage. The team also kept records of private prescription medication supplies. But it did not file the corresponding prescriptions in any coherent order, which may make it more difficult dealing with an enquiry when needed.

The pharmacy also maintained records in relation to the minor ailment and needle exchange services. It also kept records of medicines manufactured under a specials licence that it had obtained and supplied. However, it did not always note the details of the people to who it had supplied them, which could make it more difficult to clarify what happened in the event of a query. The pharmacy could usually obtain a prescription for people who needed their repeat medication urgently, and it kept appropriate records in the few cases when it supplied a medicine, because it could not obtain one in a timely manner.

Staff had read the pharmacy's data protection and General Data Protection Regulation policies. They used passwords and their own NHS security cards to access people's electronic data. And they securely stored and destroyed confidential waste. The team obtained people's written consent to access their information for the minor ailment service. It obtained people's verbal consent to obtain their

information in relation to the prescription ordering and electronic prescription services. It also obtained compliance pack people's consent to share their information with the pharmacy owner's hub pharmacy, which assembled their packs. The pharmacy had completed a data protection audit, so it monitored its ability to protect people's information. The pharmacy did not publicly display any information about its privacy notice.

The RP, regular locum pharmacists and accredited checking technician (ACT) each had level two safeguarding accreditation. Records indicated all the staff had read the pharmacy's written procedures on safeguarding. The pharmacy also had the local safeguarding board's procedures and contact details. The team formally assessed whether people needed their medicines in a compliance pack and made corresponding records of this. It also assessed whether it was safe to supply every 28 days, but it did not keep any supporting evidence of this. The team kept records of each compliance pack patient's care arrangements, including their next of kin details, which assisted in easy access to this information if it needed it urgently. Staff had reported safeguarding concerns to the GP when compliance pack people had not presented to collect their medication.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together and qualified staff have the skills necessary for their roles. But they don't complete any ongoing training, so their knowledge may not always be fully up to date.

Inspector's evidence

The staff present were the RP, two accuracy checking dispensers (ACs), three dispensers, a medicines counter assistant (MCA) and a pre-registration pharmacist (pre-reg). The other staff, who were not present, included an accuracy checking technician (ACT), an AC, and an MCA. The pharmacy also employed two delivery drivers.

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. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services and the pharmacy owner's hub pharmacy dispensed most of the compliance packs, which helped to maintain 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. They used their initiative to get on with their assigned roles and they did not need constant management or supervision. Two of the ACs efficiently covered the compliance pack service, and the pre-reg and a dispenser both dispensed methadone instalments. Staff had an appraisal in the last six months. They did not have access to a structured ongoing training programme to help them keep their skills and knowledge up to date.

The pharmacy had an effective strategy for covering planned and unplanned leave. It only allowed one of its staff members to be on planned leave at any time, and it's local co-ordinator arranged cover for when one of the team members was on leave.

The pharmacy had targets for the volume of some the services it provided, which the RP said were achievable and realistic. And the ACs and ACTs presence meant the pharmacist could focus on non-dispensing services when needed, which facilitated achieving these targets.

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 pharmacy was situated in a modern retail unit, which had shop and dispensary fittings that were suitably maintained. It was spacious, bright and professional in appearance. The retail area and counter design could accommodate the typical number of people who presented at any one time. The open-plan dispensary and rear compliance pack dispensing area provided enough space for the volume and nature of the pharmacy's services, which meant these areas were organised and staff could dispense medicines safely. The consultation room was accessible from the retail area and could accommodate two people. Its availability was not prominently advertised in the front window, so people may not be aware of this facility. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

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 was open from 8.30am to 6.30pm Monday to Friday and half-day on Saturday. It had a step-free entrance and the team could see and assist anyone who needed help entering the premises.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including insulin, anti-coagulants, methotrexate and lithium. The RP recently completed an audit of all the people taking valproate. They identified anyone in the at-risk group and counselled them and confirmed that they had consulted their GP and received the MHRA approved valproate advice booklets. The pharmacy had copies of these booklets and the corresponding advice cards to give people. The team checked that people taking an anti-coagulant had a recent blood tests results and kept records that supported this. The pharmacists also checked that these people understood their prescribed dose, counselled them on recognising any potential side effects and interactions. They checked that people taking methotrexate understood their prescribed dose, and they advised them on the potential side-effects and interactions. The team did not confirm if these patients had a recent blood test. But it did check if people taking lithium had a recent blood test.

The team prompted people to confirm the repeat medications they required. This helped it limit medication wastage and people received their medication on time. And the team made records of these requests, but it did not include the medications requested, so the team could find it more difficult to effectively resolve queries if needed.

The 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 also kept detailed communications about medication queries or changes for people using compliance packs. The team labelled compliance packs that it prepared with a description of each medicine inside them, which helped people to identify them. The pharmacy owner's hub pharmacy also prepared some 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 team prepared methadone instalments in advance of people collecting them. It also supplied them in divided daily doses where people agreed to it, and the team advised all the other patients to have their methadone dispensed in this way to help make sure they took an accurate dose.

The team used colour-coded baskets during the dispensing process to separate people's medicines and help organise its workload. It marked part-used medication stock cartons, which helped make sure it gave people the right amount of medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and it stored them in an organised manner. It did not have a system required to follow the Falsified Medicines Directive (FMD), as required by law, and staff did not know when this would be installed.

The pharmacy suitably secured its CDs. It properly segregated date-expired and patient-returned CDs, and it had kits to denature them. Records indicated that the medication refrigerator temperatures were usually checked around two or three times each week, and the pharmacy monitored medicine stock expiry dates over the long-term. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose. But it did not have a clear record confirming this, so the team might find it difficult to demonstrate these are managed appropriately. It disposed of obsolete medicines in waste bins kept away from its medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The pharmacy had an electronic system to alert it to any CD prescriptions reaching their supply deadline date. The pharmacist also checked these dates at the point that they handed out each CD. So, the pharmacy had a system which helped to make sure it only supplied CDs against a valid prescription. 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.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The team kept the dispensary sink clean; it had hot and cold running water and an antibacterial hand sanitiser. The team had a range of clean measures and a separate set for preparing methadone supplies. 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. Staff used the latest versions of the BNF and cBNF to check pharmaceutical information if needed.

The 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.