

Registered pharmacy inspection report

Pharmacy Name: Allied Pharmacy Church Street, 7 Church Street,
ATTLEBOROUGH, Norfolk, NR17 2AH

Pharmacy reference: 1035219

Type of pharmacy: Community

Date of inspection: 20/09/2023

Pharmacy context

This pharmacy is located on a busy high street in the town of Attleborough. It provides a variety of services including dispensing of NHS prescriptions, flu vaccinations and the New Medicines Service (NMS). It also provides medicines in multi-compliance packs to people who have difficulty remembering to take their medicines. There is another branch of the pharmacy close by which provides similar services.

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 manages the risks associated with its services well. And it documents and reviews any dispensing to help the team learn from mistakes. The pharmacy generally keeps the records it needs to by law. The team members know how to protect vulnerable people and have the resources they require to assist them. And they store and dispose of people's private information safely and securely.

Inspector's evidence

Upon entry to the pharmacy the correct responsible pharmacist (RP) notice was displayed. The pharmacy had standard operating procedures (SOPs) on site. These were paper-based and stored in a folder. The SOPs were up to date and had been reviewed recently. They were signed by the team members working at the pharmacy to indicate they had read them. The pharmacy recorded near misses which were dispensing mistakes that were identified before the medicine was handed out. Near misses were recorded in some detail and were recorded regularly. For dispensing errors where a dispensing mistake had reached a person, these were recorded on a dedicated incident sheet and recorded in more detail. One of the senior team members discussed any errors with the team member involved and the errors were reviewed regularly during team meetings. The pharmacy also recorded details of any interventions made with prescribers where a prescription was queried. This helped to reduce the risk of harm to people from prescribing errors. The team members knew their roles in the pharmacy. And they knew what could and could not be done in the pharmacy in the absence of an RP.

The pharmacy had up to date indemnity insurance. It also had a complaints procedure in place. People could email the pharmacy with any complaints or feedback that they had. The senior technician also confirmed that complaints could be received in person or over the phone if people did not have access to the internet. Complaints were sent to the pharmacy's head office who resolved them with help from the superintendent pharmacist (SI).

Team members had completed appropriate safeguarding training and certificates were seen to confirm this. The RP had completed safeguarding level 2 with the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy had a safeguarding folder with details of safeguarding contacts and information. The team knew what to do and who to contact if they had a safeguarding issue. The pharmacy stored confidential waste appropriately. The dispensary had bins that were specifically for confidential waste only. These were emptied and put into confidential waste bags. These were collected by an external company and taken away for safe disposal. No confidential waste was found in the general waste bins.

Records about private prescriptions dispensed complied with requirements. Records for emergency supplies of medicines were also complete with a detailed reason as to why supplies were made. Records for unlicensed medicines supplied were not always complete, with some records missing details such as the person's name and date of dispensing. The RP log was also not complete with several entries by different pharmacists not having the time the RP signed out. The RP was reminded to ensure they always sign out at the end of the day.

Records for controlled drugs (CDs) seen were largely complete and included all required information. CD registers were stored electronically. Balance checks were carried out regularly for all medicines in line with the pharmacies CD storage SOP. Evidence of a recent balance check that the pharmacy

manager carried out was seen. A random check of a CD showed that the balance in stock matched the balance recorded in the register.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its current workload and they work well together. They do the right training for their roles. And they can raise any issues they have.

Inspector's evidence

During the inspection, there was the RP, a senior technician, a dispenser and a counter assistant working. There were enough staff to manage the workload. The team members were observed working well together during the inspection. The technician confirmed that all team members had completed the required training with an accredited training provider, apart from the counter assistant who was currently on an accredited course. There was some in house training that was done on an ad-hoc basis when new services were started at the pharmacy.

The team members were able to raise any concerns that they had. They would normally raise these directly with head office or the SI. The team was set some targets which included trying to get 10 blood pressure checks a day for people using the pharmacy. The technician said that targets did not affect the services provided or the safety of people using the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy and has plenty of floor space for the team to work. The pharmacy is kept safe and secure from unauthorised access.

Inspector's evidence

The pharmacy was generally clean and tidy. The shop floor and waiting area contained plenty of space with chairs for people who wished to wait for their prescriptions. The dispensary was large and had enough space for team members to work in and had separate areas for dispensing and checking medicines. There was also a separate room where multi-compliance packs were prepared. And a large storage room was at the back of the pharmacy. The dispensary had a sink for preparing liquid medicines which was clean and tidy. The temperature and lighting of the pharmacy was adequate. The pharmacy had toilets with access to hot and cold running water.

The pharmacy had a consultation room for consultations to be had in private. The room was kept clean and tidy. The room had various leaflets about different health promotion topics on display for people to read and take. The room was unlocked but contained no confidential information. The pharmacy was kept secure from unauthorised access at all times.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in a safe and effective manner. It generally stores all its medicines safely. And it keeps the appropriate records to show this. It manages alerts and recalls of medicines and medical devices safely. This helps to ensure that people get medicines that are safe. The pharmacy team is aware of the risks with sodium valproate and what to do if a person in the at-risk category presents to the pharmacy.

Inspector's evidence

The pharmacy had step-free access from the street via an automatic door. The floor space between the shelves in the pharmacy was wide to allow wheelchair access up to the pharmacy counter. The pharmacy was able to provide services for some people with accessibility issues such as the ability to print large text labels for people with sight issues.

The pharmacy obtained its medicines from licensed wholesalers and invoices were seen to confirm this. Medicines were stored neatly in the dispensary in labelled drawers. Larger medicines and liquids were stored on shelves. The shelves and drawers contained warning labels reminding team members to be vigilant when selecting medicines. The pharmacy also had stickers that indicated prescriptions which contained a CD or medicine requiring refrigeration. The expiry date of CD prescriptions was written on stickers to help ensure that no expired prescriptions were given out to people.

CDs were stored appropriately. The pharmacy did not have many CDs that required destruction. Medicines requiring refrigeration were stored appropriately in fridges. Records seen showed that the temperatures had been within the appropriate range and were recorded daily. During the inspection fridge temperatures were checked. One fridge showed a maximum temperature slightly out of range. The fridge was reset and subsequently showed the correct temperature. The team had a rota for checking the expiry dates of medicines. This was done on a monthly basis with different sections being checked each time. Medicines due to expire within the next few months had a red sticker put on them which indicate that they were short-dated stock. A random check of medication in the dispensary found no medicines that had expired.

The pharmacy provided a delivery service for people who could not collect their medicines from the pharmacy. A log sheet was printed and given to the delivery to complete deliveries. This was returned to the pharmacy when deliveries had been completed to be stored and remained in the dispensary when not in use. If a medicine was unable to be delivered, a note was put through the door to arrange a redelivery. The pharmacy also provided medicines in multi-compartment compliance packs for people who had difficulty remembering to take their medicines. These packs had a description of the tablets including their shape, colour and any markings. But the packs did not include all the necessary warnings. The pharmacy manager found that a box on the patient medication record (PMR) had not been ticked to include warning labels. This was amended during the inspection so that all warning labels would be added going forward. The pharmacy supplied all packs with patient information leaflets (PILs). So, people had details about the medicines that they were taking.

Drug safety alerts and recalls were received via email and actioned. They were then printed off and stored in a folder for future reference if necessary. The team were aware of the risks with sodium

valproate and knew what to do if a person in the at-risk category presented to the pharmacy. A team member gave an example of a person in the at-risk category currently on sodium valproate but had confirmed with them and also their prescribers that they were protected against pregnancy. The team members were also aware of where to attach the label on boxes of sodium valproate, so no important information was covered. And they had copies of warning labels and leaflets in the pharmacy to give to people. The pharmacy also had patient group directions (PGDs) that they were running in the pharmacy including supply of emergency hormonal contraception. These were reviewed and were in date.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has all the necessary equipment it needs to provide a safe and effective service. The pharmacy regularly has its electrical equipment tested to ensure it is safe to use.

Inspector's evidence

The pharmacy had access to the internet. This allowed them to access any online resources that they required. Computers were password protected. And computer screens faced away from public view to protect people's confidentiality. The team were observed not always using their own smartcards with one smartcard having the passcode attached to it. The team were reminded to use their own smartcards and to not to have passcodes stored with them. The technician and RP said they would use their own and would feed this back to other team members and the SI. The pharmacy had cordless phones to allow conversations to be had in private. The team said that equipment was safety tested every year and was last tested in May 2023. Green stickers had been placed on tested equipment to show it was safe to use.

The pharmacy had the appropriate glass measurers. And there was a separate one for measuring certain liquids. The pharmacy also had triangles for counting tablets and capsules. It had an extra triangle for measuring cytotoxic medicines such as methotrexate. But the team members said they had not had to do this for a long time.

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.