

# Registered pharmacy inspection report

**Pharmacy Name:** Complete Care Pharmacy, 11 Merchant Street,  
Pontlottyn, BARGOED, Mid Glamorgan, CF81 9PD

**Pharmacy reference:** 1043484

**Type of pharmacy:** Community

**Date of inspection:** 11/07/2019

## Pharmacy context

This is a community pharmacy, located amongst a small parade of shops in the village of Pontlottyn. The pharmacy dispenses NHS prescriptions and delivers medication to people who are housebound. It also supplies medicines in weekly multi-compartment compliance aids, to help people take their medicines at the right time. The pharmacy provides several other NHS services including Medicines Use Reviews (MURs) and the Discharge Medicine Review (DMR) service. Substance misuse treatment services are also available.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** Improvement Action Plan

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 manages risks adequately. It keeps people's private information safe and maintains the records it needs to by law. Pharmacy team members understand their roles. They complete training, so they know how to protect vulnerable people. But they could do more to learn from their mistakes and make changes to improve their practice.

### Inspector's evidence

A set of standard operating procedures (SOPs) were available on the premises covering operational tasks. The procedures were due to have been reviewed in 2016, so they might not be reflective of current practices. Team members confirmed that these were the procedures that they would refer to if needed and explained that updates were being made following a change of ownership towards the end of 2018. Audit trails to confirm acknowledgement of the procedures were sometimes incomplete, so the pharmacy may not always be able to show that all team members are fully aware of their roles and responsibilities. But through discussion, the team members present demonstrated a general awareness of their roles and a dispenser was also able to discuss the activities which could and could not take place in the absence of a responsible pharmacist (RP). Following the inspection, the superintendent pharmacist confirmed that a set of up-to-date procedures were available on the premises and the outdated procedures had been disposed of. The pharmacy had professional indemnity insurance in place to cover its services.

Near miss records were not routinely maintained. No entries had been made since November 2018 and there were limited records prior to this. The team reported that near misses were discussed at the time of event and that where relevant preventative measures would be taken. Records of previous dispensing incidents were made electronically. The locum pharmacist stated that he was also aware of a report form that could be submitted to the Health Board and outlined the actions that he would take in response to an incident being reported. The team were unaware of any recent incidents.

The pharmacy had a complaint procedure, but the details were not advertised so people may not always be aware of its availability. Further feedback was obtained through a Community Pharmacy Patient Questionnaire (CPPQ).

An RP notice was displayed behind the medicine counter and the RP log was appropriately maintained. Controlled drugs (CD) registers maintained a running balance and regular balance checks were conducted. Patient returned CDs were recorded and destructions were signed and witnessed. Private prescription and emergency supply records were in order and specials procurement records provided an audit trail from source to supply.

The pharmacy team had completed some information governance training and discussed some of the ways in which they would help to protect people's confidentiality. Confidential waste was segregated, and a small shredder was available on the premises. Completed prescriptions were also stored out of public view and no other confidential information was visible on the day.

The pharmacist had completed accredited safeguarding training as part of the National Enhanced Services Framework (NESA) in Wales and team members had also completed some child protection training. The team discussed some of the types of concerns they might identify, and safeguarding contact details were displayed, to enable concerns to be escalated.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members have the right qualifications for their roles. They work in an open culture and manage the current workload effectively. Team members complete some ongoing training, but this is not always done regularly 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, a locum pharmacist was working alongside two trained dispensers, one of whom was providing cover from a nearby branch. The pharmacy employed three additional part-time dispensers who were not present. The team managed the workload adequately throughout the inspection. Procedures were in place to restrict leave, to ensure that there was appropriate staffing cover. During absences, part-staff provided additional support, or where necessary cover was obtained from a nearby branch.

Pharmacy team members were observed to work within their competence and a dispenser discussed the questions that she would ask to help make sure that medicine sales were safe and appropriate. The dispenser provided an appropriate response to a question regarding the sale of pseudoephedrine-based medicines and also highlighted other high-risk medicines. Concerns were referred to the pharmacist.

Team members were appropriately trained for their roles. But there was limited regular and structured ongoing training to further support development. Team members reported that some training modules had recently been completed on child protection and improving quality in accordance with local requirements, and protected training time had been provided for this. The team received feedback on an ongoing basis from the regular pharmacist, so that development needs could be identified and addressed.

The team worked in a comfortable and open environment and were happy to approach the regular pharmacist with any concerns or feedback. The locum pharmacist said that he would raise any concerns directly with the superintendent pharmacist and felt comfortable to do so. The team were unsure as to who they could contact to report an anonymous concern, which may restrict their ability to raise a concern in this manner, should the need occur. They were unaware of any targets that were in place for professional services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is adequately maintained for the provision of healthcare services. But space is lacking in the dispensary and consultation room. This impacts on general organisation and could restrict some people's ability to access an area suitable for private and confidential discussions.

### Inspector's evidence

The pharmacy exterior had recently benefitted from a new sign which looked professional. The public facing areas were reasonably well maintained, but there were some areas which were showing signs of wear and tear and this may detract from the overall appearance. The retail area had chairs available for use by people less able to stand and the floor space was free from obstructions.

A consultation room was located off the retail area. The room was very small in size and inaccessible to wheelchair users, which may mean that some people are not always able access a suitable space for private and confidential discussions. The room was clearly signposted, and the door was kept closed throughout the visit.

The dispensary was compact and there was limited work bench space available, which may increase the likelihood of medicines being mixed up. A separate sink was available for medicines preparation which was fitted with hot and cold running water and appropriate hand sanitiser. A basement storage area was less well maintained, as were the staff WC facilities. The superintendent pharmacist was notified of any maintenance issues and arranged for the necessary repairs. Pharmacy team members completed daily cleaning duties. There was adequate lighting throughout and the temperature was appropriate for the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides services safely, but it could do more to promote these to make sure people know what services are available. The pharmacy team make some checks to make sure that people on higher-risk medicines have the information that they need and that medicines supplied are fit for purpose. The pharmacy gets its medicines from reputable sources, but it cannot always show that it stores them appropriately to prevent unauthorised access.

### Inspector's evidence

The pharmacy's services were reasonably accessible, but a single step entrance may restrict access to the premises for people with mobility issues. A ramp facility was not available, but a notice was displayed at the entrance instructing people to inform staff if they needed assistance. The pharmacy opening times were displayed at the entrance, but there was limited advertisement of pharmacy services and a practice leaflet was not available, which may mean that people are not always clear on what services the pharmacy provides.

Prescriptions were dispensed using baskets to keep them separate and reduce the risk of medicines being mixed up. 'Dispensed' and 'checked' boxes were signed as an audit trail so that those involved in the dispensing process could be identified. The locum pharmacist stated that he would use stickers to highlight prescriptions for high-risk medications, to help make sure that people were provided with appropriate counselling. The team were aware of the risks of the supply of valproate-based medicines to people who may become pregnant. The necessary safety literature was available, but the team members were not always familiar with when it should be supplied. But this was discussed and rectified on the day. Stickers were also available to highlight prescriptions for CDs, to help ensure that supplies were made within a valid 28 day expiry date.

The pharmacy kept some records of repeat prescription requests sent to the GP surgery, but records did not include the details of medications requested, so missing items may not always be identified. Signatures were obtained to confirm the delivery of medicines. Additional records were kept for the delivery of CDs and medications from failed deliveries were returned to the pharmacy.

Weekly multi-compartment compliance aids were managed by a dispenser. There were basic records which provided an audit trail of any changes made to regular medicines. Completed compliance aids had patient identifying details and descriptions of individual medicines. But patient information leaflets (PILs) were not always supplied as they should be, which may mean that people do not always have access to all the information that they need to take their medicines properly.

Stock medicines were sourced through reputable wholesalers and specials through a licensed manufacturer. Stock medicines were stored within their original packaging and short-dated medicines were highlighted and recorded. No out-of-date medicines were identified from random samples. Out-of-date and returned medicines were placed in appropriate waste containers and hazardous waste guidance was displayed. The pharmacy was not currently compliant with requirements as part of the

European Falsified Medicines Directive (FMD). The team on the day were unaware as to the progress that had been made with implementation.

The pharmacy fridge was fitted with a maximum and minimum thermometer and the temperature was checked and recorded. There were three gaps on the sample portion of the record viewed. No recent temperature excursions had been recorded and the fridge was within the recommended range on the day. CDs were organised, random balance checks were found to be correct and denaturing kits were available.

Alerts for the recall of faulty medicines and medical devices were received via email. The system was usually checked daily by the regular pharmacist but was not always regularly checked in his absence. A recent class two (action within 48 hour) recall had not been read or acknowledged on the day and the team were unsure if audit trails were routinely kept, to show the actions that had been taken. The locum pharmacist reviewed the email system whilst present and agreed to action any recent alerts.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment that it needs to deliver its services safely.

### Inspector's evidence

The pharmacy had access to paper-based reference materials and internet access was available to support additional research. Several glass crown-stamped measures were available for measuring liquids. Separate measures were marked for use with CDs and required cleaning. Counting triangles were available for loose tablets, with a separate triangle marked for use with cytotoxic medicines.

Electrical equipment appeared to be in working order. Computer systems were password protected and were regularly backed-up and a cordless phone was available to enable 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.