

# Registered pharmacy inspection report

**Pharmacy Name:** Cohens Chemist, 20 Greenwood Street, Altrincham, Greater Manchester, WA14 1RZ

**Pharmacy reference:** 9011421

**Type of pharmacy:** Community

**Date of inspection:** 11/06/2021

## Pharmacy context

This is a traditional community pharmacy situated in a pedestrianised shopping parade of a suburban residential area. It serves the local population and it mainly supplies NHS prescription medicines. It orders prescriptions on behalf of people and it provides some of these medicines in weekly compliance packs to help make sure people take them safely. The pharmacy also offers home deliveries. The inspection was undertaken 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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. Floor markings, a one-way system and a screen installed on the counter helped to protect people and staff members. Hand sanitiser was available to staff members and they wore face masks. All staff members had received two covid-19 vaccinations, completed a health risk assessment, and did twice weekly lateral flow testing. The pharmacy's procedures required staff to self-isolate if they 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. This assisted with investigating and managing mistakes.

The pharmacy team discussed and recorded any mistakes it identified when preparing medicines. It addressed each of these mistakes separately by. However, staff usually did not record the reason why they thought they had made each mistake or review them for trends. So, they could miss 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 last survey completed in March 2019. But they had not completed one since the start of the COVID-19 pandemic. The pharmacy had a complaint handling procedure which the staff had read. However, it did not publicly display any information about how to make a complaint.

The pharmacy had professional indemnity insurance for the services it provided. The RP displayed their RP notice, so the public could identify them. The pharmacy maintained its records required by law for the RP, CD and private prescription transactions. It maintained records for CD running balances and CDs that people had returned to the pharmacy for disposal.

The pharmacy had written policies on data protection, and staff had completed training on protecting people's confidential information. The manager, who had been the regular pharmacist since January 2021, said that staff members had signed a confidentiality agreement. Team members 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 service. The team securely stored and destroyed confidential material. The pharmacy did not have any information about its privacy notice displayed, so people may not easily know how to find out about its policies on protecting their data. The manager said that they would obtain a copy of the company's privacy notice, which is now displayed. The manager did not know if the pharmacy had completed a data protection audit, so the pharmacy may miss additional opportunities to improve information

security.

Staff members had read the pharmacy's written procedures on safeguarding. The team had completed a needs assessment for each of the people receiving compliance packs, and it kept a record of their care arrangements. It kept records of the care arrangements for people using compliance packs, which included their next of kin and carer's details. The pharmacy 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 they have the skills necessary for their roles. But they do not complete any ongoing training, so their knowledge may not always be fully up to date.

### Inspector's evidence

The staff present were the RP, who was a locum pharmacist, and two dispensers. The other team members, who were not present, included a medicines counter assistant (MCA) and two delivery drivers, who the pharmacy shared with another local Cohens chemist.

The pharmacy had enough staff to comfortably manage its workload. The team said that they 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. The pharmacy owner's hub pharmacy assembled all the compliance packs, which helped to maintain service efficiency. The pharmacy had a low footfall, which continued through the pandemic, so the team avoided sustained periods of increased workload pressure and it could promptly serve people. Only one team member could take planned leave at any time, and their colleagues provided cover during these periods by rearranging their shifts and working additional time. The pharmacy's local co-ordinators provided staff extra if needed.

Staff members worked well both independently and collectively. The dispensers shared the responsibility for maintaining the compliance pack service. They used their initiative to get on with their assigned roles and they did not need constant management or supervision. This was reflected in the two experienced dispensers who efficiently managed the compliance pack service.

One of the dispensers had completed an NVQ level three dispenser qualification. However, staff members did not have access to an ongoing training programme that helped to keep their skills and knowledge up to date.

The pharmacy had targets set for the number of NMS consultations it completed. It also had incentives for the number of prescription medicines it had supplied. The RP felt that these targets and incentives were realistic.

## 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 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 long retail area and counter design could usually accommodate the typical number of people who presented at any time. The ample dispensary space and available dispensing bench was enough for staff to safely prepare medication for the prescription volume, and to accommodate three people at any time. The compliance pack service area had enough space. The premises could be secured to prevent unauthorised access

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, so confidential information could not be viewed from the public area.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are suitably effective, which helps make sure people receive their medicines safely. 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 9am to 6pm Monday to Friday. It had a step-free public entrance and staff could see anyone who needed assistance entering.

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 to give people. However, these were issued in May 2018, so they were not the latest version.

Most people used the pharmacy's online system for requesting their repeat medication, and the remainder telephoned the pharmacy. The team prompted them 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, which included the medications requested, so it could effectively resolve queries if needed. An SMS text service notified people when their medication was ready to collect, which helped to manage the team's workload and 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 amended these records when there were any changes to people's medication, but it did not keep a clear record of who or when this change was communicated. This could make it more difficult if the team needed to query these 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 baskets during the dispensing process to separate people's medicines and organise its workload. It left a protruding flap on part-used medication stock cartons, so team members were less likely to notice and may supply the wrong amount of medication by mistake.

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, segregated its date-expired CDs, and it had kits for denaturing 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 people's bags of dispensed medication, which meant it could efficiently retrieve these medicines when needed. It labelled dispensed CDs with a reminder for the pharmacist to check the CD supply deadline date, 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 pharmacy's layout and design protects people's privacy.

### 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 people's 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.