

Registered pharmacy inspection report

Pharmacy Name: Allied Pharmacy Jordanthorpe, Jordanthorpe Health Centre, Dyche Road, SHEFFIELD, South Yorkshire, S8 8DJ

Pharmacy reference: 1095181

Type of pharmacy: Community

Date of inspection: 30/09/2024

Pharmacy context

This is a community pharmacy located adjacent to a health centre in Jordanthorpe in the city of Sheffield. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. It provides the NHS Pharmacy First service and blood pressure testing. 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
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 provides its team members with access to a set of written instructions to support them in safely providing its services. Team members make some adjustments to the way they work to reduce the risk of similar mistakes made during the dispensing process from recurring. The pharmacy maintains most of the records it should by law and it keeps people's private information secure. It adequately equips its team to support the safeguarding of vulnerable people.

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 team members with information and instructions on how to complete various tasks. For example, managing controlled drugs (CDs) and dispensing medicines. A team member who had started employment at the pharmacy a few months before the inspection described how they were provided with protected time to read through 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 for several months. Team members explained they made sure they discussed near misses with the responsible pharmacist (RP) as soon as they were identified but did not have the time to make records of them. 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. For example, the team had noticed several near misses in a short period of time that involved team members dispensing co-codamol tablets instead of the soluble version. To reduce the risk of recurrence, the team used a highlighter pen to highlight the word 'soluble' on prescriptions. The pharmacy had a digital reporting system to support team members 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 RP or the pharmacy's head office team.

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. Some entries were not completed correctly as the details of the prescriber or the date the prescription was issued were not recorded accurately. This was not in line with legal requirements. 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.

Team members completed mandatory learning about the protection of people's confidentiality 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 and another team member 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 enough team members to safely manage its workload. It supports team members enrolled on training courses with protected training time to help them learn effectively. And it supports the team to provide feedback to improve the way the pharmacy operates. Team members work well together.

Inspector's evidence

The RP was a relief pharmacist who worked across several Allied pharmacies within the local area. The pharmacy did not have a permanent pharmacist. Locum pharmacists worked at the pharmacy while recruitment a permanent pharmacist took place. During the inspection the RP was being supported by two full-time pharmacy assistants and a full-time trainee pharmacy assistant. Team members who were not present during the inspection included two part-time delivery drivers, a part-time qualified pharmacy assistant and four part-time, trainee pharmacy assistants. Throughout the inspection, team members were seen supporting each other in completing various tasks and managing the dispensing workload efficiently. The trainee pharmacy assistant had recently joined the team and described how they felt well supported by other team members in completing tasks they did not have experience in completing. For example, the sale of some higher-risk Pharmacy (P) medicines such as those that contained codeine. One of the pharmacy assistants was also the pharmacy's manager. They were responsible for organising staffing rotas and recruitment. They were able to request additional support from team members who worked in other Allied pharmacies during busier periods of business or in response to a planned or unplanned absence. Team members were not authorised to take annual leave during the month of December as this was the pharmacy's busiest period of business.

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. Team members enrolled on an accredited training course were provided protected training time to complete their training. The trainee pharmacy assistant present during the inspection, had received some additional training on how to complete some pharmaceutical calculations following an identified learning need. The pharmacy had an annual appraisal process in place for its team members. These were completed by the pharmacy manager 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 manager and the team member agreed on three goals to be achieved by a set time. For example, one team member had wished to complete training to become a qualified pharmacy technician. The team member was due to be enrolled onto an appropriate course.

The pharmacy did not have a whistleblowing policy to help support team members raise a concern anonymously. Team members attended regularly held meetings to discuss workload and any feedback they wished to share. Recently, the team had discussed how to promote the pharmacy's free blood pressure testing service to eligible people. Team members agreed to affix alerts to bags containing the dispensed medicines of people. The alerts prompted team members to offer the service to people

when they visited the pharmacy to collect their medicines. 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 premises were spread over one floor of a large building. There was a large dispensary and retail area. The pharmacy premises portrayed a modern and highly professional appearance. The dispensary was open plan and consisted of several spacious benches for the team to use to completed various tasks such as the dispensing process. The pharmacy counter provided a barrier to prevent any unauthorised access into the dispensary. There was a separate bench used by the RP to complete final checks of prescriptions. It was located out of sight of the retail area to help prevent any distractions from people congregating in the retail area. There was another separate space the rear of the dispensary used by team members to dispense multi-compartment compliance packs. This area was of a sufficient size for the number of packs the pharmacy dispensed, and it was kept organised throughout the inspection. Floor spaces and walkways were kept clear of clutter to reduce the risk of a trip or a fall. There was sufficient space for storing medicines, bags containing dispensed medicines that were awaiting collection or delivery, and other miscellaneous items.

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 team manages the delivery of its services safely and effectively. The pharmacy makes its services suitably accessible to people. It stores most of its medicines correctly and it has adequate processes to ensure medicines are within their expiry dates and fit to supply to people

Inspector's evidence

The pharmacy had level access from the car park of the health centre. 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. Large print labels were available for people who had a visual impairment. There were disabled car parking spaces available for people to use.

The pharmacy had a process in place to support team members in supplying medicines that were of higher risk. Team members knew of the requirements of the valproate Pregnancy Prevention Programmes (PPPs). Some team members were not aware of the importance of ensuring they did not cover up any warnings on the packaging of these medicines when attaching dispensing labels. The importance of this was discussed during the inspection. Team members 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. Alert stickers were attached to bags to highlight if an additional item needed to be supplied with the bag. For example, if there was a medicine stored in the pharmacy's fridge or CD cabinet. 'Pharmacist' stickers were used to remind a team member that the person was to be provided with some additional counselling from the RP when they collected their medicines. The RP provided this counselling to people who had their medicines delivered via a telephone conversation.

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. 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 medicine's 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 authorising 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. The trainee pharmacy assistant was being trained to manage the service by working alongside more experienced team members.

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. Some medicines were stored outside of their original packaging in clear, amber, glass bottles. The team explained that these medicines were used for dispensing into multi-compartment compliance packs. The bottles were labelled with the name and strength of the medicine but were not labelled with their expiry date and batch number. And so, the team were unable to confirm if the medicines had expired or been subjected to a recall. A team member removed the medicines for destruction when brought to the attention of the team. 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 members use the equipment in a way that protects people's private information.

Inspector's evidence

Team members had access to a range of hard-copy and electronic reference sources to support them in providing services safely. The pharmacy used a range of CE marked measuring cylinders for preparing liquid medicines and had clean counting triangles available to use. Separate cylinders and triangles were used for preparing higher risk 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. Team members had access to personal protective equipment such as disposable gloves and face masks. 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.