

Registered pharmacy inspection report

Pharmacy Name: Allied Pharmacy Wilton, 3 North Street, Wilton, SALISBURY, Wiltshire, SP2 0HA

Pharmacy reference: 1038731

Type of pharmacy: Community

Date of inspection: 24/01/2024

Pharmacy context

This is a community pharmacy which is based on a parade of shops in the town of Wilton near Salisbury. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment compliance packs for people to use living in their own homes.

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 has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

Processes were in place for identifying and managing risks. The pharmacy manager reported that near miss mistakes were recorded electronically and reviewed when they occurred, and the pharmacist would discuss the incident with the members of the dispensary team. The pharmacy manager agreed to restart recording near miss mistakes where appropriate so that the team could demonstrate learning from these. 'Sound alike' and 'look alike' medicines such as amlodipine and amitriptyline had been separated on the dispensary shelves. A process was in place to record dispensing errors and this included an analysis of what had happened as part of the error investigation.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and these had been recently implemented. The pharmacy team were in the process of introducing new SOPs at the time of the inspection. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team encouraged people to submit feedback online. A certificate of public liability and indemnity insurance was displayed and was valid and in date until the end of December 2024.

Records of controlled drugs (CD) and patient-returned controlled drugs were kept. The CD balances were checked weekly. A responsible pharmacist (RP) record was kept, and the RP notice was displayed in pharmacy where people could see it. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked regularly and records of this were seen to be completed appropriately. Short-dated stock had the date of expiry marked. The private prescription records were retained but some entries omitted the prescriber's details. The specials records were retained but some records omitted the patient and prescriber details. The pharmacy team did not routinely do emergency supplies.

Confidential waste was separated from general waste and disposed of appropriately. An information governance policy (IG) was in place. Staff had all completed training on the General Data Protection

Regulation (GDPR). Locum pharmacists signed confidentiality agreements. Staff were aware of the signs to look out for that may indicate safeguarding concerns in vulnerable adults. Local contact details to raise safeguarding concerns were displayed on the wall in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist and one dispensing assistant present during the inspection. The staff were observed to be working well together and providing support to one another when required. All staff had completed appropriate training courses for their roles.

The staff reported that they had completed training online and had regular updates to their knowledge and understanding of the services and medicinal products provided. One of the dispensing assistants explained that she had completed about antibiotic resistance and antibiotic stewardship. She reported that it had made her more confident when counselling people who were supplied with antibiotics. The locum pharmacist explained that he had recently completed a training module about how to identify symptoms that could indicate serious medical conditions (so called 'red flag' symptoms).

The pharmacy manager reported that the pharmacy team would hold meetings on an ad-hoc basis and advise all staff of any patient safety issues. Staff explained that they felt comfortable with raising any concerns they had with the superintendent pharmacist. Staff were aware of the whistleblowing procedure on questioning. There were targets in place at the pharmacy, but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects people's private information. The pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a large retail area toward the front and a dispensary area toward the back separated by a medicines counter to allow for the preparation of prescriptions in private. The pharmacy was clean, bright, and presented in a professional manner. There was a sink available in the dispensary with running water to allow for hand washing and preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical order.

There was one consultation in use which was well soundproofed when closed. Confidential patient information was stored securely. The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Information about the services provided was detailed on leaflets around the pharmacy. Services were also displayed on the consultation room door. Access to the pharmacy was step free. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users.

The pharmacy team dispensed multi-compartment compliance aids for approximately 35 patients in their own homes. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked it was complete. Descriptions were routinely provided for the medicines contained within the compliance aids. Patient information leaflets (PILs) were regularly supplied with the packs.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception. The team were also aware of the new regulations requiring valproate medicines to be supplied in original packs.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. Specials were ordered via Alliance specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was not available at the time of the inspection. The pharmacist agreed to address this.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacy team explained that these were actioned appropriately. But the pharmacy team did not keep audit trails to verify this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities needed to provide the services it offers. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate crown stamped measures were used for methadone dispensing. Amber medicines bottles were capped when stored. A counting triangle was available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access. The pharmacy team could access references sources such as the BNF and BNF for Children online or on their mobile devices.

There was one fridge in use which was in good working order. The maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store medicines. The computers were all password protected and patient information was safeguarded.

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.