General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Cohens Chemist, Unit 19, Harpurhey Shopping Centre, Lee Road, Manchester, Greater Manchester, M9 4DH

Pharmacy reference: 9012270

Type of pharmacy: Community

Date of inspection: 08/05/2024

Pharmacy context

This is a community pharmacy situated in the town centre of Harphurey, Manchester. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including COVID-19 vaccinations, seasonal flu vaccinations, the NHS Pharmacy First service, and emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time.

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

The pharmacy team follows written procedures, and this helps them to provide services in a safe and effective manner. The pharmacy generally keeps the records according to the requirements. And members of the team understand the need to keep people's private information safe. But they do not always record things that go wrong, to help review their work and identify learning opportunities.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs). These were available in a folder and up to date. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Processes were in place when dispensing errors were identified, and a record of the investigation was kept along with any learning outcomes. A paper log was available to record near miss incidents. But none had been recorded since December 2023. The meant the pharmacist was unable to review any of the incidents so learning opportunities might be missed. The pharmacist highlighted and discussed mistakes with individual team members so they could learn from them. Team members had produced medicine name labels for the shelves to help keep the dispensary organised and tidy. They had also highlighted oxcarbazepine tablets as a warning to team members of their similarity in how they look to other boxes of medicines.

The roles and responsibilities for members of the team were documented on a matrix. A dispenser was able to explain what their responsibilities were and was clear about the tasks that could or could not be conducted during the absence of a pharmacist. Members of the pharmacy team wore standard uniforms and had badges identifying their names and roles. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure, but details about it were not on display. Which meant people may not know how to raise a complaint or provide any feedback. Any complaints would be recorded and sent to the head office and followed up. A current certificate of professional indemnity insurance was available.

RP records were maintained electronically but a record of when the pharmacist had signed out was not always made. So, the pharmacy may not be able to always show when a pharmacist's responsibility had ended.. And private prescription records did not always contain the name of the prescriber. Which was required to show who had authorised the supply of a medicine. Controlled drugs (CDs) registers were maintained with running balances recorded. Two random balances were checked, and both were found to be inaccurate. Following the inspection, the pharmacist confirmed he had corrected the erroneous records and corrected the balances to match the CD registers. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. Members of the pharmacy team had completed IG training. When questioned, a dispenser was able to describe how confidential information was separated and destroyed using a shredder. Safeguarding procedures were included in the SOPs and members of the team had completed safeguarding training. The pharmacist had completed level 2 safeguarding training and understood where to find the contact details for the local safeguarding board. A dispenser said they would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage the workload safely. 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, a supervisor, who was also a dispenser, a pharmacy technician, and four dispensers. One of the dispensers was completing a training course to be able to undertake final accuracy checks. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be manageable. Staffing levels were maintained by a staggered holiday system. Relief team members could be requested from the head office if necessary.

Members of the pharmacy team completed some additional training. For example, they had recently completed a training pack about a local needle exchange service provided by the pharmacy. Training records were kept showing what training had been completed. But further training was not provided in a consistent manner, which would help to ensure learning needs were met. A dispenser was seen to sell a pharmacy only medicine using the WWHAM questioning technique and refer people to the pharmacist when needed. The pharmacist felt able to exercise their professional judgement and this was respected by the team.

Members of the team explained that the pharmacist, and other team members, provided a good level of support. Team members were seen to work well together and were assisting each other with any queries they had. The team held regular huddles to discuss their ongoing work. The pharmacist provided ad hoc feedback to team members, but there was no formal appraisal programme. So, some development and learning needs may go unaddressed. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or contacting the head office. The pharmacy had targets for professional services such as the NHS new medicines service. The pharmacist did not feel under pressure to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. But there was limited workspace in the dispensary, which meant the team used the floor to store some baskets and boxes. And this may make the space less effective. People in the retail area were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled using air conditioning units and lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

A consultation room was available and kept locked when not in use. It was tidy 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 licensed 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 supplying 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

The pharmacy was accessible for wheelchair users. There was also wheelchair access to the consultation room. A digital screen and posters in the retail area provided information about the services offered and information was also available on the website. The pharmacy opening hours were on display.

The pharmacy had a delivery service, and delivery records were kept. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Some prescriptions were dispensed by an automated system at the company's hub pharmacy. Prescriptions for the hub were labelled electronically at the pharmacy by the pharmacy team. The pharmacist then completed a clinical and accuracy check on the records. The information was then transmitted to the hub for the medicines to be dispensed. Some items could not be dispensed by the hub, including items out of stock, not stocked, or CD and fridge items. The process was auditable by use of a personal log in to identify who had labelled the prescription and who performed the accuracy check.

Dispensed medicines were received back from the hub within 24-48 hours. The medicines were packed in sealed clear bags with the patient's name and address the front. These did not need to be accuracy checked by the pharmacy unless they opened the bag, in which case the responsibility for the final accuracy check fell to the pharmacy rather than the hub. When the dispensed medicines were received in branch, they were matched up with the prescription forms, and any items that had been dispensed and checked in the pharmacy.

Members of the team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail for medicines dispensed in the pharmacy. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Members of the team were seen to confirm the patient's name and address when medicines were handed out.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack the pharmacist would complete an assessment about 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 updated. Hospital discharge information was sought and kept for future reference. The compliance packs were labelled with medication descriptions. But patient information leaflets (PILs) were not routinely supplied to help

ensure people had up to date information about their medicines.

The pharmacy used electronic software to highlight any prescriptions which were due to expire, including those which contained CDs. Members of the team would remove these medicines from the collection shelves and contact the patient to remind them to collect the medicines before it expired. But high-risk medicines (such as lithium and methotrexate) were not highlighted to remind team members to provide advice or counsel patients. Which meant they missed an opportunity to help make sure these medicines remained safe to supply. Team members were aware of the risks associated with the use of valproate containing medicines during pregnancy, and the need to dispense the original pack. Educational material was supplied when the medicines were dispensed. There were no people who were currently supplied valproate containing medicines who met the risk criteria.

The pharmacy provided a COVID-19 vaccination service, using pre-booked time slots. The clinic was set up to maximise the pharmacist's time without putting extra burden on their workload. Written procedures were in place and the pharmacist had completed the necessary training. All steps of the service were undertaken by the pharmacist using the NHS national protocol.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of medicines were checked every three months. Records of what had been checked were kept. Short-dated stock was highlighted using a sticker and open liquid medication had the date of opening written onto the bottle. Controlled drugs were stored in the CD cabinet, with clear separation 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 temperature was being recorded daily. Records for the last three months were checked and indicated the temperature had been in range. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. But the pharmacy did not keep a record, which would help to show how they had actioned them in the event of a query.

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

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had counting triangles for counting loose tablets including 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 team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. People 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.