

Registered pharmacy inspection report

Pharmacy Name: Complete Care Pharmacy, 51 High Street,
RHYMNEY, Gwent, NP22 5LP

Pharmacy reference: 1043459

Type of pharmacy: Community

Date of inspection: 07/05/2019

Pharmacy context

This pharmacy is located on the main High Street in Rhymney. A local medical centre is nearby. It mainly dispenses NHS prescriptions and supplies medicines in weekly compliance aid packs for people to use in their own homes. The pharmacy sells a range of over-the-counter medicines as well as offering NHS services including a review of medicines following discharge from hospital (DMR) and general Medicine Use Reviews (MURs). The pharmacy provides a number of other NHS services including a 'Choose Pharmacy' local minor ailments scheme, emergency hormonal contraception and smoking cessation. Substance misuse treatment services and a needle exchange service are also available.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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. The pharmacy has written procedures in place for the work it does, and it keeps the records required by law. Pharmacy team members keep people's private information safe and know how to raise concerns to protect vulnerable people. But they do not always record and review their mistakes. So, they may miss out on learning opportunities and chances to reduce risk in the future.

Inspector's evidence

The pharmacy had some systems in place to help to identify and manage risk. A near miss log was available, but no entries had been recorded since January 2019. Pharmacy team members were being encouraged to use the system to record near miss details. Previous near miss records had been reviewed for trends. But this had lapsed in recent weeks due to the lack of records. The pharmacist discussed how a dispensing incident would be recorded and investigated, this included retaining any available evidence and onward reporting to the National Reporting and Learning System (NRLS). No incidents had occurred during the pharmacist's time in branch.

The pharmacy had some standard operating procedures available for reference. A number were being updated and were not present on the premises. Copies of these were provided immediately post inspection. There were some records available to confirm staff acknowledgement of the procedures. But these were not always complete, and so they could not show that all team members had been trained.

The pharmacy team were aware of their roles and a dispenser was able to discuss the activities which could and could not take place in the absence of a responsible pharmacist (RP). A complaint procedure was in place, but this was not advertised, so people may not always be aware of its availability. People using pharmacy services were able to raise concerns verbally. Where possible, concerns were resolved in the pharmacy by a member of the team, or the pharmacist in charge. A dispenser said that she would offer the consultation room for additional privacy, when managing a concern. Ongoing feedback was also provided through a community pharmacy patient questionnaire (CPPQ).

Confirmation of in-date professional indemnity insurance was provided. The RP notice was conspicuously displayed near to the medicine counter. The RP log appeared generally in order. Controlled Drugs (CD) registers appeared in order and kept a running balance, which was regularly audited. Patient returned CDs were recorded and destruction was signed and witnessed.

Private prescriptions and emergency supply records were generally in order. However, there were some minor errors as, in some instances, the details of the prescriber of private prescriptions did not always match those on the prescription form. Specials procurement records kept and audit trail from source to supply.

The pharmacy team had completed some information governance training. A dispenser identified how information in the pharmacy would be protected, including the segregation and appropriate disposal of confidential waste. Completed prescriptions were stored out of public view.

Pharmacy team members had completed safeguarding training. Certificates confirming training were viewed. A dispenser discussed some of the concerns that may be identified and explained how issues identified would be escalated to the pharmacist. The contact details of local agencies were available for escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. It has an open culture and the pharmacy team members work well together. Team members are appropriately trained for their roles, and they complete some ongoing training. But this is not structured, and so they may not always be able to show how they keep their knowledge and skills up to date.

Inspector's evidence

On the day of the inspection, the team comprised of the regular pharmacist and four qualified dispensers, one of whom primarily covered the medicine counter. This was confirmed as an average staffing level for the day and the team felt that overall the workload was manageable. Some regular repeat prescriptions received prior to the bank holiday had been labelled but still required assembly. These had been ordered in a manner which made searching them easier, should a patient come to collect their medicine earlier than anticipated. Deliveries were assembled the day prior to their delivery date. Restrictions were in place as to how many team members could be absent at one time, to maintain an appropriate level of staffing.

A dispenser discussed the questions that she would ask to ensure that sales of medicines were safe and appropriate. The dispenser highlighted several high-risk medicines, which may be susceptible to abuse, and concerns were referred to the pharmacist in charge. A recent refusal of sale was also discussed.

Following the completion of accredited courses, there was limited structured ongoing training in place. Pharmacy team members said that the pharmacist would provide them with any information that they needed to stay up to date. There was a plan to introduce personal development reviews for team members, to highlight learning needs. But this was not in place at the time of the inspection.

An open dialogue was observed amongst the team. A few team members recalled a previous staff survey which had been completed electronically, but on an ongoing basis any feedback or concerns were usually raised verbally. The team were happy to approach the regular pharmacist and the pharmacy owner. There were no set targets in place for any professional services provided by the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment for the delivery of healthcare services.

Inspector's evidence

The pharmacy's premises were well presented. A recent refit had been carried out and was finished to a high standard. The pharmacy owner was responsible for resolving any maintenance issues, and day to day cleaning duties were carried out by the pharmacy team.

The retail area to the front stocked a suitable range of health and beauty products, and the self-selection of pharmacy medicines was restricted. Chairs were available for use by those less able to stand. Two enclosed consultation rooms were accessible from the retail area. Only one of the rooms was currently in use and was fitted with equipment to aid private and confidential discussions.

The dispensary had adequate space for the provision of pharmacy services. Work benches were segregated to allow for dispensing and checking to take place separately. A large amount of shelving was in place for medicines storage and a sink was available for the preparation of medicines.

The premises had additional storage areas and WC facilities were equipped with appropriate handwashing materials. There was adequate lighting throughout the premises and the temperature appeared appropriate for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people and they are generally well managed. It sources and stores medicines safely. And pharmacy team members carry out regular checks to ensure that medicines are suitable for supply. But they do not always carry out extra checks with some high-risk medicines. This may mean that people do not always receive the information they need to take their medicines properly.

Inspector's evidence

The pharmacy had a single-step access to the front and a manual door. No ramp facility was available. The pharmacy team assisted people in accessing the premises, where possible. Additional adjustments could be made to assist those with disabilities, such as the use of large print labels to aid people with visual impairment.

There was limited advertisement of services available from the pharmacy. Some additional health promotion literature was available and team members could access the details of other healthcare providers, to signpost people, where appropriate. Some signposting records were maintained as an audit trail.

Prescriptions in the pharmacy were dispensed using baskets to keep them separate and reduce the risk of medicines being mixed up. An audit trail for dispensing was maintained on dispensing labels. Prescriptions for high-risk medicines were not always highlighted. Some records of monitoring parameters such as INR readings, were recorded. The pharmacy staff were aware of the valproate pregnancy prevention programme. But the team were not always clear on when the materials should be provided, so there was a chance that they may not always get this information. The inspector signposted to the relevant MHRA guidance. Stickers were used to highlight prescriptions for CDs. These were not always used for schedule 3 and 4 CDs, which were not subject to safe custody regulations.

Patient requested which repeat medicines were required for the next month, to prevent medicine wastage. The pharmacy kept audit trails of repeat prescription requests, so that unreturned prescriptions were highlighted. Signatures were obtained for the delivery of medicines and in the event of failed deliveries medicines were returned to the pharmacy.

Members of the pharmacy team kept records to identify when weekly compliance aid packs were due. Repeat orders were tracked to identify unreturned prescriptions. A master record of medicines was held for each patient and was updated with the details of any changes. Weekly compliance aid packs contained patient details, descriptions of individual medicines and patient leaflets. Backing sheets in weekly compliance aid packs, did not always contain the necessary British National Formulary (BNF) warning labels. The pharmacist said that he would follow up on this with the PMR provider.

Training had been provided for the smoking cessation service and equipment to aid the service including a carbon monoxide reader was available. Records of supplies were kept. Reaccreditation for the provision of EHC was also discussed and access was available to the relevant PGDs for supply.

Stock medications were sourced from reputable wholesalers and specials from a licensed manufacturer. Stock medications were stored in an organised manner and within their original packaging. Date checking was carried out every three months and short dated medicines were highlighted. No out-of-date medicines were identified from random samples. Out of date and returned medicines were stored in DOOP bins. Enquiries had been made to ensure that the pharmacy had access to the necessary hardware and software as part of the European Falsified Medicine Directive (FMD). The pharmacy was not yet fully compliant.

The refrigerators in the pharmacy were all equipped with maximum/minimum thermometers. The temperatures were checked and recorded. All were within the recommended range on the day. CDs were stored appropriately, and random balance checks were found to be correct. Out-of-date and returned CDs were segregated. Needle exchange kits were available. Supplies were recorded, and sharps bins were available for the storage of returns. Returned sharps were on occasion placed into the appropriate bin by pharmacy team members. Those asked had not received a hepatitis b vaccination for personal protection against needle stick injuries.

Alerts for the recall of faulty medicines and medical devices were received via email. The system was checked daily and alerts were printed and filed as an audit trail. The pharmacist also maintained a record on the PMR system to show that the email system was checked each day.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to deliver its services.

Inspector's evidence

Access was available to paper-based reference materials. Internet access was also in place. The pharmacist said that he also contacted a nearby Medicines Information service, for further advice, when necessary.

Several crown-stamped glass conical measures were available for measuring liquids. Separate measures were marked for use with CDs. Counting triangles were available for loose tablets, with a separate one reserved for use with cytotoxic medicines.

Electrical equipment appeared in order. Computer systems were password protected and regularly backed-up. Screens were located out of view. But the PMR system had been left open on the computer in one of the consultation rooms, which may make it vulnerable to unauthorised access. And a cordless telephone enabled conversations to take place in private, where necessary.

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.