

# Registered pharmacy inspection report

**Pharmacy Name:** Allied Pharmacy Gleadless Road, 266 Gleadless Road, Heeley, SHEFFIELD, South Yorkshire, S2 3AH

**Pharmacy reference:** 1039304

**Type of pharmacy:** Community

**Date of inspection:** 30/09/2024

## Pharmacy context

This is a community pharmacy located in Heeley, Sheffield. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. It provides the NHS Pharmacy First service. The pharmacy supplies several people with their medicines in multi-compartment compliance packs and delivers some medicines to people's 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
<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 provides its team members with a comprehensive set of written instructions to support them in safely providing pharmacy services. The pharmacy team implements some changes to the way it works to reduce the risk of mistakes made during the dispensing process from happening again. The pharmacy keeps most of the records it needs to by law and it keeps people's private information safe. The pharmacy adequately equips its team to safeguard vulnerable adults and children.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which were supplied to the team by the pharmacy's head office team. The SOPs provided the pharmacy's team members with information and instructions on how to complete various tasks. For example, managing controlled drugs (CDs) and dispensing medicines. Team members signed a digital document to confirm they had read and understood the SOPs. The SOPs were reviewed periodically by the pharmacy's superintendent pharmacist (SI) to ensure they remained up to date.

The pharmacy had a process for recording details of mistakes made during the dispensing process which were identified before a medicine was supplied to a person. These mistakes were known as near misses. The pharmacy had a paper-form near miss log to record the details of each near miss. These included the time and date the near miss happened, and any action taken to prevent similar mistakes from happening again. However, the team had not made any records in the near miss log since June 2024. Team members explained they did not always make records of near misses if they did not have the time to do so. And so, the team may have missed the opportunity to identify any trends or patterns. The team described some basic changes to the way they worked to reduce the risk of common near misses. These included separating medicines that had similar names or were produced in similar looking packaging. The pharmacy had a digital reporting system to support them in recording and reporting details of dispensing incidents which had been identified after the medicine had been supplied to the person. However, the team had not used the system to report such incidents that had happened within the last few months. Team members knew how to complete a report but were unable to demonstrate any historic records. Team members explained that feedback, complaints, and suggestions were generally received verbally from people who used the pharmacy. Team members knew how to escalate concerns to the attention of the responsible pharmacist (RP).

The pharmacy had current professional indemnity insurance. It displayed an RP notice. The pharmacy held an RP record which was not always completed correctly. There were several incomplete entries as the RPs had not recorded the time their RP duties had ended. The pharmacy kept records of supplies against private prescriptions. An example seen was mostly completed correctly, however, the details of the prescriber were not correct. And so, the full details of the supply were not available. The pharmacy retained complete CD registers and a record of CDs that had been returned to the pharmacy by people. Team members completed ad-hoc checks of CD registers to ensure the quantities held were correct. The balances of two randomly selected CDs were checked during the inspection and were correct.

Team members completed mandatory learning about the protection of people's confidentiality and general data protection when they started employment with the pharmacy. The team placed confidential waste into a separate container to avoid it getting mixed up with general waste. The waste

was periodically destroyed via a third-party contractor. The RP had completed mandatory learning on the safeguarding of vulnerable adults and children. The pharmacy had a formal procedure to support team members in reporting any concerns identified. Team members described hypothetical scenarios that they would report.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy employs a skilled and experienced team to help safely manage its workload. It has processes in place to support team members to complete ongoing training to help keep their knowledge and skills up to date. They work well together and can raise concerns and provide feedback where necessary.

### Inspector's evidence

The RP was the pharmacy's full-time pharmacist and manager. Locum pharmacists worked on the days they were not working. During the inspection the RP was being supported by three full-time, qualified pharmacy assistants. One of the pharmacy assistants had been recently employed following a review of the pharmacy's staffing profile. The team was seen working well together, supporting each other in completing tasks and managing the dispensing workload efficiently.

The pharmacy provided team members with a structured training programme to support them in updating their learning and development needs. The pharmacy's head office team periodically alerted team members via email of training programmes they were required to complete. They took the time during their working hours to read training material that had been provided to the pharmacy by third-party contractors on an ad-hoc basis. The team completed some mandatory training as a part of the pharmacy's NHS contractual requirements. The pharmacy had an annual appraisal process in place for its team members. These were completed by the RP in the form of a one-to-one conversation with each team member. Team members completed a pre-appraisal form and they recorded how they felt they were performing and details of any personal development plans.

The pharmacy did not have a whistleblowing policy to help support team members raise a concern anonymously. Team members attended regularly held meetings with the RP and the pharmacy's owners to discuss workload and any feedback they wished to share. The team was set some targets to achieve by the pharmacy's owners. These included the number of NHS items dispensed and service consultations. Team members felt the targets were mostly achievable and did not feel under any significant pressure to achieve them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and kept secure. It has facilities for people to have confidential conversations about their health with the pharmacy team.

### Inspector's evidence

The pharmacy was spread over two floors. The main dispensary was located on the ground floor. It had several benches for team members to use to complete the dispensing process. There was a separate bench used by the RP to complete clinical checks of prescriptions. The benches were kept organised throughout the inspections.

The dispensary floor was kept clear to avoid the risk of a tripping hazard. There was a first-floor room used to dispense multi-compartment compliance packs which appeared to be organised. The pharmacy had a consultation room where people could speak privately with a team member. The room was kept well organised and was appropriately soundproofed. The pharmacy had a clean sink available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. A comfortable temperature was maintained, and lighting was adequate throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy effectively manages and delivers its services safely. And it makes these service easily accessible to people. The pharmacy team suitably stores and manages its medicines to ensure they are fit for purpose before they supply them to people.

### Inspector's evidence

People had level access to the pharmacy via its main entrance door from street level. The pharmacy clearly advertised its opening hours and the services it offered on its main window. It was providing the NHS Pharmacy First service. Team members knew the relevant inclusion and exclusion criteria of the service and the pharmacy held all the appropriate documentation to provide the service. These included patient group directions, clinical pathways, and service specifications. The pharmacy provided the NHS blood pressure check service. The RP provided examples of instances where they had identified people with raised blood pressure and referred people for a review by their GP.

The pharmacy had a process in place to support team members in supplying medicines that were of higher risk. Team members were aware of their responsibilities when selling codeine-based painkillers over the counter. Team members knew of the requirements of the valproate Pregnancy Prevention Programmes (PPPs). They were aware of the importance of ensuring they did not cover up any warnings on the packaging of these medicines when attaching dispensing labels. And they were aware of the requirement to supply valproate in the manufacturer's original packaging. The RP was aware of recently updated information regarding the supply of valproate to males and demonstrated how the team counselled people to make them aware of the potential risks.

Throughout the dispensing process team members used baskets to help keep people's prescriptions and medicines together and reduce the risk of them being mixed up which could lead to errors being made. The baskets were of differing colours to help prioritise the workload. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered a daily delivery service. Bags containing medicines for delivery were kept separately from those for collection. Barcodes displayed on labels affixed to bags were scanned immediately prior to the driver leaving the pharmacy to deliver. This created an audit trail of when medicines had left the pharmacy and when the medicines had been successfully delivered.

The pharmacy supplied several people living in their own homes with medicines dispensed in multi-compartment compliance packs. These packs were designed to help people take their medicines at the correct times. The packs were dispensed by team members on the first floor of the premises to help reduce distractions from the retail area. They had implemented some steps to help them manage the process safely and effectively. This included spreading the workload evenly over four weeks. Prescriptions and 'master sheets' for each person that received a pack were stored in individual, clear wallets. The master sheets had a list of each medicine that was to be dispensed into the packs and times of administration. Team members annotated the master sheets when any changes were authorised by a prescriber. For example, if a medicines strength was increased or decreased. However, they did not record full details of the change. For example, the date the change was authorised, and the identity of the person authoring the change. The packs were labelled with descriptions of the medicines inside. And the pharmacy routinely supplied patient information leaflets. So, people received the full

information about their medicines.

Medicines were stored on shelves and in drawers. They were kept tidy and appropriately separated according to their names and strengths. This helped reduce the risk of picking errors being made. The team had a process to check the expiry dates of medicines on an ad-hoc basis. However, the pharmacy did not keep records of when this process was completed, and so an audit trail was not in place. Team members used dot stickers to highlight medicines that were due to expire within the next six months and they were seen checking expiry dates during the dispensing process to further reduce the risk of an expired medicine being supplied to people. The team marked bulk, liquid medicines with details of their opening dates to ensure they remained fit to supply. The pharmacy used two clinical-grade fridges to store medicines that required cold storage. The operating temperature ranges of the fridge was checked and both fridges were seen to be operating within the accepted range of 2 to 8 degrees Celsius. Team members retained daily records of temperature ranges to ensure they operated correctly. Medicines stored in the fridges and CD cabinets were kept well organised. The pharmacy received drug alerts and medicine recalls via email. But the team did not keep a record of the action it took, and so a complete audit trail was not in place.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Pharmacy team members have access to appropriate equipment for the services they provide. The equipment is fit for purpose and safe to use. Team member use equipment and facilities appropriately to protect people's confidentiality.

### Inspector's evidence

The pharmacy used a range of CE marked measuring cylinders for preparing liquid medicines. There was suitable equipment to support the team to manage the NHS Pharmacy First service and to measure people's blood pressure. This included an otoscope and a digital blood pressure monitor.

The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. The pharmacy suitably positioned the computer screen in the consultation room to ensure people could not see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members working in the dispensary could have conversations with people without being overheard by people in the waiting area.

### 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.