

# Registered pharmacy inspection report

**Pharmacy Name:** Allied Pharmacy Kippax, Health Centre, Gibson Lane, Kippax, Leeds, West Yorkshire, LS25 7JN

**Pharmacy reference:** 1089888

**Type of pharmacy:** Community

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

## Pharmacy context

This pharmacy is in a large health centre in a suburb of Leeds. Its main activities are dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy provides other NHS services including the Pharmacy First Service and the hypertension case finding service.

## 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 identifies and manages the risks associated with its services well. It has up-to-date written procedures that the team members follow to help ensure they provide the pharmacy's services safely. And it generally keeps the records it needs to by law. Team members suitably protect people's confidential information, and they understand their role to help protect vulnerable people. Team members respond appropriately when mistakes happen by identifying what caused the error and acting to prevent future mistakes.

### Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) that provided the team with information to perform tasks supporting the delivery of its services. Team members had signed the SOP signature sheets to record that they'd read, understood and would follow them. Team members demonstrated a clear understanding of their roles and worked within the scope of their role.

The pharmacy had a procedure for managing errors that occurred during the dispensing process, known as near miss errors. This included the pharmacist discussing the error with the team member involved before an entry was made in a near miss record. A separate procedure covered errors that were identified after the person received their medicines, known as dispensing incidents. These were recorded separately, and all team members were made aware of the incident. The pharmacy's patient medication record (PMR) showed details of the dispensing incident to remind team members of any checks they needed to complete when dispensing the person's medication. The pharmacist manager regularly reviewed the near miss record and dispensing incident reports and discussed the outcome with the team. After identifying an increase in near miss errors involving medicines that looked alike and sound alike (LASA) the pharmacist generated alert stickers and attached them to the shelves holding these medicines. These prompted team members to check the medicine they had selected when dispensing a prescription. A list of LASA medicines was also displayed for the team to refer to. The pharmacy had a procedure for handling complaints raised by people using the pharmacy services. And people could raise a concern via the pharmacy owner's website.

The pharmacy had current indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers generally met legal requirements. The RP clearly displayed their RP notice, so people knew details of the pharmacist on duty. But a sample of records showed a few occasions when the RP had not recorded when they had stopped being the RP. The CD registers were kept electronically, and the system captured the current stock balance for each CD register which was regularly checked against the physical stock. This helped to identify issues such as missed entries. To support the NHS Pharmacy First service the pharmacy had a range of patient group directions (PGDs). These provided the legal framework for the pharmacists to provide medication such as antibiotics. The PGDs were signed by the pharmacist manager to show they understood them and would follow them.

Team members completed training about protecting people's private information and they separated confidential waste for shredding offsite. The pharmacy's website displayed details on the confidential data kept and how it complied with legal requirements. The pharmacy had safeguarding guidance for the team to follow to support vulnerable people. And team members had completed training relevant to their roles. Team members took appropriate action when safeguarding concerns arose.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team with an appropriate range of experience and skills to safely provide its services. Team members work well together, and they support each other in their day-to-day work. They have some opportunities to receive feedback and complete training so they can suitably develop their skills and knowledge.

### Inspector's evidence

A full-time pharmacist manager and locum pharmacists covered the opening hours as RP. The pharmacy team consisted of a part-time pharmacy technician, one full-time dispenser, one part-time dispenser and two full-time trainee dispensers. Team members worked well together and experienced team members were encouraged to use their knowledge and skills to support the team. Some team members had specific tasks, however all team members knew how to undertake key tasks. This ensured these tasks were completed regularly especially at times when team numbers were reduced such as planned absence. The pharmacy held regular team meetings and team members received informal feedback on their performance from the pharmacist manager. Team members were encouraged to suggest changes to processes.

The pharmacy provided team members with some additional training to keep their knowledge up to date. This was mainly mandatory training covering legal requirements, and when new services such as the NHS Pharmacy First service were introduced. Team members had protected time at work to complete the training and the trainee dispensers were supported by colleagues. The pharmacy changed ownership in April 2024 and the pharmacist manager had received support from head office colleagues and the area team especially with the new IT system.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean, secure and provide a suitable environment for the services provided. And the pharmacy has appropriate facilities to meet the needs of people requiring privacy when using its services.

### Inspector's evidence

The pharmacy premises were kept tidy and hygienic. There were separate sinks for the preparation of medicines and hand washing with hot and cold water available. Alcohol gel was also available for hand cleansing. Team members kept the work surfaces in the dispensary tidy and they kept floor spaces clear to reduce the risk of trip hazards. The pharmacy had plenty of storage space for stock, assembled medicines and medical devices. The pharmacy had a defined professional area and items for sale in this area were healthcare related. There was a soundproof consultation room which the team used for private conversations with people and when providing services. The pharmacy was kept secure when it was closed and had restricted public access to the dispensary during its opening hours.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services which are easily accessible for people. Team members manage the pharmacy services well to help people receive appropriate care and to make sure people receive their medicines when they need them. The pharmacy obtains its medicines from recognised sources and it stores them properly. The team regularly carries out checks to make sure medicines are in good condition and suitable to supply.

### Inspector's evidence

People accessed the pharmacy via a step-free entrance and an automatic door. Team members asked appropriate questions when selling over-the-counter (OTC) medicines and knew when to refer to the pharmacist. The pharmacy received most Pharmacy First referrals from the GP team at the Healthcare Centre. Team members initially assessed the person to establish if they met the criteria for the service. If the person did not meet the criteria, they were referred back to the GP or offered an OTC medicine if appropriate. The hypertension case finding service was popular and some people had been referred to the GP for further checks. Team members supported the service by identifying opportunities to offer the service to people. And some team members had been trained or were completing training on taking blood pressure (BP) readings. The team was planning for the seasonal flu service and were offering people appointments.

The pharmacy supplied medicine to some people daily as supervised and unsupervised doses. The doses were prepared in advance of supply to reduce the workload pressure of dispensing at the time of supply. And were stored securely. The team provided people with clear advice on how to use their medicines. Team members were aware of the criteria of the valproate Pregnancy Prevention Programme (PPP). And the recent updates including valproate to be dispensed in the manufacturer's original pack and the advice for men taking valproate. The pharmacists ensured people prescribed valproate who met the criteria had a PPP in place. And recorded this on the PMR so all team members were aware. The computer on the pharmacy counter had access to the PMR so team members could check what stage a person's prescription was at when they presented at the pharmacy.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. Baskets were used during the dispensing process to isolate individual people's prescriptions and medicines and to help prevent them becoming mixed up. Team members initialled dispensed by and checked by boxes on dispensing labels, to record their actions in the dispensing process. The pharmacy used clear bags to hold dispensed fridge lines. This allowed the team, and the person collecting the medication, to check the supply. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item.

The pharmacy obtained medication from several reputable sources and team members followed procedures to ensure medicines were safe to supply. They regularly checked the expiry dates on stock and kept a record of this. Medicines with a short expiry date were marked to prompt the team to check the medicine was still in date. No out-of-date stock was found. Team members generally recorded the dates of opening for medicines with altered shelf-lives after opening so they could assess if the medicines were still safe to use. However, an opened bottle of Ceyesto oral solution with one month's use once opened did not have a date of opening recorded. The team checked and recorded fridge temperatures each day and a sample of these records found they were within the correct range. The

pharmacy had medicinal waste bins to store out-of-date stock and returned medication. CDs were stored securely and out-of-date CDs were separated and clearly marked. And there were appropriate denaturing kits to destroy CDs. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency via email. These were printed off and appropriate action was taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it makes sure it uses its equipment appropriately to protect people's confidential information.

### Inspector's evidence

The pharmacy had reference sources and access to the internet to provide the team with up-to-date information. There was equipment available for the services provided which included a range of CE marked equipment to accurately measure liquid medication. And two fridges for holding medicines requiring storage at this temperature. The pharmacy had appropriate BP measuring equipment for the NHS hypertension case finding service. The pharmacy's computers were password protected and access to people's records were restricted by the NHS smart card system. Team members used cordless telephones to ensure their conversations with people were held in private. They stored completed prescriptions away from public view and they held other private information in the dispensary which had restricted public access.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.