

# Registered pharmacy inspection report

**Pharmacy Name:** Allied Pharmacy Torrington, 1 High Street,  
TORRINGTON, Devon, EX38 8HN

**Pharmacy reference:** 1030933

**Type of pharmacy:** Community

**Date of inspection:** 09/06/2023

## Pharmacy context

The pharmacy is in Great Torrington, Devon. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. It also supplies medicines in multi-compartment compliance aids to help people take their medicines at the correct 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
<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

The pharmacy takes appropriate steps to identify and manage its risks. Following a recent change in ownership, the pharmacy is still implementing new policies and processes. Team members record any mistakes they make, considering the reasons and learning from them. The pharmacy team then makes the necessary changes to stop mistakes from happening again. Team members carry out tasks following the written procedures that the pharmacy has, which ensures that they work safely. The pharmacy responds appropriately when it receives feedback. It has the required insurance in place to cover its services. And it keeps all the records required by law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy ownership changed in April 2023. The company's new processes were still being implemented at the time of the inspection. The pharmacy had printed standard operating procedures which covered all of its activities. The dispenser manager had read all of the SOPs and signed to confirm they understood them and that the processes were being followed in the pharmacy. Other team members were currently reading through them, signing them when each had been completed. The pharmacy had written risk assessments on its activities, including the supply of high-risk medicines. Health and safety audits had been completed. The pharmacy had a written business continuity plan in place.

The pharmacy team recorded any mistakes they made whilst dispensing on a paper near-miss log. The company had its own internal processes for the recording and reviewing of errors but this had not yet been implemented in the pharmacy. The area manager confirmed after the inspection that this would all be sent to the pharmacy and training would be given. So in the interim, the pharmacy team printed near-miss logs from the Royal Pharmaceutical Society webpages. They had not yet completed a review of near-misses but would when the company paperwork was received.

The pharmacy team took action to prevent errors involving commonly confused medicines. This included separating medicines that looked or sounded alike on the shelves. And alert stickers were applied to the shelf edges of medicines that had previously been the subject of errors. The team also took care not to distract each other when they were dispensing and tried not to interrupt each other's workflow. There had been no recent dispensing errors where the incorrect medicine had reached the patient. But the pharmacy team knew to record and reflect on dispensing errors in more depth.

The pharmacy's website had a 'contact us' page where feedback about the pharmacy could be submitted. There was no complaints procedure currently displayed in the pharmacy. But the manager took action to locate the company's procedure during the inspection. General feedback from the public had in the main been positive since the change of ownership. The manager described that as the pharmacy had access to a range of medicines suppliers, previous issues of obtaining medicines had improved dramatically. And the pharmacy had received many compliments about the improved service. Any complaints were dealt with in the pharmacy and were escalated to head office if needed. Public liability and professional indemnity insurances were in place.

The pharmacy kept a record of who had acted as the responsible pharmacist (RP) each day on the patient medication record (PMR) system. But the RP did not always sign out at the end of the day. The manager explained this was likely because the previous owner's system automatically logged out the RP. And he committed to reminding the RP to sign out correctly each day. The correct RP notice was prominently displayed. Online controlled drug (CD) registers were in order. Balance checks were completed regularly and any discrepancies were promptly rectified. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly.

Records of private prescriptions were held on the PMR and were generally complete. But some entries contained incorrect prescriber details. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were annotated with the details of the supply. They were stored for the required length of time.

All team members completed yearly training on information governance and the general data protection regulations. Patient data and confidential waste were appropriately dealt with to protect privacy and no confidential information was visible from customer areas. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed.

All team members were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the referral of concerns were available online. Team members were aware of signs of concerns requiring escalation.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy employs enough people to manage its workload. Team members are well-trained to deliver their roles and keep their skills up to date by completing regular learning activities. They are confident to suggest and make changes to the way they work to improve their services. Team members communicate effectively. And they work well together to deliver the pharmacy's services.

### Inspector's evidence

On the day of the inspection, the RP was a locum pharmacist who was working in the pharmacy for the week. There was four dispensers, one of whom was the branch manager. Four further members of staff were not working that day. Two team members were on sick leave. The team covered absences between themselves.

Since the ownership of the pharmacy had changed, the number of people using it had increased and the number of items dispensed was steadily increasing. The manager was advertising for additional dispensers. However dispensing was up to date and the team was managing the workload well. The pharmacy team felt well supported by the manager and by the new owners. It was clear that they worked well together and supported each other. Team members were witnessed giving appropriate advice to people in the pharmacy. And they referred to the RP for further clarification when needed.

Team members were given time during working hours to learn. Each team member was currently reading through the new company standard operating procedures. Certificates of completion of training courses were displayed in the pharmacy. Team members had access to a range of learning and they gave examples of courses that they had completed recently.

The team felt confident to discuss concerns and give feedback to the manager, who they found to be receptive to ideas and suggestions. The team felt able to make suggestions for change to improve efficiency and safety but ensured that they always followed the company SOPs. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The pharmacy was not currently being set targets but the manager set informal targets, such as the number of telephone calls made to people to check that they were getting on well with new medicines. The RP did not let targets impede their clinical judgement and ensured all services provided by the pharmacy were appropriate for the person.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is a suitable environment for people to receive healthcare services. The pharmacy team utilise the available space well. The pharmacy is clean, tidy and secure.

### Inspector's evidence

The pharmacy was located in Great Torrington, Devon. It consisted of a small retail area which stocked a range of health-related products. A small healthcare counter led to the raised dispensary. There were several rooms to the side of the dispensary, which were used as additional dispensing space, a stock room and a staff room.

The pharmacy had a consultation room in the retail area. It was large enough to accommodate several people was wheelchair accessible. The consultation room was well equipped and no confidential information was visible.

The dispensary was small but well presented. Medicines were stored in drawers and shelves. Prescriptions were stored in such a way that no private information could be seen by people using the pharmacy. Computers were password protected with individual log-ons. The additional dispensing space was used mainly for the preparation of multi-compartment compliance aids. It was organised well and allowed team members to work without distraction.

Cleaning was undertaken each day and a cleaning rota was displayed. Cleaning products were available, as was hot and cold running water. The pharmacy appeared to be well maintained. The fire alarm was tested each week. The lighting and temperature were appropriate for the storage and preparation of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy team makes sure that people with different needs can access its various services. The pharmacy supplies medicines safely to people with appropriate advice to ensure they are used correctly. Team members take steps to identify people prescribed high-risk medicines to ensure that they are given additional information. The pharmacy obtains its medicines from reputable suppliers. It mostly stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had step-free access and was wheelchair accessible. It had an automatic door. The pharmacy could provide additional support for people with disabilities, such as producing large print labels. The pharmacy displayed some health-related posters in the consultation room. But it did not have any leaflets on common health conditions available. The pharmacy team could print information from the internet if required.

The pharmacy used its consultation room to allow the pharmacist to have private conversations with people. As there was currently no regular employed pharmacist, the pharmacy only offered a limited range of additional services. This included receiving referrals as part of the Community Pharmacy Consultation Service. The pharmacy supplied opioid replacement medicines to a small number of people. The RP liaised with the drug and alcohol team and the person's key worker in the event of any concerns or issues. The pharmacy offered the NHS New Medicines Service. Pharmacists contacted people prescribed new medicines to check how they were getting on and to offer any advice needed. The manager explained that when a regular pharmacist was employed, the pharmacy would offer more services including the supply of emergency contraception and other locally commissioned services. Team members explained that if a person requested a service not offered by the pharmacy, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

The pharmacy had a clear flow to ensure prescriptions were dispensed safely. Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense and accuracy check prescriptions. Team members initialled the labels of medicines when they dispensed and checked them.

Coloured stickers were used to highlight prescriptions containing fridge items and CDs in schedules 2 and 3. The RP described that they checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. And they made records of this advice on the PMR. Pharmacy team members highlighted the age on any prescriptions they received for children. The pharmacist then routinely checked that the dose of the medicines prescribed was appropriate. The RP proactively gave people advice on self-care and encouraged them to return to the pharmacy if there was no improvement.

The pharmacy team was aware of the risks associated with people becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). The pharmacy team took care

not to apply labels over the warning cards on the boxes of valproate products when dispensing. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to people receiving prescriptions for valproate. The RP had regular conversations with the people at risk who were prescribed valproate to ensure they were on adequate contraception. And records were made on the PMR.

Multi-compartment compliance aids were prepared by the pharmacy for people living in their own homes. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid was clearly labelled. Team members signed to show who had dispensed and checked the compliance aid. And they wrote a description of the tablets included so that they could be easily identified. Patient information leaflets (PILs) were supplied each month. Medicines prescribed to be taken 'when required' were dispensed in boxes. A record of any changes made was kept on a patient information sheet, which was available for the pharmacist during the checking process. Each person receiving medicines in a compliance aid had been assessed for suitability to ensure it was the safest option for them. If the pharmacist did not feel a compliance aid was appropriate, the pharmacy could provide other support, such as medicines administration record (MAR) charts.

The pharmacy did not have space to store Pharmacy (P) medicines behind the reception desk. So they were stored in Perspex boxes in the retail area. These boxes were not locked and the products inside could be selected by people. Team members said that they tried to monitor this so that P medicines were not self-selected but that it was difficult if the pharmacy was busy.

The dispensary stock was generally arranged alphabetically in drawers. It was mostly well organised. Date checking was undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. Prescriptions containing omissions were appropriately managed and the prescription was kept with the balance until it was collected. The pharmacy placed orders several times throughout the day and tried to keep people informed of the estimated date that owing medicines would be available. Stock was obtained from reputable sources. Records of recalls and alerts were actioned promptly. Relevant alerts were printed and stored with any quarantined stock.

CDs were stored in accordance with legal requirements in approved cabinets. A denaturing kit was available so that any CDs awaiting destruction could be processed. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed in the presence of a witness. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range.

Logs were kept of deliveries made to people in their own homes. The pharmacy team described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate. Medicines were handed to the people and were not posted through the letterbox. Patient returned medication was dealt with appropriately.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services. It keeps these clean, tidy and well-maintained. The pharmacy uses its equipment in a way that protects people's confidential information.

### Inspector's evidence

The pharmacy had up-to-date written reference resources available including the British National Formulary (BNF). Team members had access to the internet to support them in obtaining current information. The pharmacy's computer system was password protected. And information displayed on computer monitors was suitably protected from unauthorised view.

The pharmacy had clean equipment available for counting and measuring medicines. It highlighted equipment for measuring and counting higher-risk medicines. This helped to reduce any risk of cross contamination. A range of consumables and equipment to support the services provided by the pharmacy was available within the consultation room. Electrical equipment was visibly free of wear and tear and in good working order. PAT testing stickers were present and in date.

### 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.