

Registered pharmacy inspection report

Pharmacy Name: Allied Pharmacy Morgan Street, 6 Morgan Street,
Pontypridd, Rhondda Cynon Taff, CF37 2DR

Pharmacy reference: 9012317

Type of pharmacy: Community

Date of inspection: 29/07/2024

Pharmacy context

This pharmacy is near a town centre in South Wales. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers a range of services including treatment for minor ailments, a smoking cessation service and a seasonal influenza vaccination service. Substance misuse services are also available.

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 has written procedures to help make sure the team works safely. Its team members record and review their mistakes so they can learn from them. And they take action to help reduce the chance of similar mistakes happening again. The pharmacy generally keeps the records it needs to by law. Pharmacy team members know how to keep people's private information safe. And they recognise and report concerns about vulnerable people to help keep them safe.

Inspector's evidence

The pharmacy had systems in place to identify and manage risk, including the recording of dispensing errors and near misses. Dispensing team members explained that the pharmacist discussed near misses with them at the time they came to light. And that any patterns or trends that emerged were discussed with the whole team. Action had been taken to reduce some risks that had been identified. For example, a shelf edge sticker had been used to alert team members to the risk of selection errors with different forms of metformin tablets. And these two products had been distinctly separated on dispensary shelves.

A range of standard operating procedures (SOPs) underpinned the services provided and had been regularly reviewed. Pharmacy team members had signed the SOPs to show that they had read and understood them. A pharmacy technician who worked as an accuracy checker (ACT) explained that she could check any repeat prescription items that had been marked as clinically checked by a pharmacist, as long as she had not been involved in dispensing or labelling these. The pharmacy team were able to describe activities that could not take place in the absence of the responsible pharmacist.

The pharmacist said that verbal feedback received about the pharmacy's services was mostly positive. A formal complaints procedure was in place, and this was advertised in the pharmacy's practice leaflet which was displayed at the medicines counter.

Evidence of current professional indemnity insurance was available. Records were generally properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and electronic controlled drug (CD) records. The pharmacist had not completed the RP record on the day of the inspection, but he did so as soon as the inspection began. Running balances for controlled drugs were typically checked weekly or fortnightly.

Members of the pharmacy team said that they had signed confidentiality agreements, although no evidence of this was available. However, they were aware of the need to protect confidential information, for example by offering the use of the consultation room for private conversations and by identifying confidential waste and disposing of it appropriately. The pharmacy technician had completed external information governance training. A privacy notice displayed at the medicines counter described the way in which data was used and managed by the pharmacy and gave details of the pharmacy's Data Protection Officer. The pharmacist and pharmacy technician had undertaken advanced formal safeguarding training. Most other team members had undertaken basic formal safeguarding training. They had access to guidance and local safeguarding contact details that were available in the safeguarding SOP and via the internet.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are appropriately trained for the jobs they do or are enrolled on a suitable training course for their role. And they feel comfortable speaking up about any concerns they have.

Inspector's evidence

The pharmacist manager worked at the pharmacy on most days. The pharmacy team consisted of a pharmacy technician, who was also a qualified accuracy checker (ACT), a dispensing assistant (DA), three trainee DAs and a medicines counter assistant (MCA). Trainees worked under the supervision of the pharmacist or other trained members of the pharmacy team. Pharmacy team members were able to safely manage the workload and the staffing level appeared adequate for the services provided.

Members of the pharmacy team working on the medicines counter were observed using appropriate questions when selling over-the-counter medicines to people. And they referred to the pharmacist on several occasions for further advice on how to deal with transactions. Team member had access to informal training materials such as articles in trade magazines and information about new products from manufacturers. They explained that much of their learning was via informal discussions with the pharmacist. The pharmacy technician understood the revalidation process and explained that she based her continuing professional development entries on training she had undertaken and on issues she came across in her day-to-day working environment. She had recently obtained a basic life support qualification via the NHS Wales training website. All pharmacy team members had recently completed mandatory training provided by NHS Wales on mental health awareness and improving the quality of services provided. There was no formal performance and development system in place, which meant some opportunities to identify training needs could be missed. But all team members could informally discuss performance and development issues with the pharmacist whenever the need arose.

There were no specific targets or incentives set for the services provided. Pharmacy team members worked well together and had an obvious rapport with customers. They were happy to make suggestions and raise concerns with the pharmacist or area manager. A whistleblowing policy was available in the dispensary and described the pharmacy's internal process for raising concerns. On discussion, team members understood that they could contact the GPhC if they wished to raise a concern outside the organisation.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working and its layout protects people's privacy.

Inspector's evidence

The pharmacy had previously been located inside a café, with both businesses sharing the premises. However, with the recent closure of the café, the pharmacy team were now the sole occupants and explained that they were awaiting a planned refit which was scheduled to take place soon. There was still a large amount of catering equipment in the rear of the premises, but the pharmacist gave assurances that this would be removed over the next few weeks. The dispensary was clean, tidy and well-organised, with enough space to allow for safe working. Some stock medicines and dispensed medicines awaiting collection were being temporarily stored on the floor, but they did not pose a trip hazard. There was no sink in the dispensary, but the pharmacy team were able to access the sinks in the rear of the premises, and these had hot and cold running water. Soap and cleaning materials were available. A rope secured across the entrance to the medicines counter helped prevent unauthorised access to the dispensary.

A consultation room was available for private consultations and counselling and its availability was clearly advertised. However, the room was very small, and the pharmacist did not feel comfortable providing some NHS-commissioned services from there. There was an agreement in place with the local health board to provide only a limited range of face-to-face services from the pharmacy until the planned refit had been carried out. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally easy for people to access. Its working practices are safe and effective. The pharmacy stores medicines appropriately and carries out checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy team offered a range of services, and these were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. A signposting file provided by the local health board was available and team members signposted people requesting services they could not provide to nearby pharmacies or other providers such as the local council, which offered a needle and sharps collection service. A poster that included details of local sexual health clinics was displayed at the medicines counter. Some health promotional material was on display in the retail area.

The pharmacy team had a good relationship with local GP surgery teams, which meant that queries and problems were usually dealt with quickly and effectively. Dispensing staff used colour-coded baskets to ensure that medicines did not get mixed up during the dispensing process and to differentiate between different types of prescriptions. Dispensing labels were initialled by the dispenser and accuracy checker to provide an audit trail. Controlled drugs requiring safe custody and fridge lines were dispensed in clear bags to allow pharmacy team members to check these items at all points of the dispensing process. This helped to reduce the risk of a person receiving the wrong medicine. A text messaging service was available to let people know their medicines were ready for collection.

Stickers were placed on prescription bags to alert team members to the fact that a CD requiring safe custody or fridge item needed to be added. Stickers were also attached to prescription bags to identify dispensed Schedule 3 and 4 CDs awaiting collection. These stickers were marked with the date after which the prescription was invalid and could no longer be supplied.

Stickers were used to routinely identify people prescribed higher-risk medicines such as warfarin, lithium and methotrexate so that they could be counselled. The pharmacist said that he asked people about relevant blood tests and dose changes but did not record these conversations. The pharmacy team were aware of the risks of using valproate-containing medicines during pregnancy. They were also aware of the requirement to supply valproate products in original packs. They confirmed that anyone prescribed valproate who met the risk criteria would be counselled and provided with educational information at each time of dispensing.

The pharmacy provided medicines in disposable multi-compartment compliance packs to some people in the community. Compliance packs were labelled with descriptions to enable identification of individual medicines and patient information leaflets were routinely supplied. Each patient had a clear plastic wallet that included their personal and medication details, collection or delivery arrangements, details of any messages or changes and any relevant documents, such as current prescriptions and hospital discharge letters. A list of people receiving their medicines in compliance packs was displayed in the dispensary for reference. An original pack and medication administration record (MAR) dispensing service was provided to some people in the community.

Uptake of the pharmacy's discharge medicines review service was steady. Uptake of the common ailments service was high, as it was an established service and the pharmacy also received frequent referrals from nearby GP surgeries and other local healthcare professionals. Demand for the emergency supply of prescribed medicines service was low, as the local surgeries were open for longer hours than the pharmacy, so people were usually able to obtain a prescription from their GP in an emergency. The pharmacy offered a smoking cessation (supply only) service and a seasonal influenza vaccination service. A supervised consumption service and a needle exchange service were also available.

The pharmacy provided a prescription collection service from three local surgeries. It also offered a free medicines delivery service. The delivery driver used a delivery sheet to record each delivery that was made. Highlight stickers alerted the driver if a controlled drug or a fridge line was included in the delivery so that they could notify the recipient. In the event of a missed delivery, the delivery driver put a notification card through the door and brought the prescription back to the pharmacy.

Medicines were obtained from licensed wholesalers and were stored appropriately. Medicines requiring cold storage were kept in two well-organised medical fridges. Maximum and minimum temperatures for the fridges were recorded daily and were usually within the required range. A few discrepancies had been recorded but evidence showed these had been monitored appropriately. Controlled drugs were stored in a large, well-organised CD cabinet and obsolete CDs were kept separately from usable stock.

Medicine stock was subject to regular expiry date checks. These were documented, and short-dated items were highlighted. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. There was no separate bin for disposing of cytotoxic waste, but the pharmacy team were in the process of ordering a bin from their waste contractor and explained that they separated out any cytotoxic waste they received. The pharmacy received safety alerts and recalls via its NHS email account. The pharmacy team were able to describe how they would deal with a medicine recall by contacting patients where necessary, quarantining affected stock, and returning it to the supplier.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has the equipment and facilities it needs to provide the services they offer. And it makes sure these are always safe and suitable for use. The pharmacy's team members use equipment and facilities in a way that protects people's privacy.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Separate measures were used for methadone to prevent cross-contamination. Triangles were used to count loose tablets, and a separate triangle was available for use with loose cytotoxics. The pharmacy had a range of up-to-date reference sources.

All equipment was in good working order, clean and appropriately managed. Evidence showed that it had recently been tested. Equipment and facilities were used to protect the privacy and dignity of patients and the public. For example, the consultation room was used for private conversations and counselling. The pharmacy software system was protected with a password and computer screens were not visible to people using the pharmacy. Some dispensed medicines awaiting collection could be seen from the retail area, but no confidential information was visible.

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.