General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 36A Braithwaite Road, Lowton, WARRINGTON, Cheshire, WA3 2HY

Pharmacy reference: 1111612

Type of pharmacy: Community

Date of inspection: 24/02/2020

Pharmacy context

This is a community pharmacy next to a medical centre. It is situated in the residential area of Lowton, in the borough of Wigan. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, a minor ailment service and emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time.

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	1.2	Good practice	Members of the pharmacy team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.
		1.7	Good practice	Members of the pharmacy team are given training so that they know how to keep private information safe.
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 to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were issued in August 2018 and their stated date of review was July 2020. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). A recent error involved the incorrect supply of rivaroxaban 20mg tablets instead of rosuvastatin 20mg tablets. The pharmacist had investigated the error and discussed his findings with members of the pharmacy team. Near miss incidents were recorded on a paper log. The pharmacist explained that he would review the records each month and discuss this with members of the pharmacy team. He provided examples of action which had been taken to help prevent similar mistakes. Such as the use of 'take care' stickers to help prevent picking errors. And altering the workflow in order to reduce the amount of distraction from people who were waiting in the retail area. The company shared learning between pharmacies by intranet. Information was printed and left on the workbench for members of the team to read and sign.

Roles and responsibilities of the pharmacy team were documented on a matrix. The trainee dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure which was explained in the practice leaflet. Any complaints were recorded to be followed up by the pharmacist manager or head office. A current certificate of professional indemnity insurance was on display.

Controlled drugs (CDs) registers were maintained with running balances recorded and checked each month. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register. Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. Each member of the pharmacy team had completed in-house IG training and had signed a confidentiality agreement. When questioned, the trainee dispenser was able to correctly describe how confidential waste was segregated and removed to be destroyed by the pharmacy's head office. Details about where to find the pharmacy's privacy notice were on display in the retail area.

Safeguarding procedures were included in the SOPs. Members of the pharmacy team had completed in-house safeguarding training and the pharmacist had completed level 2 safeguarding training. Contact

details for the local safeguarding board were available in the consultation room. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist manager, five dispensers – one of whom was in training, and a medicine counter assistant (MCA) - who was also the delivery driver. Members of the pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist and three to four assistants. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had completed a training pack about Children’s oral health. Certificates were kept as a record to show what training had been completed. But further training was not provided in a structured or consistent manner, so learning needs may not always be fully addressed.

A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines that were liable to abuse that she felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgement and this was respected by members of the pharmacy team. The trainee dispenser said she received a good level of support from the pharmacy team and felt able to ask for further help if she needed it. Appraisals were conducted annually by the pharmacy manager. A dispenser said she felt that the appraisal process was a good chance to receive feedback about her performance. And she felt able to speak about any of her own concerns. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. The pharmacy was set targets for services such as MURs and NMS. The pharmacist said he did not feel under pressure to achieve targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and access to it was restricted by use of a gate. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. 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 recognised 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 be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was via a ramp to a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Pharmacy practice leaflets gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

A repeat prescription service was offered where patients would contact the pharmacy to order their medication. Some patients were on a managed repeat system where the pharmacy would contact the patient in advance to ask if they required any medication. A record of requested medication was kept, and any missing items were queried with the GP surgery. The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery sheet was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were kept on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were stored in a separate location so that staff knew to check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team were not always aware when they were being handed out in order to check that the supply was suitable for the patient. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme. And this was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacist would complete an assessment to check their suitability. 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 amended. Hospital discharge

sheets were sought, and previous records were retained for future reference. Compliance aids were assembled off-site at a hub. People who received their medicines inside compliance aids had provided written consent to send their information to the company's hub. Each prescription was clinically checked by the pharmacist and he would also check the data entry on the PMR was accurate before it was transmitted to the hub. Compliance aids were delivered to the pharmacy from the hub the following week in disposable equipment. They contained medication descriptions and an assembly audit trail. Patient information leaflets (PILs) were not routinely supplied. So people may not always have all of the information they need to take the medicines safely.

The pharmacy provided a flu vaccination service using a patient group direction (PGD). A current PGD was available to view and the pharmacist confirmed he had the necessary training to provide the service. Records of vaccinations were kept, and the patient's GP surgery was informed that they had been vaccinated.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the Falsified Medicine Directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine checks of medicines. Stock was date checked on a 12-week rotating cycle. A date checking matrix was signed by staff as a record of what had been checked. Short dated stock was removed at the start of the month of expiry. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had been within the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the head office and MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

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 maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. There were no stickers attached to indicate they had been PAT tested. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter and a designated tablet 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 the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients 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.