

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, 76 Belmont Street, Stockport,
Greater Manchester, SK4 1LX

Pharmacy reference: 9011319

Type of pharmacy: Community

Date of inspection: 20/05/2021

Pharmacy context

This is a conventional community pharmacy situated in an urban residential area, serving the local population. It mainly supplies NHS prescription medicines and manages people's repeat prescriptions. The pharmacy provides medicines in weekly compliance packs to help make sure people take them safely, and it offers a home delivery service. This inspection was completed during the COVID-19 pandemic.

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 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 appropriate measures in place to protect the public and its staff during the pandemic. A maximum of two people were allowed in the retail area at any time. The public had access to hand sanitiser and face masks. A screen was installed on the front counter. Each team member wore a face mask and they had access to hand gel and hand washing facilities. All the staff had completed a health risk assessment. Since March 2021, each staff member had completed a lateral flow test twice each week, all of which had returned negative results. The pharmacy had procedures if staff had any symptoms.

The pharmacy had written procedures that included safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CD). Staff had read the procedures that were 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 this assisted with investigating and managing mistakes.

The pharmacy team discussed and addressed any mistakes it identified when dispensing medicines. However, staff had not recorded these mistakes in the last twelve months, because of the additional workload created during the pandemic. So, they could be missing additional opportunities to identify patterns and mitigate risks in the dispensing process.

The pharmacy participated in patient satisfaction surveys and it had received positive feedback in the past. But they had not completed one since the start of the COVID-19 pandemic.

The pharmacy had professional indemnity insurance for the services it provided. The RP, who was the manager and regular pharmacist, displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP, CD and private prescription transactions. It also maintained its records for special medicines it had supplied to people.

The pharmacy displayed information about its privacy notice, so people know how to find out about its policies on protecting their data. Staff members had each signed a confidentiality agreement, and they 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. Prior to the pandemic the pharmacy obtained people's written consent to provide the repeat prescription management and electronic prescription services. Since the pandemic it had obtained these consents verbally. The team securely stored and destroyed confidential material, and it had completed a data protection audit.

The RP had level two safeguarding accreditation. Staff had level one safeguarding accreditation and they had read the pharmacy's written procedures on safeguarding. The pharmacy kept records of the care arrangements for people using compliance packs, which included their next of kin and carer's

details. It had the local safeguarding board's procedures and contact details.

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. The pharmacy sometimes delays new team member's training, which could mean they don't develop the skills needed to provide services as quickly as they could do.

Inspector's evidence

The staff present were the RP, who had been the manager for around three years, and two dispensers. The remainder of the team, who were not present, included a dispenser, two trainee dispensers, and a delivery driver.

The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines ready in good time for when people needed them, including those who had their medication delivered. The pharmacy received most of its prescriptions via the prescription management and electronic prescription services. The pharmacy owner's hub pharmacy assembled all the compliance packs, which helped to maintain service efficiency. The pharmacy had a low footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people. The dispensers shared the responsibility for maintaining the compliance pack service. Only one team member could take planned leave at any time and a pharmacy undergraduate student provided cover during these periods.

A trainee dispenser was due to start working at the pharmacy this week. The RP, who would be the tutor, said that they planned for the trainee to complete their course within six to twelve months. The other trainee dispenser, who had started their training around two years ago, had completed only one module. Head office knew about the situation, but it was unclear how it planned to help the trainee progress towards accreditation.

The pharmacy had targets set for the number of NMS consultations it completed and COVID-19 lateral flow tests it supplied. It also had incentives for the number of prescriptions it had completed. The RP said that the pharmacy did not always meet these targets because people did not always know that the pharmacy had recently relocated. But the RP did not feel under undue pressure to meet targets. And senior management was supportive in the current circumstances.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy, and it provides a suitable environment for the services it provides. It has suitable facilities to help protect people's privacy.

Inspector's evidence

The pharmacy was situated in a modern retail unit, with well maintained shop and dispensary fittings. All areas were generally clean and tidy. The retail area and counter design could usually accommodate the typical number of people who presented at any time. The relatively small dispensary and available dispensing bench space was enough to safely prepare medication for the prescription volume, and to accommodate three people at any time. The first-floor room used for the compliance pack service had enough space to provide it safely.

The consultation room was accessible from the retail area and it could accommodate two people. It was clean, tidy and suitably equipped. The dispensary was set back from the front counter, which meant it was difficult to view any confidential information from the public areas.

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 8.45am to 6.15pm Monday to Friday. It closed between 12.30pm to 1.30pm each day. It had step-free public access and the team could see and assist people 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. Staff members had completed training on valproate. The team had audited for any patients taking valproate who could be in the at-risk group. The RP had checked that these patients had received the appropriate advice, and they had provided them with the necessary written guidance on valproate. The pharmacy had the MHRA approved valproate advice cards and booklets that were issued in November 2020 to give to people.

The team prompted people to confirm the repeat medications they required, which helped it limit medication wastage and people received their medication on time. It made records of these requests, but it did not include the medications requested, so it could find it difficult to effectively resolve queries if needed. The RP said that they would address this. The pharmacy signposted people who needed their medication urgently to the local GP practice because they could usually obtain their prescription promptly. An SMS text service notified people when their medication was ready to collect, which helped to manage the team's workload and it avoided people presenting at the pharmacy prematurely.

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. The pharmacy also kept detailed communications about medication queries or changes for people using compliance packs. This helped it effectively query differences between its records and prescriptions with the GP practice, and reduced the risk of it overlooking medication changes. The pharmacy owner's hub pharmacy prepared the pharmacy's compliance packs that included printed images of each medication inside them. The hub usually supplied these packs in good time before people needed them.

The team used colour-coded baskets during the dispensing process to separate people's medicines and 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 stored them in an organised manner. It suitably secured its CDs and it had kits for destroying them. The team suitably monitored the medication refrigerator storage temperatures, and records indicated that the pharmacy monitored medicine stock expiry dates on an on-going basis.

The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and kept corresponding records. 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 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. The RP labelled dispensed CDs with a reminder to check the prescription issue and supply deadline dates when they supplied them, which helped to make sure they only supplied CDs against a valid prescription.

The delivery driver wore a mask and used hand sanitiser when they delivered medication. They placed people's medicines at their front door, observed them being collected at a safe distance and they recorded each confirmed supply.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has the equipment and facilities that it needs for the services provided. The equipment is appropriately maintained, and the layout and design protects people privacy. But the absence of an easily accessible hot water supply may make cleaning equipment more difficult.

Inspector's evidence

During the pandemic the team sanitised the work surfaces, IT equipment, telephones, door handles and light switches at least once each day. 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. 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.