

Registered pharmacy inspection report

Pharmacy Name: Allied Pharmacy Clacton, 2 Jackson Road,
CLACTON-ON-SEA, Essex, CO15 1JA

Pharmacy reference: 1031051

Type of pharmacy: Community

Date of inspection: 25/06/2024

Pharmacy context

This community pharmacy is located on a busy high street in Clacton-on-Sea. It provides a variety of services including dispensing NHS prescriptions, the New Medicine Service (NMS), and the Pharmacy First Service through patient group directions (PGDs). It also provides medicines in multi-compartment compliance packs to people who have difficulty taking their medicines in original packs.

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. And its team members record and regularly review any dispensing mistakes. The pharmacy generally keeps the records it needs to by law. And it has appropriate insurance arrangements in place. Team members know how to protect vulnerable people. And the pharmacy handles people's private information safely.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in a prominent position in the pharmacy. There was a range of standard operating procedures (SOPs) available in a folder in the pharmacy, and all team members had read them and signed to confirm. The RP stated that the SOPs had been reviewed by head office the previous month. Team members were able to explain their roles and responsibilities within the pharmacy. And they also knew what activities they could and could not do in the absence of an RP. Near misses (dispensing mistakes which were spotted before a medicine left the pharmacy) were recorded on paper log sheets in the pharmacy in a good level of detail. The RP said that he discussed any near misses with the team member involved. Dispensing errors (mistakes which had reached a person) were recorded electronically in more detail. The RP said there had not been a dispensing error in some time but that if an error did occur, a report would be completed and sent to head office. And there would be a meeting in the pharmacy to discuss the error.

Complaints and feedback were usually submitted online with details available on the pharmacy's website. The RP confirmed that any complaints or feedback about the pharmacy could also be given in person or via a phone call and would be actioned in the same way. Complaints were usually dealt with by the RP but could be escalated to the head office if necessary. Confidential material was disposed of in dedicated bins in the dispensary. When these bins were full the waste was bagged up in bags labelled for confidential waste only and taken away by an external company for secure disposal. No confidential waste was found in the general waste bins. And no confidential information could be seen from outside the dispensary. The RP confirmed that he had completed level three safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). The RP knew what to do if a vulnerable person presented in the pharmacy. And there were details of local safeguarding contacts available in the pharmacy.

The pharmacy had current indemnity insurance. Balance checks were carried out regularly for controlled drugs (CDs), and records seen in the CD register were made in accordance with the law. A random check of a CD showed that the quantity in stock matched the running balance in the register. Records seen about private prescriptions dispensed were not complete with some entries seen missing the name of the prescriber. The RP said this would be included on future records. However, the RP record was complete with all entries seen having a start and finish time. Records about unlicensed medicines supplied were complete with all entries seen having the name of the person for whom the medicine was for and the date of dispensing. The pharmacy did not do emergency supplies of medicines and would usually refer people to the NHS 111 service.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload. And team members have done the right training for their roles. They do some ongoing training to keep their knowledge and skills up to date. And team members feel comfortable about raising any concerns they have.

Inspector's evidence

The pharmacy team consisted of the RP, five part-time dispensers and a part-time counter assistant. The RP confirmed that the pharmacy had enough team members to manage the workload and the pharmacy was up to date with dispensing. All team members had completed appropriate training for their roles with an accredited training provider. The RP said that he did some ongoing training with the team in the pharmacy on an ad-hoc basis, usually when a new medicine or service was being provided by the pharmacy. And team members had a monthly formal review of their progress. Team members had no concerns about raising any issues and would usually go to the RP first but could raise a concern with head office if necessary. The RP confirmed that he and the team were set some targets in the pharmacy relating to blood pressure checks and the NMS and Pharmacy First service. The RP said that achieving some of the targets were dependent on the number of people who visited the pharmacy who qualified for the services and getting appropriate referrals from people's GP, but that the targets did not affect the team's ability to provide a safe and effective pharmacy service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy and provides a safe and appropriate environment for people to access its services. And there is enough space in the pharmacy for team members to safely carry out their work. People can have a conversation with a team member in a private area. And the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The front fascia of the pharmacy was in a good state of repair and was professional looking. The retail area was clean, bright and professionally presented. There were also some leaflets on display advertising the pharmacy's services for people to read and take. The pharmacy had a consultation room for people who wished to have a conversation in private. It allowed for a conversation at a normal level of volume to be had without being heard from the outside. The room was a good size, and it was kept clean. Pharmacy-only (P) medicines were stored securely both behind the counter and in clear locked boxes on shelves next to the pharmacy with instructions to seek assistance from pharmacy staff if wishing to purchase. The dispensary area was clean and tidy and had plenty of floor and desktop space for the team to work in. It had a sink for the preparation of liquid medicines which was kept clean. The temperature and lighting of the pharmacy were adequate, and the pharmacy had air conditioning to help control the temperature. There was a staff toilet with access to hot and cold running water and handwash and a breakroom area for team members to use. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and stores its medicines appropriately. The pharmacy gets its medicines from reputable sources. And the team takes the right action in response to safety alerts to help ensure people get medicines and medical devices which are fit for purpose. People with different needs can access the pharmacy's services.

Inspector's evidence

The pharmacy had step-free access via an automatic door. And there was plenty of space for people with wheelchairs and pushchairs to access the dispensary counter. The dispensary had separate areas for dispensing and checking medicines, and baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. The pharmacy used different coloured baskets to highlight urgent prescriptions. Checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail. The pharmacy provided a delivery service for people who had difficulty collecting their medicines from the pharmacy. The delivery driver used a paper sheet with people's details to keep a record of deliveries, which was returned to the store after the deliveries had been completed. Signatures were obtained for all successful deliveries including ones with CD's. If there was a failed delivery, the medicines would be returned to the pharmacy and a note put through the door with information about arranging a redelivery.

Multi-compartment compliance packs were assembled in a separate area of the pharmacy. Prepared packs seen contained the dosage and a description of the tablets which included a description of the colour, shape and any markings on the medicines to help people identify their medicines. However, not all packs were labelled with the warning information which was required for specific medicines. The RP said that going forward, this information would be included on all packs. The RP confirmed that patient information leaflets (PILs) were always included with each supply of the packs. And he said that team members would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained its medicines from licensed wholesalers with invoices seen to confirm this. CDs requiring safe custody were stored securely. The RP stated that any prescriptions containing a CD were given to him to check before being handed out to reduce the chance of an expired prescription being handed out. Medicines requiring refrigeration were stored appropriately. Fridge temperature records showed that temperatures were checked daily, and records seen were within the appropriate ranges. And the current temperatures were seen to be within the required ranges during the inspection. Expiry date checks were completed monthly on a rota basis. A random check of medicines on the shelves revealed no expired medicines. And the team members recorded the opening dates of liquid medicines so that they knew when these medicines were no longer fit for use. Safety alerts and recalls were received electronically via email and actioned accordingly. But records of actions taken were not always recorded and alerts were not always archived which could make it harder for the team to locate an alert or see what action the pharmacy had taken. The RP said that in future all alerts would be archived.

Team members were aware of the risks of sodium valproate, and the RP knew what to do if a person in the at-risk category presented at the pharmacy. Team members knew where to apply a dispensing label

to a box of sodium valproate as to not cover any important safety information. And they were aware of the recent change with regards to supplying sodium valproate in the original pack. The pharmacy had the appropriate PGDs for the administration of COVID-19 vaccinations and the Pharmacy First service. The PGDs were signed and in date. The pharmacy also had access to an appropriate anaphylaxis kit in the consultation room for anyone who had a reaction to a vaccination. This was in date and fit for use.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment it needs to provide its services safely. And it protects people's privacy when using its equipment.

Inspector's evidence

The Pharmacy computers had access to the internet allowing team members to access any online resources they needed. Computers were password protected and the screens faced away from public view to protect people's privacy. Team members were observed using their own NHS smartcards. The pharmacy had cordless phones so conversations could be had in private if necessary. The team confirmed that the electrical equipment had been safety tested earlier in the year. The pharmacy had a blood pressure monitor in the consultation room and the RP said it was new and so did not currently require replacement or recalibration. There were appropriately calibrated glass measures for measuring liquid medicines. And tablet triangles for counting tablets, with a separate one for counting cytotoxic medicines such as methotrexate. There was an otoscope in the consultation room for provision of the Pharmacy First service.

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.