

# Registered pharmacy inspection report

**Pharmacy Name:** Allied Pharmacy Skelton Lane, 3 Skelton Lane,  
Woodhouse, Sheffield, South Yorkshire, S13 7LY

**Pharmacy reference:** 9011998

**Type of pharmacy:** Community

**Date of inspection:** 25/11/2024

## Pharmacy context

This community pharmacy is in a residential area of the area of Woodhouse in the city of Sheffield. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. It provides some people with their medicines in multi-compartment compliance packs and provides the NHS Pharmacy First service. It 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
<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 provides its team members with a set of written procedures to support them in managing its services. The pharmacy 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 mistakes made during the dispensing process. And they make changes to the way they work to improve patient safety.

### Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) available to its team members. The SOPs provided the team members with information to help them complete various tasks. For example, managing controlled drugs (CDs). The SOPs had been created by the pharmacy's head office team. Team members read the SOPs periodically. And they signed a document to confirm they had read and understood each SOP. The SOPs were reviewed every two years. The reviews were completed to ensure the SOPs accurately reflected the pharmacy's practices. The next documented review was scheduled for March 2024 however the process had not yet commenced.

The pharmacy had a process to record 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 provided paper-form near miss logs to each pharmacist and accuracy checking pharmacy technician (ACPT) to make records of each near miss. Team members had made significant efforts within the last few months to record more details within the logs. For example, they recorded full details of the reason a near miss happened and the action taken to prevent recurrence. This helped the team make changes to the way they worked to prevent similar mistakes from happening again. However, team members didn't record details of each near miss and there were periods of several weeks where no near misses had been recorded. Team members explained they sometimes didn't have the time to make records due to workload pressures. The team had made some basic changes to the way they stored medicines to improve patient safety. For example, medicines that had similar names or packaging were separated to different locations of the dispensary. This helped reduce the risk of team members selecting the incorrect medicine during the dispensing process. The team used an electronic reporting system to help report dispensing incidents that had reached people. Team members described the process which included a team meeting to discuss the incident and raise awareness. Reports were written by the pharmacy manager. The pharmacy had a procedure to support people to raise concerns about the pharmacy. It was outlined within leaflets available 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 pharmacy manager.

The pharmacy had current professional indemnity insurance. It was displaying a responsible pharmacist (RP) notice which could be easily seen from the retail area. The notice displayed the correct details of the RP on duty. A sample of the RP record inspected was not all completed correctly as on most days, pharmacists had failed to record the time their responsible pharmacist duties had ended. The pharmacy kept records of supplies against private prescriptions. The pharmacy retained complete, electronic, controlled drug (CD) registers. And of the sample checked, the team kept them in line with legal requirements. The team completed balance checks of the CDs at least each month. The inspector checked the balance of a randomly selected CD which were found to be correct. The pharmacy kept

complete records of CDs returned to the pharmacy for destruction.

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 via a third-party contractor. Team members understood the importance of securing people's private information. The pharmacy held a written procedure to help the team raise concerns about safeguarding of vulnerable adults and children. Two team members confirmed they had completed some training on the subject. Team members described hypothetical safeguarding situations that they would feel the need to report.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy employs a suitable number of team members to manage the pharmacy's significant dispensing workload safely. Team members are supported by the pharmacy to complete training courses. They can provide feedback on the pharmacy's services to help improve service delivery.

### Inspector's evidence

The RP was a locum pharmacist who had worked at the pharmacy previously. The pharmacy had not had a regular pharmacist for several months. During the inspection the RP was supported by two full-time accuracy checking pharmacy technicians (ACPT), four full-time qualified pharmacy assistants and a full-time counter assistant. Each team member had completed training to carry out their roles. Another two team members and the pharmacy's superintendent pharmacist (SI) was working in the pharmacy's storage area and was responsible for managing the pharmacy's stock. The pharmacy employed other team members who were not present during the inspection. These were a full-time pharmacy assistant, a part-time counter assistant and a part-time delivery driver. One half of the team managed the process of dispensing medicines into multi-compartment compliance packs and the other half concentrated on managing the dispensing of other prescriptions. 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, however team members explained this was not common as they felt they had enough team members to efficiently manage the workload.

The pharmacy didn't provide a formal training programme to its qualified team members. But team members completed some ongoing training which included reading pharmacy-related press material, which they mostly did outside of working hours. Team members engaged in an informal appraisal process each year. This was in the form of a one-to-one discussion between the team member and the pharmacy's manager. Team members explained how they would raise any concerns with the 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 appropriately maintained and are suitable for the services the pharmacy provides. The pharmacy has the facilities for people to have private conversations with team members.

### Inspector's evidence

The premises were modern, spacious, well maintained and kept clean and hygienic. There were several spacious benches for the team to use during the dispensing process. Throughout the inspection, these benches were kept well organised with baskets containing prescriptions and medicines awaiting a final check stored in an orderly manner. There were clearly defined areas used for the dispensing process and there was a separate bench used by the RP to complete the final check of prescriptions. This helped reduce the risk of mistakes being made within the dispensing process. The pharmacy had ample space to store its medicines. Floor spaces were kept clear from obstruction. There were two signposted, private consultation rooms. One of the rooms was being used to dispense multi-compartment compliance packs. Team members confirmed that the room was not accessible to the public. The consultation room available to people to use was spacious and well maintained.

There was a large storage space at the rear of the premises. The space was used to store bulk quantities of medicines. The medicines were used by the pharmacy and transported to other pharmacies owned by the pharmacy's owners. 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. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are made suitably accessible, and it provides them safely. The pharmacy obtains its medicines from appropriate sources and its team undertake checks to ensure medicines are fit for purpose before supply to people.

### Inspector's evidence

The pharmacy's entrance was at the rear of the building. There was a large sign at the front of the building directing people to the entrance. There was a ramp to help people with wheelchairs or prams access the premises. The pharmacy advertised its opening hours and its services on the main entrance door and on an exterior wall. The pharmacy had a facility to provide large print labels to people with a visual impairment. Team members described how they supported people with a hearing impairment 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. The pharmacy was providing the NHS Pharmacy First service. It held the appropriate documentation to provide the service and all team members had undertaken training to support them in managing the service. The RP had access to supportive information including current patient group directions (PGDs), clinical pathways and the service specification to help support the safe delivery of the service.

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. For example, to highlight to the RP the presence of a fridge line or a CD that needed handing out at the same time. 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 a delivery service and kept records of completed deliveries.

The pharmacy supplied several people living in their own homes and people living across several local care homes, with medicines dispensed in multi-compartment compliance packs. Team members dispensed the packs at the rear of the dispensary or in the second consultation room to reduce the risks of distractions from the retail area. Team members spread the workload evenly over four, colour-coded weeks. Prior to beginning the dispensing process, they checked prescriptions to ensure they were accurate. They kept electronic records of any changes that prescribers had authorised. For example, if a medicine's strength was increased or decreased. They recorded the date of authorisation and the name of the prescriber. The packs were supplied with patient information leaflets, and they were annotated with descriptions of the medicines inside. The final checks of each pack were completed by the ACPTs. The RP completed a clinical check of each prescription prior to the dispensing process commencing. However, there was no audit trail to help confirm that a clinical check had been completed. This increased the risk of a pack being supplied to a person without the appropriate checks being undertaken. The risk was discussed with the team.

The pharmacy stored pharmacy-only (P) medicines directly behind the pharmacy. The pharmacy checked the expiry date of the pharmacy's medicines every three months. The team were unable to demonstrate any records to confirm this process had been complete. However, no out-of-date

medicines were found following a check of approximately 20 randomly selected medicines. Team members highlighted expiring medicines using dot stickers. The pharmacy used three fridges for storing medicines that required cold storage. The team recorded the fridges' temperature ranges of each fridge daily which showed they were operating correctly. The pharmacy received drug alerts via email. Team members actioned the alerts 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

The pharmacy used a range of CE marked measuring cylinders for preparing liquid medicines. There was suitable equipment to support the team to manage the NHS Pharmacy First service and to measure people's blood pressure. These included an otoscope and several digital blood pressure monitors. The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens 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 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.