

# Registered pharmacy inspection report

**Pharmacy Name:** A & J M Sheppard Ltd, 50 Commercial Street,  
Aberbargoed, BARGOED, Mid Glamorgan, CF81 9BU

**Pharmacy reference:** 1043479

**Type of pharmacy:** Community

**Date of inspection:** 14/05/2019

## Pharmacy context

This pharmacy is located on the main High Street of Aberbargoed. 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 a discharge from hospital (DMR) and general Medicines 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 scheme 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
<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's working practices are generally safe and effective. It keeps people's information private and explains how it will be used and processed. And it keeps the records required by law. Pharmacy team members usually follow written procedures, to ensure that tasks are completed safely. But they do not always record and review their mistakes. So, they may miss learning opportunities or chances to reduce future risk.

### Inspector's evidence

The pharmacy had some systems in place to identify and manage risk. A near miss log dated May 2019 was displayed, but no entries had been recorded. Pharmacy team members explained what happened when the usual pharmacist identified a near miss, but they were unsure whether regular records were kept. Team members said that they did not personally record any details. One previous near miss record sheet was located during the inspection. This was dated May 2018 and contained two entries. The pharmacy team said that a review of near misses was not discussed with them and were unaware of any changes that had been made in response to previous incidents. The locum pharmacist explained the actions that he would take if a dispensing incident was identified. The pharmacist was aware of the reporting procedure in place and had previously contacted the superintendent pharmacist to obtain the necessary record sheets.

The pharmacy had a full set of written standard operating procedures (SOPs) in place. The procedures had been recently reviewed and team members had signed to confirm their acknowledgement. The locum pharmacist on the day confirmed that he had read the procedures at another branch.

Individual responsibilities of the pharmacy team were outlined in the SOPs. A trainee pharmacy technician 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 and was advertised in a practice leaflet. Feedback could be provided verbally, and concerns were escalated to head office, if they could not be resolved in branch. Additional feedback was obtained through a Community Pharmacy Patient Questionnaire (CPPQ). Previous feedback was displayed in the consultation room and appeared positive.

Professional indemnity insurance arrangements were in place. The correct RP notice was conspicuously displayed. The RP log appeared generally in order. But occasional entries did not record the time at which RP duties has ceased, so were not strictly compliant with the law.

Controlled drug (CD) registers appeared in order and kept a running balance. Regular stock balance audits were carried out. Patient returned CDs were recorded and destructions were signed and witnessed. Private prescriptions and emergency supply records were in order and specials procurement records kept and an audit trail from source to supply.

Pharmacy team members explained how they would keep people's private information safe. The pharmacy had a privacy notice on display and a 'Safeguarding your Information' leaflet was also available. Confidential waste was segregated and shredded and completed prescriptions were stored out of public view.

A safeguarding procedure was in place and the pharmacist had completed additional training. Team members discussed some of the types of concerns that they may identify and explained how these would be managed. The contact details of local agencies could be obtained, if escalation was required. The pharmacy had a chaperone policy in place; the details of this were displayed in the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members work well together and use their professional judgement, for the benefit of people using the pharmacy's services. They can raise concerns and provide feedback and complete some ongoing training. But this is not structured, so they may not always keep their knowledge and skills up to date.

### Inspector's evidence

On the day of the inspection, the pharmacy team comprised of a locum pharmacist, a qualified dispenser and a trainee pharmacy technician. The pharmacy also employed an additional dispenser, a medicine counter assistant and a delivery driver, none of whom were present. The team said that staffing levels were usually adequate, although work levels fluctuated with some weeks being busier than others, but all work was completed to time. Leave in the pharmacy was planned and restricted to make sure that appropriate staffing levels were maintained. Cover was not usually provided for leave, meaning the regular pharmacist would work alongside one other team member. Staff said that this could be challenging at times, but work was planned in advance, so it was manageable.

A trainee pharmacy technician discussed the questions that she would ask to ensure that sales of medicines were appropriate. The trainee pharmacy technician highlighted some counselling points that would be provided for high-risk medicines. Sales for these medicines were monitored and concerns were referred to the pharmacist. A previous refusal of sale was discussed.

Pharmacy team members were appropriately trained. Their certificates were displayed in the dispensary. The trainee pharmacy technician was nearing the completion of her course. Support had been provided in branch where possible, but coursework was usually completed outside of working hours. The team received additional training on an ad hoc basis, with updates usually provided by the pharmacy manager, when needed. The team discussed a recent update to the change in legal status of some teething preparations, and how they usually received information prior to pharmacy services being implemented. Staff development was monitored through performance reviews, where any learning needs were identified and addressed. Learning and development was also discussed on an ongoing basis with the regular manager.

An open dialogue was observed amongst the team. Team members were happy to approach the pharmacist on the day, or the regular pharmacist and company management if they had any concerns. They were not always aware of how confidential concerns could be raised but knew that the whistleblowing policy could be located in the SOP folder, if required.

Targets were in place for professional services including MURs. The pharmacist said that he felt comfortable with the targets and was not placed under pressure to meet them. The pharmacist said that he would make a professional decision to only carry out a service if safe and appropriate to do so.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy and provides a professional environment suitable for the delivery of healthcare services.

### Inspector's evidence

The pharmacy's premises were well presented. An interior refit had been carried out approximately two years ago and had been completed to a high standard. Maintenance issues were escalated to head office and general cleaning duties were carried out by the pharmacy team. The premises were clean and tidy on the day.

The retail area was well presented and stocked a range of appropriate healthcare goods. Pharmacy medicines were restricted from self-selection behind the medicine counter. A range of healthy living promotional literature was available for reference, and chairs were in place for use by people less able to stand.

An enclosed consultation room was accessible from the retail area. The room was well maintained and fitted with the appropriate equipment to facilitate private and confidential consultations. A separate screened area was also in place to allow for supervised consumption. The consultation room remained locked when not in use to prevent unauthorised access.

The dispensary had the necessary space for the provision of pharmacy services. The work benches were segregated to allow for dispensing and checking to be separated and an additional area was available for the assembly of weekly multi-compartment compliance aids. Additional storage was provided through shelving units and a well-maintained sink was available for the preparation of medicines.

The pharmacy had additional storage areas. And there was a staff tearoom and a WC, which was equipped with appropriate handwashing materials.

There was adequate lighting throughout the premises and air conditioning maintained a temperature appropriate for the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to most people, and it generally manages them safely and effectively. The pharmacy sources and stores medicines safely, and team members carry out regular checks to make sure that medicines are suitable for supply.

### Inspector's evidence

The pharmacy had a step-free access from the main street. The door was manually operated, and the pharmacy team provided assistance with entry as needed. Additional adjustments could be made for those with disabilities, such as the provision of large print labels to aid people with visual impairment. But not all team members knew how to do this, so this option may not always be available.

The services available from the pharmacy were advertised and a range of additional healthy living literature was also displayed. The team were aware of some other services available within the local area and could signpost patients accordingly. Internet access was available to assist in locating other services, if required.

Prescriptions in the pharmacy were dispensed using baskets, in order to keep them separate, and reduce the risk of medicines being mixed up. An audit trail for dispensing was maintained on dispensing labels. Some owing prescriptions awaiting collection, were not stored alongside the original prescription form. This was not in accordance with SOPs and could mean that the pharmacist does not have access to all of the information they need to ensure a supply is appropriate.

The pharmacist said that he would highlight prescriptions for high-risk medicines, so that additional counselling and monitoring could be provided. The team provided examples of where monitoring parameters such as INR readings were recorded as an audit trail. The team were aware of the risks of using valproate-based medicines in people who may become pregnant. Safety materials were available for supply, but some team members were not sure when they should be provided, which may mean that people do not always get the information they need. The inspector signposted to the relevant MHRA guidance. Stickers were used to highlight prescriptions for all CDs, to ensure that supplies were made before prescriptions expired.

The pharmacy kept some audit trails of repeat prescription requests so that unreturned prescriptions could be identified. But records were not kept for one surgery. Some repeat requests were sent via fax, and a confidential cover sheet was not used as part of this process, which may increase the risk that confidentiality could be breached if the fax was sent to the incorrect location. Signatures were obtained to confirm the successful delivery of medicines. In the event of a failed delivery, a card was left for the patient and medicines were returned to the pharmacy.

The pharmacy kept a record of when weekly multi-compartment compliance aids were due, as well as when compliance aids were assembled and supplied, to ensure that medicines were supplied on time. On the day there were two weekly compliance aids which had been assembled in advance of a

prescription being received. This is not in accordance with dispensing SOPs and could increase the risk of errors. No high-risk medicines were placed into weekly compliance aids. Weekly compliance aids contained patient identifying information, descriptions of individual medicines and patient leaflets. But they did not always contain an audit trail for dispensing and checking. This may mean that it is not always possible to clearly identify those involved in the dispensing process.

The locum pharmacist discussed how any interventions would be recorded and where necessary, how referrals were sent to the GP. Stock medicines were sourced through reputable wholesalers and specials from a licensed manufacturer.

Stock medicines were stored in an organised manner and were generally in the original packaging provided by the manufacturer. On one of the work benches, a small number of medicine bottles were identified to contain tablets which had been packed down out of the original container. These were labelled with the name, strength and form of the medicine, but no details such as batch number and expiry date. A dispenser said that these medicines were not to be used for dispensing and had instead been removed from weekly compliance aids following changes and were awaiting disposal into a designated bin. Date checking systems were in place and short dated medicines were highlighted and recorded. No out-of-date medicines were identified from random checks. Out-of-date and returned medicines were in stored in designated bins. A cytotoxic waste bin and hazardous waste guidance was also available.

The pharmacy procedures had recently been updated to include measures required by the European Falsified Medicines Directive (FMD). The pharmacy had registered with SecurMed UK and the relevant software and scanners were in place, in anticipation of FMD requirements being activated.

The pharmacy fridge was fitted with a maximum and minimum thermometer and the temperature was checked and recorded each day. The fridge was within the recommended temperature range on the day.

CDs were stored appropriately, and random balance checks were found to be correct. Patient returned and out-of-date CDs were clearly segregated, and denaturing kits were available. Needle exchange kits were pre-packed, and returns were placed directly into a sharps bin by people using the service. One team member had received a hepatitis b vaccination for personal protection from needle stick injuries. The others had not, through personal choice.

Alerts for the recall of faulty medicines and medical devices were received via email. The system was checked twice a day and a record of this was maintained. The team were unsure as to whether a copy of the alert was retained as an audit trail.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had access to paper-based resources and internet access was available for additional research. A number of glass crown-stamped measures were available for measuring liquids. A separate measure was marked for use with CDs. A Varispencer device was also used to measure CDs. This was calibrated using the appropriate glass measure prior to each use. Counting triangles were available for loose tablets, a separate one was reserved for use with cytotoxic medicines.

Electrical equipment was in working order. The pharmacy computer systems were password protected and regularly backed up. Screens were located out of public view to protect privacy. A cordless phone enabled conversations to take place in private, if 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.