

# Registered pharmacy inspection report

**Pharmacy Name:** Whites Pharmacy, 17 Rolle Street, EXMOUTH,  
Devon, EX8 1HA

**Pharmacy reference:** 1030717

**Type of pharmacy:** Community

**Date of inspection:** 28/06/2022

## Pharmacy context

The pharmacy is located in Exmouth, Devon. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including flu vaccinations and the Community Pharmacy Consultation Service (CPCS). It also supplies medicines in multi-compartment compliance aids to people living in their own homes.

## Overall inspection outcome

### Standards not all 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 not all met	1.1	Standard not met	The pharmacy does not have robust processes in place to identify and manage its risks. Team members do not record their errors. The pharmacy has standard operating procedures but they have not been recently reviewed. And they do not reflect the way the pharmacy currently operates. The pharmacy has not completed risk assessments for the services it provides.
		1.2	Standard not met	The pharmacy does not carry out regular reviews of errors and incidents to allow continuous improvement.
<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 not all met

### Summary findings

The pharmacy does not have robust processes in place to identify and manage its risks. Team members do not record their errors. And they do not conduct regular reviews of errors and incidents. This prevents the pharmacy from identifying trends and taking action to prevent them from happening again. The pharmacy has written procedures in place but they have not been reviewed recently. And they have not been adapted to reflect the changes to the way the pharmacy operates. The pharmacy responds appropriately when it receives feedback. It has adequate insurance to cover its services. And it keeps all of the records required by law. It keeps people's confidential information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had limited processes in place to manage and reduce its risks. It had standard operating procedures (SOPs) which covered various processes such as dispensing and the requirements of the Responsible Pharmacist (RP) regulations. The SOPs contained information on how tasks should be completed. But they had not been reviewed since February 2017. There was no evidence to show that the SOPs had been updated to reflect changes made to processes during the COVID-19 pandemic. Each SOP had space for people to sign to confirm that they had read and understood it. Not all the SOPs had been signed by the team members who were present during the inspection. No evidence was seen of any risk assessments covering the services provided. And a folder labelled 'business continuity plan' was empty. The pharmacy team could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). They were clear on their job role and had clear lines of accountability.

The pharmacy had no processes in place to record or report near miss errors made when dispensing. The RP said that if he identified an error during the final accuracy check, he would tell the dispenser and ask them to correct it. But that no records were made. The RP did not carry out any formal reviews on any errors and incidents. There was evidence that the pharmacy had taken steps to prevent errors happening again. Medicines that looked or sounded alike, such as pregabalin and gabapentin were separated on the shelves.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. There was information for people displayed in the retail area about how to provide the pharmacy with feedback. Any complaints were passed straight to the RP to deal with. The pharmacy team also reviewed any online feedback and responded accordingly. Public liability and professional indemnity insurances were in place.

The pharmacy kept a record of who had acted as the RP each day. The correct RP notice was prominently displayed. Controlled drug (CD) registers were in order. Balance checks were completed regularly and any discrepancies were promptly rectified. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were generally destroyed promptly. There were some date-expired medicines awaiting destruction. The RP planned to contact the CD accountable officer to witness the destruction after the inspection. Records of private prescriptions were maintained in a book, although these were not always in indelible ink. The patient medication record (PMR) system also kept a legal record of private prescriptions. The pharmacy also kept records of any emergency

supplies it made. Records of emergency supplies contained all required details including the nature of the emergency. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were stored with all required details completed.

All team members had completed training on information governance and general data protection regulations. Patient data and confidential waste were dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. Team members ensured that they used their own NHS smart cards.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the referral of concerns were available. Team members were aware of signs of concerns requiring escalation.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy usually employs enough people to manage its workload. And it takes action to maintain safety standards when team members are absent. Team members complete appropriate training for their roles and try to keep their skills up to date. They are confident to suggest and make changes to the way they work to improve their services. The team communicates effectively. And they work well together to deliver the pharmacy's services.

### Inspector's evidence

During the inspection, the pharmacy team members present were the RP, who was the regular, employed pharmacist, a dispenser and a medicines counter assistant (MCA). One dispenser was absent due to sickness. And a trained dispenser was due to start working at the pharmacy the following week. Due to the absences, the pharmacy team were struggling to keep up with the workload. But they felt that things would improve in the following weeks when they were back to full staffing levels.

Team members were not given dedicated time during working hours to learn. But they completed any required learning in their own time. The MCA felt happy to refer to the RP for advice if needed. She was observed giving appropriate advice when selling medicines over the counter. And she received some positive feedback from a customer during the inspection.

The dispenser and the MCA felt well supported by the RP. They felt confident to discuss concerns and give feedback to him and found him to be receptive to ideas and suggestions. The superintendent pharmacist (SI) visited each week. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The RP said that the targets set in the pharmacy were generally manageable. And they did not impede his ability to use his own professional judgement. He described that any services he provided were clinically appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy is adequately secured to prevent unauthorised access.

### Inspector's evidence

The pharmacy was located in the centre of Exmouth. There was a public carpark nearby. A spacious and well-presented retail area led back to the dispensary. The dispensary was small but well organised. There were dedicated areas for labelling, dispensing and checking prescriptions. There was a second dispensary at the rear of the pharmacy which was used solely for the preparation of multi-compartment compliance aids. A small stock room behind this space led to the rear entrance.

The pharmacy had an office which was used as a consultation room when needed. The RP said that it was only really used to administer a very small number of flu vaccinations. It was of an adequate size. It was a little untidy during the inspection but the RP said that it would be tidied and cleaned before any patient was taken there. If the RP needed to have a private conversation with a person, he would generally take them to a quiet area of the pharmacy. In order to access the consultation room, people would need to move behind the counter and walk past the front of the dispenser. This area was used to store some completed prescriptions. But the likelihood of anyone being able to read private information was low. The RP took care to not leave prescription details on display.

The dispensary was well-equipped but a little cluttered. Team members cleaned the pharmacy regularly. The healthcare counter had clear Perspex screens fitted to protect team members from COVID-19. Hand sanitiser was available throughout the pharmacy.

Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy could improve how it makes records of the advice it gives to people. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had step-free access and was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed. Team members explained that if a person requested a service not offered by the pharmacy at the time, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

The pharmacy had a clear flow to ensure prescriptions were dispensed safely. Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense and accuracy check prescriptions. Team members initialled the labels of medicines when they dispensed and checked them.

Stamps were used to highlight fridge items and CDs in schedules 2 and 3. The RP described that team members checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. But they did not make records of any advice given. The RP did not routinely make records of significant interventions made.

The pharmacy offered a limited range of additional services including flu vaccinations. The regular pharmacist had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) but received few referrals. It had supplied lateral flow tests to the public as part of the 'Pharmacy Collect' scheme until the service had ceased on 31 March 2022.

The RP was aware the risks associated with people becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). He had discussed the risks with women who were prescribed valproate medicines. But no records were made of these conversations. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to people receiving prescriptions for valproate. The pharmacy had the information booklets and cards to hand out as appropriate.

Multi-compartment compliance aids were prepared by the pharmacy for people living in their own homes. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid was clearly labelled. Team members signed to show who had dispensed and

checked the compliance aid. And they wrote a description of the tablets included so that they could be easily identified. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on a patient information sheet, which was available for the pharmacist during the clinical checking process.

The dispensary stock was generally arranged alphabetically on shelves. It was well organised. Certain groups of medicines were stored out of alphabetical order including those prescribed for diabetes. Date checking was undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources. Records of recalls and alerts were retained on the pharmacy's email account.

CDs were stored in accordance with legal requirements in an approved cabinet. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. The manager described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate. Medicines were handed to the people and were not posted through the letterbox. Patient returned medication was dealt with appropriately.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. The pharmacy uses its equipment in a way that protects people's private information.

### Inspector's evidence

The pharmacy had crown-stamped measures available to measure liquids, with several marked for the use of CDs only. A range of clean tablet and capsule counters were present, with a separate triangle reserved for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible. The dispensary sink was clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with no details visible to people waiting.

### 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.