

# Registered pharmacy inspection report

**Pharmacy Name:** Allied Pharmacy Barnsley Central, Barnsley  
Interchange, 32-34 Midland Street, BARNSELEY, South Yorkshire, S70  
1SE

**Pharmacy reference:** 1092511

**Type of pharmacy:** Community

**Date of inspection:** 21/02/2024

## Pharmacy context

The pharmacy is on the concourse of a bus station in Barnsley town centre. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. The pharmacy provides services, such as the NHS Pharmacy First service. Team members provide medicines to people in multi-compartment compliance packs. And they deliver 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 adequately identifies and manages risks. It has the written procedures it needs relevant to most of its services to help team members provide services safely. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's confidential information. Team members discuss the mistakes they make so that they can learn from them. But they don't always record their errors or analyse the mistakes they make to identify patterns, so they may miss opportunities to learn and improve to help make the pharmacy safer.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks to most of its services. The SOPs had been implemented when the current owners had commenced operation of the pharmacy in October in 2023. And the superintendent pharmacist (SI) was due to review them in 2025. Some team members had signed to confirm their understanding of the SOPs. But the pharmacist and a trainee dispenser confirmed they had not read or signed all the procedures, so they might not always fully understand their responsibilities.

The pharmacy had recently started to provide the NHS Pharmacy First service to people. Pharmacy team members explained how the pharmacy had considered some of the risks of providing the service, such as the suitability of the pharmacy's consultation room to deliver the service from. And the availability of the necessary equipment. They also ensured they had completed the necessary training and whether the pharmacy had the correct SOPs and supporting documents in place. But the responsible pharmacist (RP) confirmed that these assessments had not been written down to help them manage emerging risks on an ongoing basis as the service developed.

Pharmacy team members highlighted errors to each other that were identified before people received their medicines, known as near miss errors. They discussed the errors, including why they might have happened. And they sometimes made changes to help prevent the mistake happening again. One example of a change was separating look alike and sound alike medicines, such as different strengths of diazepam tablets to help prevent the incorrect strength being selected. But team members did not record their near miss errors, as instructed in the SOP for handling near miss errors, to help aid future reflection and learning. And this meant they could not analyse their errors for patterns. So, they may miss opportunities make improvements to the pharmacy's services. Pharmacy team members did record dispensing errors they made, which were errors identified after the person had received their medicines. The records available provided detailed information about the incidents and how they were resolved.

The pharmacy had a documented procedure for handling complaints and feedback from people. Pharmacy team members explained people usually provided verbal feedback. And any complaints were referred to the pharmacist to handle. There was no information available for people in the retail area about how to provide the pharmacy with feedback.

The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy kept accurate controlled drug (CD) registers electronically. It kept running balances for all registers. Pharmacy team members audited these balances each week. Checks of the running balances against the physical stock

for three products were found to be correct. The pharmacy kept a register of CDs returned by people for destruction. It maintained a responsible pharmacist record electronically, and it was complete and up to date. The pharmacist displayed their responsible pharmacist notice. The pharmacy kept private prescription and emergency supply records, which were complete and in order.

The pharmacy kept sensitive information and materials in restricted areas. It collected confidential waste in dedicated bags. The bags were sealed when full and collected approximately monthly by the company's head office for secure destruction. The pharmacy had a documented procedure and a file of information in place to help pharmacy team members manage sensitive information. Pharmacy team members explained how important it was to protect people's privacy and how they would protect confidentiality.

A pharmacy team member gave some examples of signs that would raise their concerns about vulnerable children and adults. They explained how they would refer to the pharmacist. The pharmacy had a documented procedure for dealing with concerns about children and vulnerable adults. And team members explained how they would use the internet to find information about local safeguarding contacts, to help them manage any concerns. Team members explained that the pharmacy provided formal safeguarding training every two years. But team members who were new to the pharmacy had not completed any formal training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide or are undergoing appropriate training. They complete some ongoing ad hoc learning to help keep their knowledge and skills up to date. And they feel comfortable raising concerns and discussing ways to improve services.

### Inspector's evidence

The current pharmacy owners had commenced operation of the pharmacy in October 2023. Most of the pharmacy team members from the previous ownership had left at the end of January 2024. The pharmacy was currently operating with a new permanent pharmacist that started in December 2023, a company relief dispenser on a long-term secondment to the pharmacy, two trainee dispensers, one who had started in July 2023 and one in January 2024, and a delivery driver.

Pharmacy team members completed training ad hoc by reading various materials. And by completing training modules provided by the NHS e-learning for healthcare platform when available. The pharmacy did not have a formal appraisal or performance review process for pharmacy team members. A team member explained they would raise any learning needs verbally with the pharmacist or the SI. And they were supported by being signposted to relevant reference sources or by discussion to help address their learning needs.

Pharmacy team members explained how they would raise professional concerns with the pharmacist or SI. They felt comfortable sharing ideas to improve the pharmacy or raising a concern. And they were confident that their concerns would be considered, and changes would be made where they were needed. The pharmacy had a formal whistleblowing policy. But team members were unsure about how to access the process. They were aware of organisations outside the pharmacy where they could raise professional concerns, such as the NHS or GPhC. Pharmacy team members communicated with an open working dialogue during the inspection. They felt comfortable making suggestions to improve their ways of working. But they could not give any examples of doing this so far. The pharmacy owners did not ask pharmacy team members to meet any performance related targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services it provides. The pharmacy has a consultation room where people can speak to pharmacy team members privately.

### Inspector's evidence

The pharmacy was clean and well maintained. It was tidy and generally well organised. The pharmacy's floors and passageways were free from clutter and obstruction. It kept equipment and stock on shelves throughout the premises. And it had a private consultation room. Pharmacy team members used the room to have private conversations with people.

The pharmacy had a clean, well-maintained sink in the dispensary used for medicines preparation. It had a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy maintained its heating and lighting to acceptable levels. The pharmacy's overall appearance was professional, including the pharmacy's exterior which portrayed a healthcare setting. The pharmacy's professional areas were well defined by the layout and were signposted from the retail area. Pharmacy team members prevented access to the restricted areas of the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

Pharmacy team members generally manage and provide the pharmacy's services safely. The pharmacy suitably sources its medicines. Its services are easy for people to access. And it has some processes to help people understand and manage the risks of taking higher-risk medicines. The pharmacy generally stores and manages its medicines appropriately. But the pharmacy could do more to help team members properly manage the risks of supplying pharmacy-only (P) medicines to people.

### Inspector's evidence

The pharmacy had level access through automatic doors on two sides of the building, one from the bus station concourse and one from the street. Team members explained how they would communicate in writing with people with a hearing impairment. They could provide large-print labels and instruction sheets to help people with a visual impairment access services. The pharmacy had leaflets available for people explaining the NHS Pharmacy First service and pharmacy team members explained how they were engaging with people to explain what was available and to help manage people's expectations. Team members explained they had not had much engagement from local GPs about the service, but they hoped this would improve as the service became more popular.

The pharmacy stored several pharmacy-only (P) medicines in clear plastic boxes for people to self-select around the retail area. There were clear instructions informing people to ask for assistance from team members if they wished to purchase one of the medicines stored inside. Trainee team members had received training about self-selection of P medicines, and the requirements to ask people specific questions to ensure they were supplied safely. Trainee team members were suitably supervised by qualified colleagues to help ensure people were questioned appropriately and given correct advice. The pharmacy did not have a documented procedure to help team members manage the risks of P medicines self-selection. And there were no systems in place to alert them that someone wanted to buy a P medicine, for example when the product was scanned at the till. This increased the risks that someone might be supplied with a P medicine inappropriately.

The pharmacist counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They also checked if the person was on a Pregnancy Prevention Programme. The pharmacy had printed materials available to provide to people to help them manage the risks of taking valproate. But the pharmacy had not recently completed any audits to establish whether advice had been provided to everyone who it provided with valproate. Pharmacy team members were aware of the requirements to dispense valproate in manufacturer's original packs.

The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It attached backing sheets to the packs, so people had written instructions of how to take their medicines. But team members did not include descriptions of medicines on the backing sheets, so they could be easily identified in the pack. They provided people with patient information leaflets about their medicines each month. Team members documented changes to people's medicines on the person's electronic patient medication record (PMR).

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during

dispensing. This was to maintain an audit trail of the people involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy delivered some medicines to people. It recorded the deliveries it made. The delivery driver left a card through the letterbox if someone was not at home when they attempted delivery. The card asked people to contact the pharmacy.

Team members monitored the temperatures in the pharmacy's fridge each day. But they did not record their findings. And they did not monitor the fridge's minimum and maximum temperature over 24 hours. The temperature of the fridge during the inspection was within acceptable limits. This was discussed, and team members gave their assurances that they would monitor and record fridge temperatures immediately, in accordance with the pharmacy's documented procedure. The pharmacy obtained medicines from licensed wholesalers. It had disposal facilities available for unwanted medicines, including CDs. Pharmacy team members checked medicine expiry dates every two months and they recorded these checks. They highlighted short-dated medicines with a sticker on the pack up to three months before their expiry. And these items would be removed before they were due to expire. Pharmacy team members explained how they acted when they received a drug alert of manufacturers recall. But they did not record these actions.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the necessary equipment available for the services it provides. It manages and uses its equipment in ways that protect people's confidentiality. But lack of IT equipment means there are sometimes delays providing services to people.

### Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet.

The pharmacy had a set of clean, well-maintained measures available for medicines preparation. It had separate, marked measures for preparing doses of methadone. The pharmacy also had a pump, which team members used to prepare doses of methadone. Team members calibrated the pump before each use and cleaned the pump after they had finished using it.

The pharmacy had suitable bags available to collect and segregate its confidential waste. It kept its password-protected computer terminals and bags of medicines waiting to be collected in the secure areas of the pharmacy, away from public view. But the pharmacy only had one computer terminal for team members to use in the area of the pharmacy where prescriptions were prepared. Team members explained this often caused problems when several people wanted to access the system at the same time, causing delays.

### 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.