

# Registered pharmacy inspection report

**Pharmacy Name:** Allenby Chemist, 251 Allenby Road, SOUTHALL,  
Middlesex, UB1 2HB

**Pharmacy reference:** 1035110

**Type of pharmacy:** Community

**Date of inspection:** 10/08/2020

## Pharmacy context

This is an independently run, local community pharmacy, in a residential area of Southall. In addition to dispensing prescriptions and selling over-the-counter medicines, the pharmacy supplies medicines in multi-compartment compliance aids. And it provides a delivery service for the vulnerable and housebound. The pharmacy also provides drug treatment services to people who have developed a dependency from substance misuse. And it plans to offer a flu vaccination service for the forthcoming flu season. The inspection was conducted during the COVID-19 pandemic. The pharmacy had limited its range of services due to the 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

The pharmacy satisfactorily identifies and manages the risks associated with the provision of its services. And its team members have adapted their working practices to minimise risks to people's safety during the COVID-19 pandemic. The pharmacy adequately manages people's personal information. And it knows how to protect vulnerable people. The pharmacy has adequate procedures to learn from its mistakes. But it could be missing opportunities to improve the safety and quality of its services because it doesn't routinely record enough information about its near miss mistakes.

### Inspector's evidence

To help reduce the risk of spreading coronavirus, the pharmacy had reviewed its working practices to reduce risk for its team members and the public. To achieve this, it had no more than two people working in the dispensary at one time and one person working at the medicines counter. This generally allowed team members to remain socially distanced from one another. Team members had also placed a limit on the number of people allowed into the pharmacy, allowing no more than two people in at a time. And when anyone came in without a face covering team members asked them politely to wait outside where a member of the team would serve them. This was seen to happen twice during the inspection. People generally accepted that they should be wearing a face covering and responded positively to being served outside.

The pharmacy had procedures for managing risks in the dispensing process. And generally had two people involved in the labelling, dispensing and accuracy checking process. Team members did not always record their near misses. But they did discuss every incident, including near misses, as soon as they were discovered. They did this to help prevent the same or similar, mistakes from happening again. Team members made each other aware of similarly packaged items and look-alike-sound-alike drugs (LASAs) like bisocodyl and buscopan which they had separated onto different shelves to help prevent a mistake. And while the pharmacy did not have a formal process for reviewing its mistakes, it was clear that the team recognised and acknowledged any apparent risks to safety, including any mistakes it made. But without clear records and a robust process of review the team could be missing further opportunities to learn and improve.

The team worked under the supervision of the pharmacist and the responsible pharmacist (RP). The RP was also the superintendent (SI). The SI had placed his RP notice on display for people to see. The pharmacy had a set of standard operating procedures (SOPs) for team members to follow. But, the SI was preparing to review these as they had not been updated for almost four years. He intended to review and update the SOPs and include any additional measures which may be necessary in respect of COVID-19.

The pharmacy team sought customer feedback through satisfaction surveys and general conversations with people. Throughout the pandemic, people had given the team positive feedback and sent thank you cards. Messages in cards showed that people had been grateful for the help and advice provided by team members. And had appreciated the pharmacy remaining open when surgeries had had to close. The pharmacy had not received much negative feedback from people. Exceptions were where the pharmacy had been unable to get some medicines due to supply problems. But pharmacists had worked closely with local surgeries to resolve this, so that people did not go without essential medication. And the team had received positive feedback from surgeries because of this. But the team

had also had some feedback that some people did not like to have to wait outside when there were already two people in the pharmacy. But pharmacists found that, after speaking with them, most people accepted that the team was trying to protect them and itself during the pandemic. The customer satisfaction survey from 2019 demonstrated a very high level of customer satisfaction overall. But, had prompted the pharmacy to invest in a new chair with a cleanable padded seat for people to sit on while they were waiting.

The pharmacy had a complaints procedure, which corresponded with NHS guidelines. A SOP for the full procedure was available for reference. But staff said that complaints were rare. And customer concerns were generally dealt with at the time by the regular pharmacists. Staff could provide details of the local NHS complaints advocacy service and the Patient Advice and Liaison service (PALS) if necessary. The pharmacy had professional indemnity and public liability arrangements so, it could provide insurance protection for the pharmacy's services and its customers. Insurance arrangements were in place until 19 April 2021 when they would be renewed for the following year.

The previous inspection found that the pharmacy kept all its essential records and, in general, kept them in the way it needed to. This inspection found that RP records were up to date, showing who the RP was each day. Team members had also recorded all the pharmacy's emergency supplies. But several records were incomplete in that they did not detail the nature of the emergency.

The pharmacy's team members understood the need to protect people's confidentiality. They discarded any unused labels and old prescription tokens into a basket during the working day and then transferred them to a confidential waste bag for collection and disposal by a licensed waste contractor. The pharmacy stored its completed prescriptions in the dispensary where they were out of people's view. All team members had completed appropriate safeguarding training. And they could access details for the relevant safeguarding authorities online. Staff had not had any specific safeguarding concerns to report but described how they had been available to listen to people's anxieties and concerns throughout the pandemic, referring them to their GPs when appropriate.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team manages the workload safely and effectively. And team members work well together. They are comfortable about providing feedback to one another, so that they can maintain the quality of the pharmacy's services.

### Inspector's evidence

This was a family run business with two regular full-time pharmacists. Both regular pharmacists worked together five days per week with the additional support of a locums when required and when the demand for services required it. One of the pharmacists worked every Saturday with the support of a dispenser. The rest of the team consisted of a full-time administration assistant with a pharmacy degree and a part-time medicines counter assistant (MCA). The MCA was currently shielding. On the day of the inspection the RP (SI) was supported by the second regular pharmacist, and the dispenser.

Team members were observed to work effectively together. They were seen assisting each other when required and discussing prescription issues. The daily workload of prescriptions was in hand and customers were attended to promptly. The pharmacy had been under the same ownership for over 37 years. It had a small close-knit team and staff could raise concerns and discuss issues when they arose. The pharmacists were able to make their own professional decisions in the interest of patients. They did not have any specific targets other than to manage the daily workload while keeping each other, and people using the pharmacy, safe.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean and well maintained. They provide a safe, secure and professional environment for people to receive healthcare services.

### Inspector's evidence

The pharmacy was modern and bright. And it was clean and well maintained throughout with team members cleaning all work surfaces and door handles approximately every two hours. It had a double front with full height windows, and a glass door, providing natural light. The dispensary was separated from the counter by a low wall and there was a space at the side of the counter.

Pharmacists could look out and see people at the counter. And team members could move easily between the retail area, the counter and the dispensary, which made it easier for them to seek help, assist people and one another. The retail area was free of obstructions. So it was suitable for wheelchair users. And it had a small seating area for waiting customers. The pharmacy stocked a range of items including those for baby care, healthcare, beauty and personal care.

The dispensary had a sink with hot and cold water. It was clean and tidy and was of an appropriate size for the services provided. It had adequate dispensing benches, including a central island. And enough space for assembling prescriptions, including a dedicated area for dispensing multi-compartment compliance packs. It had a reasonable amount of space for storing medicines. But containers for storing waste medicines took up additional floor space and boxes of stock and rubbish had been put in front of the rear door. This could be a risk as the door was also a fire exit.

The pharmacy was well lit and an appropriate temperature for storing medicines. It had a consultation room which was adequately soundproofed so that people could have confidential conversations with pharmacy staff. The team had stored its completed prescriptions on shelves in a small storage area in the dispensary where they could not be viewed by people. Unauthorised access to the pharmacy was prevented during working hours and when closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely. And makes them available to people. Staff understand the actions to take if any medicines or devices are not safe to use to protect people's health and wellbeing. The pharmacy team gets its medicines and medical devices from appropriate sources. And checks the appropriateness of its medicines to ensure that they are supplied safely. But while the team stores its medicines safely, it does not carry out all of its background checks thoroughly enough which means that there is a risk that products could inadvertently be supplied with an inadequate shelf life.

### Inspector's evidence

The pharmacy had an automatic door and a step-free entrance to make access easier for wheelchair users and those with a physical disability. It had a sign in its front window advertising the times of opening and services provided. It also had a range of healthcare leaflets on display. The retail area was free of obstructions. So, it was suitable for wheelchair users. The consultation room was also suitable for wheelchair access.

The pharmacists gave advice on a range of matters. They were aware of the guidance about pregnancy prevention to be given to people in the at-risk group who took sodium valproate. And would give appropriate advice to anyone taking other high-risk medicines. The pharmacists provided a delivery service and were able to provide adequate counselling and answer queries as they made their deliveries.

The pharmacy supplied medicines in multi-compartment compliance packs for a number of people. Compliance packs had been labelled appropriately and had the required advisory information to help people take their medicines properly. But the labelling information on compliance packs did not give the medicine's shape and colour to assist with easy identification. So, the pharmacy included patient information leaflets (PILs) with each compliance pack to make sure that people had information about their medicines, including a description, when they needed it.

The pharmacy obtained its medicines and medical devices from suppliers holding the appropriate licences. The team stored its medicines, appropriately and in their original containers. And stock on the shelves was generally tidy to assist selection of the correct item. The pharmacy team had not been able to conduct any routine date checks in recent months, but pharmacists gave assurances that they checked the expiry dates for each item as it was dispensed and checked. The team were also familiar with items which were prescribed regularly. And so, when a less frequently prescribed item was dispensed, the team would take extra care to check its date. The team put its out-of-date and patient returned medicines into dedicated waste containers, as appropriate. And it was clear that team members were checking expiry dates as the waste containers held a number of date-expired items which had been discarded. The pharmacy team stored its CDs and fridge items as required. Fridge temperatures were within range. Records showed that the fridges stored medicines correctly between 2 and 8 degrees Celsius.

The team was aware of the separate disposal arrangements for hazardous medicines and had a dedicated waste bin for their disposal. Team members also had a list of hazardous waste to refer to. The list was on display next to the waste bins to ensure that they disposed of all medicines appropriately. Team members were also aware of the importance of responding to drug recalls and

safety alerts and records showed that they were prompt in identifying and responding to these.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And, it uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy used crown marked measures for measuring liquids. It had equipment for counting tablets and capsules, including a separate tablet triangle for methotrexate. Team members had access to a range of up-to-date reference sources. And they wore PPE, in the form of face masks and gloves, which were appropriate for use in pharmacies. They used PPE to minimise the risk of transmitting coronavirus while they were working. Team members washed their hands or changed their gloves at regular intervals throughout the day and as appropriate.

The pharmacy had two computer terminals. Both were in the dispensary and had a facility for keeping patient medication records (PMRs). Computers were password protected and their screens could not be viewed by people. Team members used their own smart cards when working on PMRs, so that they could maintain an accurate audit trail and ensure that access to patient records was appropriate and secure.

### 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.