

Registered pharmacy inspection report

Pharmacy Name: Allied Pharmacy - Upton Rocks, Fir Park Medical Centre, Queensbury Way, Widnes, WA8 9DT

Pharmacy reference: 9011734

Type of pharmacy: Community

Date of inspection: 01/12/2023

Pharmacy context

This health centre pharmacy is situated in a suburban residential area, serving the local population. It mainly prepares NHS prescription medicines. A large number of people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. The pharmacy has a home delivery service. It provides other NHS services including COVID-19 and flu vaccinations, the New Medicine Service (NMS) and the Community Pharmacist Consultation Service (CPCS).

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 manages its risks well. The pharmacy team follows written instructions to help make sure it provides safe services. The team reviews its mistakes which helps it to learn from them. Pharmacy team members receive training on protecting people's information, and they understand their role in protecting and supporting vulnerable people. And the pharmacy keeps the records it needs to by law.

Inspector's evidence

The pharmacy had written procedures that were regularly reviewed. These covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Records indicated that staff members had read and understood the procedures relevant to their roles and responsibilities.

The dispenser and checker initialled dispensing labels for prescription medicines that the pharmacy prepared and supplied. This helped to clarify who was responsible for each prescription medication supplied and assisted with investigating and managing mistakes.

The pharmacy had written procedures for learning from mistakes. The pharmacy team recorded mistakes it identified when dispensing medicines, and it addressed each of these incidents as they arose. The team members reviewed these records collectively each month, so they could consider learning points. The records did not always include details indicating why the team thought each mistake happened. So, the team might miss additional learning opportunities to identify trends and mitigate risks in the dispensing process.

The pharmacy had written complaint handling procedures, so staff members knew how to respond to any concerns. Publicly displayed information explained how people could make a complaint. The pharmacy had completed a patient survey since the pandemic, but it had not received the results from head office.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice so the public could identify them. The pharmacy kept records of the RP in charge of the pharmacy, as required by law. It kept records for the medications prepared under a specials license or unlicensed medicines that it had supplied. But these records were in a format that made it difficult to link the medication supplied to the patient in the event of a query. The pharmacy maintained appropriate records for COVID-19 and flu vaccinations, the NMS and CPCS.

Two randomly selected electronic CD registers indicated that the pharmacy kept records for CD transactions, as required by law. The team regularly checked its CD running balances and made corresponding records, which helped it to identify any discrepancies. Records of CDs returned to the pharmacy for safe disposal were kept.

Team members had completed training on protecting patient information, and they secured and destroyed any confidential papers. The pharmacy made sure team members each had their own security card or had applied for it to access NHS electronic patient data, and they used passwords to access this information. Publicly displayed information about the pharmacy's privacy policy helped people understand how the pharmacy protected their data.

The RP, who was the regular pharmacist, had level three safeguarding accreditation. Staff members had completed basic training on identifying and handling safeguarding concerns. The pharmacy had the local authority's safeguarding policy and procedures and contact details.

The pharmacy informally assessed new patients who requested the compliance pack service, which included assessing whether they needed to be limited to seven day's medication per supply to avoid them becoming confused. It kept corresponding records of these assessments to demonstrate this. And the pharmacy kept records of the care arrangements for people using compliance packs, including their next of kin's or carer's details and any special arrangements about who collected and when to supply their medication. This meant the team members had easy access to this information if they needed it urgently.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together, and they have the qualifications and skills necessary for their roles. The pharmacy monitors service capacity to make sure it matches the available staffing resource.

Inspector's evidence

The staff present included the RP, a registered pharmacy technician who was a co-manager, and four dispensers, one of who was also a co-manager. The pharmacy's other staff included a medicines counter assistant (MCA) and a delivery driver.

The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines ready on time, including compliance packs. The pharmacy's footfall varied throughout the day but the team managed people visiting the premises, including during peak periods. Due to an increase in prescription workload, the pharmacy had reviewed its staffing resources. This led to the pharmacy recruiting an MCA, so that the dispensers were not needed to cover the front counter too often. The pharmacy allowed a maximum of two team members annual leave at the same time, and permanent pharmacists had to give at least six weeks' notice for any planned leave requests, which helped to make sure the team was not under-staffed. The pharmacy's head office team managed booking temporary pharmacist cover, which it usually arranged promptly.

Staff worked well both independently and collectively and they used their initiative to get on with their assigned roles and required minimal supervision. They effectively oversaw the various dispensing services and had the skills necessary to provide them. All the dispensers were trained and managed the compliance pack service under the regular pharmacist's supervision. The trainee foundation pharmacist, who started at the pharmacy in September 2023, confirmed that they were receiving the support they needed to keep progressing their training.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for the pharmacy's services. It has a private consultation room, so people can have confidential conversations with pharmacy team members and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a modern purpose-built unit within the health centre. The level of cleanliness was appropriate for the services provided. Shop and dispensary fittings were suitably maintained. The retail area and counter could accommodate the maximum number of people who usually presented at any one time. The premises had enough space so that the staff could dispense medicines safely. And the pharmacy had a separate area for preparing compliance packs.

The team could secure the pharmacy to prevent unauthorised access. The consultation room provided the privacy necessary to enable confidential discussion. But its availability was not prominently advertised, so people may not always be aware of this facility.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers, and the team makes some checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy opened on weekdays from 9am to 6pm and 9am to 1pm on Saturday. It had a step-free external entrance with automated doors, and it could also be entered via the health centre, so it was easily accessible.

The pharmacy had written procedures that covered the safe dispensing of higher risk medicines including anti-coagulants, methotrexate, lithium, fentanyl patches and valproate. The team had recently checked for any people at risk who were prescribed valproate, and it only supplied this medication sealed in the original packaging. The pharmacy had the booklets which should be given to anyone receiving valproate for the first time, as stated under MHRA guidance. Valproate stock had the MHRA approved advice cards for people in the at-risk group attached. The team did not always check if people at risk prescribed valproate had received their annual specialist review to reassess the need for valproate therapy and consider alternative treatment options, as required under the licence terms for valproate medicines.

The team had a scheduling system to make sure people received their compliance pack on time. It kept a record of people's current compliance pack medication that also stated the time of day they were to take them. This helped it effectively query differences between the record and prescriptions with the GP surgery and reduced the risk of it overlooking medication changes. The pharmacy also kept records of verbal communications about medication queries or any changes for people using compliance packs. The team only supplied these medications following a verbal request when it received a prescription or hospital discharge note. Descriptions for different medicines contained inside each compliance pack were included, which helped people to identify them.

Pharmacy team members understood what questions to ask people when selling medicines to make sure requests were appropriate. They had refused to sell over-the-counter (OTC) codeine-based pain relief medication to some people who repeatedly requested these products and they advised them to consult their GP.

The pharmacy used colour-coded baskets during the dispensing process to separate people's medicines and help organise its workload. The team usually left a protruding flap on medication stock cartons to signify they were part-used. This might be easily overlooked and could increase the risk of not selecting the right quantity when dispensing and supplying medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The pharmacy had a suitably secured CD cabinet. It quarantined obsolete CDs, and it used destruction kits for denaturing unwanted CDs. Team members monitored and recorded the refrigerated medication storage temperatures. Records indicated that the team regularly checked the expiry dates for prescription and over the counter medicine stock.

The team had an efficient storage system for people's bags of dispensed medication, It used the patient medication record (PMR) system to note the area each medication was stored. This meant it could quickly retrieve people's medicines when needed.

The pharmacy supplied a notable proportion of prescription medicines via the delivery service, which helped it to effectively manage the prescription medicine dispensing service demand. The team kept records of prescription medicines that it delivered to people, which included the recipient's signature. This helped it to address any queries.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose, and it kept supporting records that confirmed this. However, it only kept these records for one year, which may lead to difficulties in the event of a query. The team had facilities in place to dispose of obsolete medicines, and these were kept separate from stock.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has the equipment and facilities that it needs for the services it provides. The equipment is appropriately maintained and used in a way that protects people's privacy.

Inspector's evidence

Records indicated that the pharmacy team regularly cleaned different sections of the premises. It kept the dispensary sink clean and it had hot and cold running water and an antibacterial hand-sanitiser. The team had a range of clean measures. So, it had facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. The team had access to the British National Formulary (BNF) online and a recent paper version of the BNF, which meant it could refer to pharmaceutical information if needed.

The pharmacy team had facilities that protected people's confidentiality. It viewed people's electronic information on screens not visible from public areas and regularly backed up people's data on its PMR system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. And it had facilities to store people's medicines and their prescriptions away from public view.

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.