

Registered pharmacy inspection report

Pharmacy Name: Allied Pharmacy, 28 Southgate Street, Gloucester, Gloucestershire, GL1 2DP

Pharmacy reference: 9011425

Type of pharmacy: Community

Date of inspection: 09/06/2021

Pharmacy context

This is a community pharmacy in the centre of the city of Gloucester. A wide variety of people visit the pharmacy. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy supplies several medicines in multi-compartment compliance packs to help vulnerable people in their own homes to take their medicines. The inspection was carried out during the COVID-19 pandemic.

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's working practices are generally safe and effective. It is appropriately insured to protect people if things go wrong. The pharmacy keeps the required up-to-date records. The team members keep people's private information safe and they know how to protect vulnerable people. But, they could learn more from their mistakes to prevent them from happening again.

Inspector's evidence

The pharmacy was newly opened, October 2020. The inspection took place during the COVID-19 pandemic. The pharmacy team members mainly identified and managed the risks associated with providing its services. They had put some physical changes in place, as a result of the COVID-19 pandemic, to reduce the risk of transmission of coronavirus (see further under principle 5). The pharmacy had updated some of its standard operating procedures (SOPs) as a result of the COVID-19 pandemic. All the team members had read and signed these SOPs. The other SOPs were up to date and appropriate for the business. The pharmacy had updated its business continuity plan to accommodate any potential issues as a result of the NHS 'test and trace' scheme. It would liaise with a nearby pharmacy under the same ownership to ensure that there was no disruption in the supply of medicines to its patients if it had to close.

The pharmacy manager had conducted a risk assessment of the premises and occupational risk assessments of all the staff. The occupational risk assessment included any potentially vulnerable people in their households. The risk assessments were reviewed every month. The team members knew that they needed to report any COVID-19 positive test results. Most team members had received both doses of a COVID-19 vaccine and those that had not, had booked appointments. The staff performed COVID-19 lateral flow tests twice each week.

The pharmacy team members recorded near miss mistakes, that is, mistakes that were detected before they had left the premises. However, they did not document any learning points or specific actions to prevent any future recurrences. The manager reviewed the log and discussed the mistakes with the team but this was not documented. The pharmacy had had two errors since it began trading where the incorrect medicines had left the pharmacy. One of these was an incorrect strength of diazepam. Because of this, the strength of diazepam was now highlighted on all prescriptions.

The main dispensary was relatively spacious, tidy and organised. There were dedicated working areas, including a clear checking bench. Upstairs at the pharmacy there was a spacious, dedicated room where the team assembled and checked the medicines placed in multi-compartment compliance packs. This too was organised with an assembly area, shelving for packs waiting to be checked, a checking area and shelving for the assembled packs. The dispensers placed the prescriptions and their accompanying medicines into baskets to reduce the risk of errors. They used different coloured baskets to distinguish the medicines for people who were waiting and those for delivery. This allowed the pharmacist to prioritise the workload.

The staff knew their roles and responsibilities. A medicine counter assistant (MCA) would refer any medicine sale requests that she was uncertain of, to the pharmacist. A NVQ2 qualified dispenser would

refer any medicine sale requests for children under two or those for people with a persistent cough to the pharmacist. All the pharmacy team knew that codeine-containing medicines should only be sold for three days use.

The pharmacy team members knew about their complaints procedure but this was not displayed. The pharmacy had not received any complaints since they had started trading. All the recent feedback from people using the pharmacy had been positive. They were grateful for the hard work and dedication of the pharmacy team in the recent difficult circumstances.

The pharmacy had current public liability and indemnity insurance provided by Numark. It kept the required up-to-date records: the responsible pharmacist (RP) log, controlled drug (CD) records, private prescription records, emergency supply records and specials records. The pharmacy also had fridge temperature records, date checking records, patient-returned CD records and cleaning rotas.

The staff understood the importance of keeping people's private information safe. They stored all confidential information securely. The computers, which were not visible to the customers, were password protected. The correct NHS smartcards were seen in the appropriate computers. A company collected the pharmacy's confidential wastepaper for suitable disposal. The pharmacy offered some face-to-face services. These were done in the consultation room. People could not be overheard or seen in the consultation rooms.

The pharmacy team understood safeguarding issues. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. The staff knew where to find the local telephone numbers to escalate any concerns relating to both children and adults. The pharmacy was not registered as a 'safe space' or signed up to the 'Ask for ANI (Action Needed Immediately)' national initiatives for victims of domestic violence. The Superintendent said he would look into to these.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members are flexible and cover holiday or sickness. They work well together and are comfortable about providing feedback to their manager. He acts on this to improve services at the pharmacy. The pharmacy team members do some learning to keep their skills and knowledge up to date. But this could be more frequent to make sure that there are no gaps in their knowledge.

Inspector's evidence

The pharmacy was located in the centre of the city of Gloucester. It mainly dispensed electronically transferred NHS prescriptions. But due to the pharmacy's location, there were some acute walk-in patients. Several domiciliary patients received their medicines in multi-compartment compliance aids. The current staffing profile was one pharmacist (the manager), two full-time NVQ2 qualified dispensers, one part-time NVQ2 dispenser, three medicine counter assistants (30 hours a week) and one part-time delivery driver. The part-time staff were flexible and generally covered any planned or unplanned staff absences.

The staff clearly worked well together as a team. The team held 'as hoc' staff meetings. They were supported by their manager and felt able to raise any issues. Where appropriate, these issues were acted on. A dispenser had recently raised a concern about controlled drug (CD) prescriptions. As a result of this, all CD prescriptions, including those for Schedule 4 CDs, had a sticker stating when they needed to be collected or delivered to ensure that they were not supplied past the expiry date of the prescription.

The team members completed some on-going e-learning in work time. But this was not on a regular basis. The manager said that he would look at increasing the frequency of this and also at having a dedicated training rota. The pharmacist recorded any learning on his continuing professional development (CPD) records. No formal targets or incentives were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional and is suitable for the services it offers. It is clean, tidy and organised. The premises are thoroughly cleaned to reduce the likelihood of transmission of coronavirus. The pharmacy signposts its consultation room so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The premises presented a professional image. It was tidy and organised. There were dedicated work areas in both the upstairs and in the downstairs dispensaries. The premises were clean. As a result of COVID, the pharmacy had a daily cleaning list. Frequent touch points were cleaned throughout the day. The pharmacy team members used alcohol gel after each interaction with people. They washed their hands regularly throughout the day.

The pharmacy had a signposted consultation room. The room had a sink and a computer. People could not be seen or overheard in the consultation room. The staff cleaned the consultation room thoroughly after each use to reduce the spread of COVID-19.

The pharmacy's computer screens were not visible to customers. The telephone was cordless and the staff took all sensitive calls out of earshot. The temperature in the pharmacy was below 25 degrees Celsius and it was well lit.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers several services including some specifically related to COVID-19. Everyone can access these services. The pharmacy generally manages its services effectively to make sure that they are delivered safely. The pharmacy team members make sure that people have the information they need to use their medicines properly. The pharmacy gets its medicines from appropriate sources and stores them safely. But it could have a better audit trail showing that people do not get medicines that are subject to any concerns or recalls.

Inspector's evidence

Everyone could access the pharmacy and the consultation room. The team members could access an electronic translation application for any non-English speakers. The pharmacy could print large labels for sight-impaired patients. The pharmacy offered several services in addition to the NHS essential services: the New Medicine Service (NMS), the Discharge Medicine Service, emergency hormonal contraception (EHC), the Community Pharmacy Consultation Service (CPCS), supervised consumption of methadone and buprenorphine, COVID-19 Polymerase Chain Reaction (PCR) tests, COVID-19 lateral flow tests and seasonal flu vaccinations. The pharmacy sent the PCR tests to a laboratory in Liverpool. The results were sent directly to the patient. Patients waited at the pharmacy for the results of the lateral flow tests. The pharmacy also supplied people with packs of lateral flow tests (about 50 a week) under the current NHS scheme.

The staff were aware of the services the pharmacy offered. The pharmacist had completed suitable training for the provision of seasonal flu vaccinations including face to face training on injection technique, needle stick injuries and anaphylaxis. He had also completed suitable training for the provision of the EHC service, DMS and CPCS. The pharmacy had not received any referrals under the newly rolled-out General Practitioner (GP) CPCS scheme. It did receive referrals from 111. It had received a few DMS referrals from the local acute hospital. A medicine counter assistant performed the COVID tests in the consultation room. She had done the appropriate training. Most people wanted the PCR test. The pharmacy did about 25 to 30 of these each week.

The pharmacy had a few substance-misuse clients who had their medicines supervised. The pharmacist did the supervision of the medicine. The client disposed of the container themselves into a dedicated bin. The pharmacist washed his hands after the supervision to reduce the risk of contracting COVID-19.

The dispensary team members assembled medicines into multi-compartment compliance packs for several domiciliary people. They did this in a dedicated, spacious and organised room upstairs. The compliance packs were assembled on a four-week rolling basis and evenly distributed throughout the week to manage the workload. The staff kept any changes in dose or new items in the patients' polypockets. But there was no concise, chronological audit trail for the pharmacist to refer to at the checking stage. This meant that the pharmacist may not have a clear history of the patients' medicines.

There was a good audit trail for all items dispensed by the pharmacy. The pharmacist counselled most walk-in patients. He gave advice to those prescribed high-risk items, antibiotics, new items, oral steroids and complex doses. The staff were aware of the sodium valproate guidance relating to the pregnancy

protection program. The pharmacy currently had no 'at risk' patients. All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. The pharmacy used 'see the pharmacist' stickers for anyone needing counselling.

Because of the pandemic, the delivery driver did not ask people to sign indicating that they had received their medicines. The delivery driver signed the sheet on their behalf. The pharmacy used owing slips for any items that were owed to patients.

The pharmacy obtained its medicines and medical devices from AAH, Alliance Healthcare, DE, Phoenix and Bestway. Its controlled drugs (CDs) were stored tidily in accordance with the regulations and staff access to the cabinet was appropriate. The pharmacy had one patient-returned CD but no out-of-date CDs. It was clearly labelled and separated from useable stock. The pharmacy had appropriate CD destruction kits. The staff checked the dates of all the stock in the pharmacy. And they completed records showing it had been done. The pharmacy used designated bins for medicine waste. And it separated any cytotoxic and cytostatic waste substances.

The pharmacist manager dealt with any concerns about medicines and medical devices. He did not print these off or have an audit trail showing that they had been acted on. The manager gave assurance that he would obtain a folder and that, in future, he would print off any appropriate alerts or concerns. He will record any actions and also ensure that the dispensary team knew how to check for alerts or concerns when he was not there.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy mainly has the appropriate equipment and facilities for the services it provides. And, the team members make sure that they are clean and fit-for-purpose. But there could be more robust physical measures in place to reduce the spread of coronavirus.

Inspector's evidence

As a result of the pandemic, the pharmacy only allowed three people at a time to enter the premises. But the retail area was limited in size and there was no indication where they should stand. In addition, whilst the staff had placed a barrier on the medicine till to reduce the likelihood of transmission of COVID-19, this was flimsy in design. It also did not afford much protection for both the staff and the people visiting the pharmacy because there was a large gap at one end. Almost everyone visiting the pharmacy was seen to come to this part of the counter. The Superintendent has given assurances that he will provide a more robust screen. Not all the staff were wearing Type 2R fluid resistant face masks and in the downstairs dispensary they could not always remain two metres apart from one another.

The pharmacy used British Standard crown-stamped conical measures and ISO marked straight measures (10 - 100ml). It had tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. The pharmacy had up-to-date reference books, including the British National Formulary (BNF) 80 and the 2020/2021 Children's BNF. The pharmacy team could access to the internet.

The fridge was in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. All confidential waste information was collected for appropriate disposal. The door was always closed when the consultation room was in use and no conversations could be overheard.

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. |