

Registered pharmacy inspection report

Pharmacy Name: Exwick Pharmacy, New Valley Road, Exwick,
EXETER, Devon, EX4 2AD

Pharmacy reference: 1030743

Type of pharmacy: Community

Date of inspection: 11/07/2019

Pharmacy context

The pharmacy is located in a GP practice in Exeter. It serves a mixed population. The pharmacy dispenses NHS and private prescriptions. It supplies medicines in multi-compartment devices for people to use to remember to take their medicines. It also offers advice on the management of minor illnesses and long-term conditions.

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
1. Governance	Standards met	1.2	Good practice	The pharmacy regularly reviews its errors. It puts clear actions in place to stop them from happening again.
2. Staff	Standards met	2.4	Good practice	Pharmacy team members receive protected time to learn and are supported in their development. There is a clear culture of openness and honesty.
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 identifies and manages its risks appropriately. Team members record their errors and review them, generating clear actions to improve safety. They learn from their mistakes and make changes to stop them from happening again. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and acts well on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy keeps the records required by law. The pharmacy keeps people's private 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 processes in place to identify and manage its risks. Near misses were routinely recorded and entries in the near miss log contained a very brief reflection on why the error occurred and actions taken to prevent a reoccurrence. Following near misses, all staff had been reminded to take extra care when dispensing pregabalin and gabapentin prescriptions, and alerts had been placed on the shelf edges. Look-alike, sound-alike (LASA) drugs such as carbimazole and carbamazepine were stored in separate locations with shelf edge alerts.

Dispensing incidents were reported on the National Reporting and Learning system. They were reviewed by staff in the pharmacy and the responsible pharmacist (RP). Following a handout error where an incorrect LASA medicine had been supplied, the affected stock had been reorganised and all staff were alerted to the error.

The RP carried out a monthly patient safety review which analysed any errors that had occurred in the previous weeks. The reviews were discussed as a team. They included clear actions on how to prevent a reoccurrence of errors. In the most recent reviews, staff had been encouraged to take additional care with different formulations of inhaled medicines, and different strengths of quetiapine products.

Standard operating procedures (SOPs) were up to date and had been recently reviewed and adopted by the regular RP. Competence and understanding of the SOPs was assessed by observation. The SOPs were signed by the appropriate staff. Staff could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities and were clear on their job role.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 100% of respondents had rated the service provided by the pharmacy as very good or excellent. The pharmacy had addressed feedback that health promotion advice was not always given by promoting the smoking cessation service.

Professional indemnity and public liability insurances were provided by the NPA and were in date. The certificate was not on display but the owner confirmed by telephone that an appropriate level of cover was in place.

Records of the responsible pharmacist were maintained appropriately, and the correct RP certificate was displayed.

Controlled drug (CD) registers were maintained appropriately online using the Pharmsmart system. Balance checks were completed every two weeks. A random balance check of Palexia SR 200mg tablets was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Team members highlighted CDs on electronic prescriptions to reduce the risk that they would be filed before an entry was made in the CD registers.

Records of private prescriptions were held on the patient medication record system (PMR), Proscript Connect, and were in order. The pharmacy did not make emergency supplies. Specials records were maintained, and certificates of conformity were retained with all required details completed.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed, and a record of access was made on the patient medication record.

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, and the remaining staff had read the safeguarding SOP. A safeguarding policy was in place and signed by staff and local contacts for referrals were displayed. Staff were aware of signs of concerns requiring escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are well trained for their roles and they keep their skills and knowledge up to date. They receive protected time to learn and are supported in their development. Team members suggest and make changes to improve their services. They communicate well with each other.

Inspector's evidence

Staffing was adequate on the day of the inspection consisted of the RP, a pharmacy technician and an NVQ2 level dispensers.

The team clearly had a good rapport and felt they could comfortably manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities and tasks were allocated to individuals daily. Staff worked regular days and hours. Absences were usually covered rearranging shifts, or by part-time staff increasing their hours.

Staff received protected time to learn within working hours. Copies of certificates of completion of relevant training courses were kept for each member of staff. Resources accessed included CPPE packages to support public health campaigns, and information from drug companies on new products. Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed.

Staff were set development plans and had regular performance reviews. The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. The staff felt empowered to raise concerns and give feedback to the regular RP, who they found to be receptive to ideas and suggestions. Staff reported that they were able to make suggestions for change to improve efficiency and safety. Staff were aware of the escalation process for concerns and a whistleblowing policy was in place.

The RP said that no targets were set. He described that all services undertaken were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is small but provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was located within a GP practice in Exeter. It had a very small waiting area with one chair and a small amount of retail stock. A small counter led through to the dispensary, which was not visible from the waiting area. This allowed for the preparation of prescriptions in private. A small consultation room was available for private conversations, which could not be overheard. The consultation room had health-related posters and information displayed. It was not locked when not in use but no confidential information, consumables or medicines were stored in the room.

The dispensary stock was well organised and tidy despite its small size. Most of stock was stored on shelves and drawers. No stock or prescriptions were stored on the floor, and there were dedicated areas for dispensing and checking. Prescriptions awaiting collection were stored in a retrieval system on shelves in the dispensary, out of sight of the public.

Cleaning was undertaken each day by dispensary staff and a cleaning log was maintained. Cleaning products were available, as was hot and cold running water. The lighting and temperature of the pharmacy were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services well. The pharmacy supplies medicines safely and gives additional advice to people receiving high-risk medicines. The pharmacy obtains its medicines from reputable suppliers. They store medicines securely and regularly check that they are still suitable for supply. The pharmacy deals with medicines that people return to it appropriately.

Inspector's evidence

The pharmacy was wheelchair accessible, but the consultation room was too small to accommodate a wheelchair or a pram. Staff described that they would provide additional support to anyone needing it to ensure they could access their services. Services provided by the pharmacy were advertised clearly. The pharmacy made adjustments for those with disabilities including printing large print labels. A hearing loop was available.

The dispenser explained that if a person requested a service not available at the pharmacy, she would refer them to a nearby pharmacy, phoning ahead to ensure it could be provided there. A range of leaflets advertising company and local services were available, as was a folder containing details of local organisations offering health-related services.

Baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and omissions. The labels of dispensed items were initialled when dispensed and checked.

Coloured stickers were used to highlight fridge items and CDs including those in schedule 4. The date of prescribing was also highlighted to ensure prescriptions were not handed out after their expiry date. Prescriptions were also labelled if they contained items that may require additional advice from the RP, such as high-risk medicines. Each high-risk medicine, such as warfarin, lithium and methotrexate, had an SOP to cover the handout process. People receiving high-risk medicines were given additional advice and support materials were offered to the patient. Records of these conversations were generally made on the PMR.

The RP had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Stickers were available for staff to highlight the risks of pregnancy to women receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible women.

The patient group directions covering the locally commissioned minor ailments scheme were found to be in date and had been signed by the RP. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected.

The process for the dispensing of multi-compartment medicines devices provided for approximately 40 patients in the community was acceptable. Each pack had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets were supplied at each dispensing, or with the first pack of four in the case of weekly supply. When required medicines were dispensed in boxes and the dispenser was aware of what could and could not be placed

in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the checking process. One person was supplied with Epilim tablets in a blister pack. The RP had liaised with the GP and the manufacturer to ensure this was done in the safest way possible, and the packs were only prepared one week at a time. A note had been made on the PMR detailing the discussion and decision-making process.

The pharmacy delivered medicines to people in their own home. It kept a record of all deliveries made, including CDs. Confidentiality was maintained when obtaining signatures through the use of a laminate to block other people's details.

Stock including unlicensed specials was obtained from reputable suppliers. The pharmacy had the hardware and software to be compliant with the Falsified Medicines Directive. But they were not currently scanning packs and the SOPs had not been amended to reflect the changes. They planned to commence scanning when more compliant packs entered the supply chain. The dispensary shelves were tidy and organised. The stock was arranged alphabetically and was date checked each week and the entire dispensary would be checked every three months and recorded on a matrix. Spot checks revealed no date expired stock or mixed batches.

The fridge in the dispensary was clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of two to eight degrees Celsius. Staff were aware of the steps taken if the fridge temperature was found to be out of range, which was to monitor every 30 minutes until back in range.

CDs were stored in accordance with legal requirements in a small cabinet. Denaturing kits were available for safe destruction of CDs. Date-expired and patient returned CDs were clearly segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures recorded.

Patient returned medication was dealt with appropriately. A hazardous waste bin was in use and confidential information was removed from returned medicines.

Drug recalls and alerts were dealt with promptly and were annotated with details of the person actioning and the outcome.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses a range of appropriate equipment and facilities to provide its services. It keeps these clean and well maintained.

Inspector's evidence

Validated crown-stamped measures were available for liquids. Separate, clearly marked, measures were available for measuring controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. Reference sources were available and the pharmacy had online access to online materials for the most up to date information.

The dispensary sink was clean and in good working order. All equipment including the dispensary fridge was in good working order and PAT test stickers were visible and were in date.

Dispensed prescriptions were stored in a retrieval system with the corresponding bagged items stored on numbered shelves in the dispensary, out of sight of customers. Computers were positioned so that no information could be seen by customers, and phone calls were taken away from public areas.

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.