

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, Nye Bevan House, Dowling Street,
ROCHDALE, Lancashire, OL11 1HR

Pharmacy reference: 1097221

Type of pharmacy: Community

Date of inspection: 17/11/2022

Pharmacy context

This is a health centre community pharmacy, situated in a urban residential area, serving the local population. It mainly supplies NHS prescription medicines, and it manages people's repeat prescriptions. The pharmacy has a home delivery service. A large number of people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. The pharmacy also provides other NHS services such as influenza vaccination, blood pressure checks and the community pharmacy consultation service (CPCS).

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

Overall, the pharmacy manages the risks associated with its services. It has written policies and procedures to help make sure it operates safely and the pharmacy team members generally follow these in practice. The team usually reviews its mistakes so that it can learn from them. Team members know how to protect and support vulnerable people, and they understand their role in securing people's confidential information.

Inspector's evidence

The pharmacy had some COVID-19 infection control measures. A large screen on the front counter protected people visiting the pharmacy and the pharmacy staff.

The pharmacy had written procedures which covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Staff members had read these procedures.

The dispenser and checker initialled dispensing labels for prescription medicines prepared in the pharmacy, which helped to clarify who was responsible for each prescription medication supplied and this assisted with investigating and managing mistakes.

The pharmacy team recorded mistakes it identified when dispensing medicines, and it addressed each of these incidents as they arose. The team reviewed these records collectively each month, so they could consider learning points. The records included details indicating why the team thought each mistake happened. So, the team had additional learning opportunities to identify trends and mitigate risks in the dispensing process.

The pharmacy had written complaint handling procedures, so staff members could effectively respond to any concerns. A publicly displayed notice included information on how people could 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, as required by law. The records for CD transactions did not always have the appropriate heading on each page as required by law. The pharmacy maintained records of unlicensed medicines that it had obtained and supplied. The team checked the CD running balances and made corresponding records, which helped it to identify any discrepancies. A randomly selected CD balance was found to be accurate. The team kept records of unwanted CDs returned to the pharmacy for destruction. The pharmacy kept records of flu vaccinations, blood pressure checks, and minor ailment consultations referred via the CPCS. Medicines supplied against private prescriptions were recorded in an electronic register. The corresponding prescriptions were filed loosely and in no obvious order, which might make it difficult to retrieve a prescription in the event of a query.

Staff members had completed training on protecting people's confidentiality and information governance. They securely stored and destroyed confidential material. Most team members had their own security card to access NHS electronic patient data and they used passwords to access this information. The pharmacy team entered people's verbal consent to receive the flu vaccination service

on the electronic record. A publicly displayed privacy notice explained how the pharmacy handled and managed people's personal information as required by the General Data Protection Regulation.

The manager, who was the regular pharmacist had level two safeguarding accreditation. The pharmacy had assessed and liaised with GPs to clarify which people needed their medicines in a compliance pack and those who should be limited to seven days' medication per supply. The pharmacy kept records of the next of kin or carer's details and specific care requirements for people who received compliance packs. This helped the team to deal with queries relating to these vulnerable people. The team raised a safeguarding concern with the local substance misuse service when people did not visit the pharmacy on successive days for their treatment.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained staff to provide safe and effective services. Team members understand their individual roles and they work well together.

Inspector's evidence

The staff present included the RP, a locum pharmacist who occasionally provided cover at the pharmacy, a trainee pharmacist, two dispensers and a trainee dispenser. The team members who were not present included the manager, an accredited checking technician (ACT), a dispenser, and a medicines counter assistant (MCA). The pharmacy also employed two delivery drivers.

The pharmacy had enough staff to comfortably manage the workload. It usually had repeat prescription medicines, including compliance packs, ready in good time for when people needed them. The pharmacy received most of its prescriptions via the electronic prescription service and a large number of people used the repeat prescription management service. A significant number of prescription medicines were prepared at the pharmacy owner's offsite facility. These arrangements helped to increase service efficiency and manage the team's workload. The pharmacy's footfall was minimal. So, the team avoided sustained periods of increased workload pressure and it promptly served people.

Staff members worked well both independently and collectively and they used their initiative to get on with their assigned roles and required minimal supervision. They effectively provided the various dispensing services and had the skills necessary to provide them. The ACT provided the compliance pack service under the pharmacist's supervision.

The trainee pharmacist, who started working at the pharmacy in August 2022, was progressing positively and they felt well supported. The trainee dispenser, who started around twelve months ago, had only completed two out of nine modules. The manager explained the plan to address this delay.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. The pharmacy has consultation facilities, so the pharmacy team can speak to people in private.

Inspector's evidence

The premises' cleanliness was appropriate for the services provided. There was enough space to allow the pharmacy team to dispense medicines safely, and a separate area was available for preparing compliance packs. The dispensary was set back from the front counter, so any confidential information could not be easily viewed from the public areas. Staff could secure the premises.

The consultation room offered the privacy necessary to enable confidential discussion. It was accessible from the retail area, could accommodate two people and was suitably equipped. But its availability was not prominently advertised, so people may not always be aware of this facility. A booth was also available which offered some privacy for people to receive their methadone supply or if people wanted a conversation.

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 it manages them appropriately to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy operated between 8.30am to 6.30pm Monday to Friday. It had step-free entrance and staff could see anyone who needed assistance entering the premises. Many staff members were bi-lingual as they spoke english and urdu or punjabi, which meant they could communicate more effectively with most people who used the pharmacy.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants, methotrexate and insulin, but it did not have one for valproate. The pharmacy team had reviewed people taking valproate to help identify anyone in the at-risk group to make sure they received some additional counselling about pregnancy prevention. But it had not checked if these patients had an annual review with their GP. The manager confirmed that they would address this.

The team prompted people to confirm the repeat prescription medications they required, which helped the pharmacy limit medication wastage, and so people received their medication on time. The pharmacy retained records of the requested prescriptions. So, the team could 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. It kept a record of these people's current medication that also stated the time of day they were to take them. This helped it to effectively query differences between the record and the prescriptions it received with the GP practice, and it reduced the risk of it overlooking medication changes. The pharmacy kept records of medication changes, but these were not always clear. For example, the medication stopped was obliterated from the record, or the date of the change was missing. This could lead to difficulties when handling queries.

The pharmacy owner's hub dispensing facility prepared compliance packs that needed five or more medicines, which helped managed service demand. Compliance packs did not always include or sometimes had the same image or description for different medicines contained inside them. So, people might have difficulties identifying them.

The team prepared methadone supplies in advance of people presenting at the pharmacy. Instalments were prepared in separate daily doses. These arrangements helped to manage the prescription workload and make sure people took an accurate dose.

The team electronically recorded NHS blood pressure service checks. The pharmacist had referred people with high results to their GP for further investigation.

The pharmacy checked people's blood pressure as part of their GP led oral contraceptive review. It did not keep records of these checks, which might create difficulties in the event of a query.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. Staff members permanently marked part-used medication stock cartons, which helped team members select the right medication 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 its date-expired and patient-returned CDs, and it used destruction kits for denaturing unwanted CDs. The pharmacy monitored its refrigerated medication storage temperatures. Records indicated that the pharmacy monitored medicine stock expiry dates.

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

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 staff kept the dispensary sink clean; it had hot and cold running water and antibacterial hand sanitiser was available. The team had a range of clean measures, and a separate set for methadone. So, it had facilities to make sure it did not contaminate the medicines it handled, and it could accurately measure and give people their prescribed volume of medicine. Recent versions of the BNF and cBNF were available to check pharmaceutical information if needed. RP used BNF online.

The pharmacy had facilities that protected people's confidentiality. It regularly backed up people's data on the PMR, which had password protection. So, it secured people's electronic information and it could retrieve their data if the PMR system failed. And the pharmacy had facilities to store people's medicines and their prescriptions securely.

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.