

# Registered pharmacy inspection report

**Pharmacy Name:** Allied Pharmacy Fleetwood Road North, 108  
Fleetwood Road North, Thornton-Cleveleys, Lancashire, FY5 4AF

**Pharmacy reference:** 9012360

**Type of pharmacy:** Community

**Date of inspection:** 29/08/2024

## Pharmacy context

This community pharmacy is located on a main road through the village of Thornton, in Lancashire. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS Pharmacy First service and emergency hormone contraception. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time.

## 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 team follows written procedures which helps them to provide services safely and effectively. The pharmacy generally keeps the records it needs to by law. And members of the team take steps to keep private information safe. They discuss when things go wrong to help reduce the risk of mistakes happening. But they do not always record them or carry out an analysis to help make sure all learning opportunities are identified.

### Inspector's evidence

The pharmacy had a folder containing standard operating procedures (SOPs) which had been issued in April 2024. Members of the team recall reading the SOPs and signing a training sheet to confirm they understood them. But the training sheet could not be found. And the team thought it may have been sent to the head office which would be a useful record for the responsible pharmacist (RP) to view to assure themselves that team members understood their roles and responsibilities. Some of the newer members of the team had begun to read the SOPs but had not signed a training sheet. So the pharmacy may not be able to demonstrate all team members understood the procedures.

The pharmacy used standard template forms to record and investigate dispensing errors, and the subsequent learning outcomes. A paper log was available to record near miss incidents, but none had been recorded in the past six weeks. The pharmacist admitted the pharmacy team had fallen behind with this process due to absences in the team. They acknowledged records would be kept going forward. The pharmacist had discussed mistakes with individual members of the team to help identify learning points. An example of which was a change in the dispensing process so that different members of the team carried out the different tasks involved. Following this change, they had noticed a reduction in the number of errors. And the company had instructed pharmacies to generally limit their workload and only dispense a small volume of prescriptions at a time to help prevent the dispensary becoming overcrowded. But there were no formal analyses of past records, which would help to spot potential trends or if the actions taken were adequate.

The roles and responsibilities for members of the pharmacy team were described in individual SOPs. A trainee dispenser explained what their responsibilities were and was clear about the tasks that could or could not be conducted during the absence of a pharmacist. The correct RP notice was on display. The pharmacy had a complaints procedure. But details about it were not on display which would help to encourage people to provide feedback. Any complaints were recorded and followed up. A current certificate of professional indemnity insurance was available.

Records for private prescriptions appeared to be in order. A record for the RP was available, but the RP did not routinely record the time they ended their responsibility until a week ago. The pharmacist had already identified this as an oversight and had recently begun to record these details. Controlled drugs (CDs) registers were maintained with running balances recorded. The running balances had been checked on a frequent basis until early July, after which the team had fallen behind with the task. Two random balances were checked, and one was found to be inaccurate. The pharmacist subsequently confirmed that the erroneous balance had been rectified, and CD balances were up to date. Patient returned CDs were recorded.

An information governance (IG) policy was available. Members of the team explained they had read the

policy but had not signed it. So the pharmacy may not be able to show team members had fully understood it. When questioned, a dispenser explained how confidential information was separated into waste bags which were removed and destroyed by a waste carrier. Safeguarding procedures were available but had also not been signed by the team. The pharmacist had completed level 3 safeguarding training. Members of the team understood where to find the contact details for the local safeguarding board and said they would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough members of the team to manage the pharmacy's workload and they are appropriately trained for the jobs they do. They complete some additional training packages to help keep their knowledge up to date. But this is not structured so learning needs may not always be addressed.

### Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy technician who was also trained to complete accuracy checks (ACT), four dispensers, and a delivery driver. A few team members had left two months earlier, which had created a gap in the team for the last few weeks. The head office had provided staffing cover from their field team, who were trained dispensers. Two new starters have recently been employed, and a full-time vacancy was currently being recruited for. Staffing levels were maintained by a staggered holiday system and part-time team members. Relief staff could also be requested from the head office if it was needed.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about the administration of naloxone nasal spray. But ongoing training was not provided in a consistent manner. So learning needs may not always be fully addressed and members of the team may not be able to demonstrate how they keep their skills and knowledge up to date.

A new starter gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and referred people to the pharmacist if needed. They explained that as they were new to their role, they checked a lot of their work with the pharmacist to ensure it was correct. The team felt well supported by the pharmacist manager, and they felt the team worked well together. They had found the head office to be supportive when they had moved to new premises. Appraisals had been recently conducted. Members of the team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. There were targets set for various professional services, but the team did not feel any pressure to achieve these.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

### Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled using heaters and lighting was sufficient. Team members had access to a kettle, separate staff fridge, and WC facilities.

A consultation room was available, containing a computer, desk, seating, and adequate lighting. The patient entrance to the consultation room was clearly signposted.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible, and it manages and provides them safely. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So, they might not always check that the medicines are still suitable or give people advice about taking them.

### Inspector's evidence

Access to the pharmacy was via a small step. A bell was available for those who needed assistance, so that team members could set up a portable ramp to help them gain access. Various posters advertised the services offered and information was also available on the pharmacy's website. The pharmacy opening hours were displayed. But there was little information on offer about improving people's health choices, which is a missed opportunity.

The pharmacy team initialled 'dispensed-by' and 'checked-by boxes' on dispensing labels to help show who was involved in the dispensing process. They used baskets to separate individual patients' prescriptions to avoid medicines being mixed up. The pharmacist signed the prescription forms once they had clinically checked the prescription. After which, the ACT completed the final accuracy check in line with the SOP. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Members of the team were seen confirming the patient's name and address when medicines were handed out. The pharmacy's computer software alerted the team when prescriptions were due to expire, and these were removed from the collection shelves. The team provided counselling advice to people when it was requested, but there was no process to routinely identify those taking higher-risk medicines (such as warfarin, lithium, and methotrexate). So, team members may not remember to discuss these medicines to help make sure they remained suitable and safe to use. Members of the team were aware of the risks associated with the use of valproate-containing medicines during pregnancy, and the need to supply full packs. Educational material was supplied with the medicines. The pharmacist confirmed they had spoken to people who were at risk to ensure they were taking these medicines safely and using a pregnancy prevention programme.

Some medicines were dispensed in multi-compartment compliance packs. The pharmacy was in the process of re-assessing all people who used these packs to ensure they remained suitable. A record was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record was updated. Hospital discharge information was sought, and previous records were retained for future reference. Patient information leaflets (PILs) were routinely supplied. But compliance packs did not always contain a description of the medicines, which would help people identify their medicines.

The pharmacy had a delivery service, and records of deliveries were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers. The pharmacy had an account with a specials manufacturer if they had to obtain any unlicensed medicines, but they had not needed to do so for some time. The team had checked the expiry dates of medicines when the pharmacy moved into the premises. But they had not routinely checked the expiry dates of medicines on a regular basis thereafter. The pharmacist explained this was due to be implemented. Any short-dated stock was highlighted using a sticker and were recorded in a diary so they could be removed from the shelves. Liquid medication had the date of opening written on. A spot check of medicines did not find any expired stock.

Controlled drugs were stored appropriately in the CD cabinets, with clear separation between current stock, patient returns and out of date stock. There were three clean medicines fridges, equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last three months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. But the pharmacy had not kept records to show how they had dealt with them, and to show they had acted appropriately.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they keep the equipment clean in a manner expected of a healthcare setting.

### Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc, and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had counting triangles for counting loose tablets including a designated tablet counting triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. People were offered its use when requesting advice or when counselling was required.

### 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.