

Registered pharmacy inspection report

Pharmacy Name: Allen & Barnfield Chemists Ltd, Foxhill Medical Centre, 415 Foxhill Road, SHEFFIELD, S6 1BG

Pharmacy reference: 1117825

Type of pharmacy: Community

Date of inspection: 21/01/2024

Pharmacy context

This is a community pharmacy next to a large medical centre in the city of Sheffield. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. The pharmacy provides services such as the NHS hypertension case-finding service and a 'flu vaccination service. And it delivers some medicines to people's homes.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.3	Standard not met	The pharmacy does not appropriately store, secure and manage all of its medicines as it should. This includes how it stores its medicines requiring cold storage. And the process team members follow to ensure the medicines they supply to people are within their expiry date is not robust.
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 a set of written procedures to support them in managing its services. It keeps people's sensitive information secure, and its team members are adequately equipped to safeguard vulnerable adults and children. The pharmacy has a process for team members to record details of mistakes made during the dispensing process. And they make some changes to the way they work following mistakes, to help improve patient safety.

Inspector's evidence

The pharmacy had a set of electronic standard operating procedures (SOPs). The SOPs were written by a third-party provider. 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. Each team member was required to read the SOPs that were relevant to their role within the first few weeks of starting employment at the pharmacy. Team members present during the inspection confirmed they had read and understood the SOPs that were relevant to their roles. The pharmacy's superintendent pharmacist (SI) explained the SOPs were provided recently to the pharmacy but was unsure if they were due to be reviewed periodically to ensure they accurately reflected the pharmacy's way of working.

Team members used an electronic system to record details of mistakes made during the dispensing process which had been identified by the responsible pharmacist (RP) before supply to a person. These mistakes were known as 'near misses'. The RP was responsible for entering the records on to the system. However, the team was unable to demonstrate any historic records. Team members described some common near misses involving medicines that were produced in several different strengths but had similar looking packaging. For example, a team member described how they had occasionally dispensed amlodipine 5mg instead of 10mg. To reduce the risk of further selection errors, the team ensured the two strengths were kept apart from each other on dispensary shelves. The pharmacy used the electronic system to report and record details of dispensing incidents, which were errors identified after people had received their medicines. The RP was responsible for completing the report forms. Team members talked about any dispensing incidents to help raise awareness and discuss what they could do to prevent a similar incident happening again. The pharmacy had a procedure to support people in raising concerns about the pharmacy. It was outlined within a leaflet stored in the retail area. Any concerns or complaints were usually raised verbally with a team member. If the team member could not resolve the complaint, it was escalated to the SI.

The pharmacy had current professional indemnity insurance. It was displaying an RP notice, but it incorrectly displayed the details of a pharmacist who was not present during the inspection, but had worked at the pharmacy the previous day. The RP record was generally completed correctly. However, there was no records of when RPs had left the pharmacy for a short period of absence. For example, the RP who worked at the pharmacy on Fridays, was absent from the pharmacy for approximately an hour each Friday afternoon. These absences were not recorded in the RP record as per legal requirements. The pharmacy maintained complete CD registers. And of the sample checked, the team kept them in line with legal requirements. The team completed balance checks of the CDs against the physical quantity periodically. The inspector checked the balance of three randomly selected CDs which were found to be correct. The pharmacy kept a register of CDs that had been returned to the pharmacy

for destruction. However, these records were incomplete as the pharmacy had no records for several CDs which people had returned to the pharmacy.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate container to avoid a mix up with general waste. The waste was periodically destroyed using a shredder. Team members understood the importance of securing people's private information. They described how they offered people the use of the pharmacy's consultation room if people felt uncomfortable discussing their health in the retail area. Team members had not completed any formal training on the safeguarding of vulnerable adults and children but were able to describe some common symptoms that they would feel the need to report. The pharmacy didn't have a formal procedure to support team members in raising a safeguarding concern. Team members explained they would discuss any concerns they had with the RP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a suitably qualified team to help manage its workload. Team members are adequately supported in their development and in keeping their knowledge and skills up to date. And they feel comfortable to provide feedback to improve the pharmacy's services.

Inspector's evidence

The SI was working as the RP on the day of the inspection. They were supported by a full-time trainee pharmacy technician, two full-time qualified pharmacy assistants, a full-time trainee pharmacist and a full-time trainee pharmacy assistant. The pharmacy also employed three delivery drivers who worked part-time and another qualified pharmacy assistant. A locum pharmacist worked every Friday. Throughout the inspection, team members were observed working efficiently. Team members were supporting each other in completing various tasks. They could cover each other's absences by working additional hours if required.

The pharmacy didn't provide a formal training programme for its team members. But it supported them to update their knowledge and skills by providing training material to team members on request. For example, pharmacy related magazines. Two team members had completed some training on the 'flu vaccination service. They were aware of the benefits of the service and helped promote the service to people who used the pharmacy. Team members who were enrolled on training courses completed most of their training at home but explained they received good support from other team members to help them complete the course. Each team member received an annual appraisal. This was typically in the form of a one-to-one conversation between the team member and the SI. They discussed the team member's progress and areas of improvement. Team members explained how they would raise any concerns with the pharmacy's manager and felt comfortable providing feedback to help improve the pharmacy's services.

The team was set some targets to achieve by the pharmacy's owners. These included the number of prescriptions dispensed and retail sales. Team members felt the targets were generally achievable and were not under any significant pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are well maintained and are suitable for the services the pharmacy provides. The pharmacy has appropriate facilities for people to have private conversations with team members.

Inspector's evidence

The pharmacy premises were generally well maintained and kept clean. The dispensary was spacious and kept organised throughout the inspection. The benches in the dispensary were well organised with baskets containing prescriptions and medicines awaiting a final check all stored in an orderly manner. There was a separate bench used by the RP to complete final checks of medicines. This helped reduce the risk of mistakes being made within the dispensing process. The pharmacy had sufficient space to store its medicines. Floor spaces in the dispensary were generally kept clear from obstruction which helped reduce the risk of a trip or fall. There was a consultation room available for people to use to have confidential conversations with team members about their health. The retail area was untidy in some areas. Several items such as cardboard boxes and disused promotional material were stored on the floor close to the consultation room. This didn't portray a professional image.

The pharmacy had separate sinks 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. Lighting was bright throughout the premises.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy team doesn't store and manage all its medicine as it should. And there is a risk some medicines may be supplied that are not fit for purpose. The pharmacy provides a range of services that are suitably accessible to people and support them in managing their health. And it manages these services well.

Inspector's evidence

The pharmacy had level access from the health centre car park to the main entrance door which helped people using wheelchairs access the pharmacy. The car park had several disabled car parking spaces for people to use. The pharmacy advertised its opening hours and its services on the main entrance door. It had the facility to provide large-print labels to people with a visual impairment. Team members described how they supported people with a hearing impairment to access the pharmacy's services. This included providing written messages to people and speaking slowly. Team members were aware of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They were aware of recently issued legislation to ensure pharmacies supplied valproate in the original manufacturers packaging. The pharmacy provided an NHS hypertension case-finding service. Team member demonstrated examples of where they had identified people who had hypertension and explained how they had provided suitable advice to people to help them manage their blood pressure. This included giving dietary advice or referring them to their GP where appropriate. The pharmacy was providing a seasonal 'flu vaccination service. Team members ensured they reminded people who were eligible for a 'flu vaccination the importance of being vaccinated.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered an optional delivery service and kept records of completed deliveries.

The pharmacy stored pharmacy-only (P) medicines behind the retail counter. The pharmacy had a process for team members to follow to check the expiry dates of the pharmacy's medicines every three months. However, the pharmacy held no records to confirm when the process had been completed. Five out-of-date medicines were found following a check of approximately 20 randomly selected medicines. These medicines were not highlighted as being out of date. Team members were not observed checking the expiry dates of its medicines during the dispensing process. The pharmacy stored several amber bottles of medicines that had been removed from their original packs. These bottles were labelled with the name and strength of the medicines. But the labels didn't display the expiry date or batch number of the medicines. The pharmacy also stored several loose blisters of medicines that had been cut into smaller quantities. Many of these loose blisters had their expiry dates and batch numbers cut off. So, the team were unable to confirm that the medicines stored in this way were within their expiry date or had been subjected to a recall. The pharmacy used two clinical grade fridges for storing medicines that required cold storage. The team had recorded that one of the fridges was

operating outside the correct temperature range for several days. However, this had not been reported to the SI. Drug alerts and recalls were received electronically by the team. They actioned them as soon as possible but didn't keep a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including access to electronic copies of the British National Formulary (BNF) and BNF for children. The pharmacy used a range of CE marked measuring cylinders. There was a suitable, electronic blood pressure monitor to support the team in providing the NHS hypertension case-finding service. The monitor was scheduled to be replaced each year. There were suitable adrenaline pens, sharps bins, plasters, and swabs to support the team in delivering 'flu vaccinations.

The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private.

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.