

Registered pharmacy inspection report

Pharmacy Name: Exeter Community Pharmacy, 37 Sidwell Street,
EXETER, Devon, EX4 6NS

Pharmacy reference: 1030750

Type of pharmacy: Community

Date of inspection: 13/07/2023

Pharmacy context

The pharmacy is on a busy high street in the centre of Exeter. It dispenses NHS and private prescriptions. The pharmacy supplies medicines in multi-compartment compliance packs to people who need help managing their medicines and to people in care homes. It also provides the supervised consumption service, a needle exchange service, the NHS Pharmacy Contraception Service, the NHS New Medicines Service, a locally commissioned minor ailments service, seasonal flu vaccinations and travel vaccinations.

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 | 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 largely safe and effective. Team members record any mistakes they make, considering the reasons and learning from them. The pharmacy team then makes the necessary changes to help prevent the same mistakes from happening again. Team members carry out tasks following the pharmacy's written procedures, which helps ensure that they work safely. The pharmacy generally keeps the records it needs to by law so that medicines are supplied safely and legally. The pharmacy asks people who use its services for their views and responds to feedback provided. Team members use the procedures in place to protect vulnerable people. The pharmacy doesn't record its near misses consistently enough.

Inspector's evidence

Standard operating procedures (SOPs) were available and team members had read and signed those which were relevant to their roles. In addition to this, the team members also carried out regular training assigned to them by the director of the company.

Dispensing mistakes which were identified before the medicine was handed out (near misses) were corrected and discussed with the team members. The team discussed potential causes and what they could do to reduce the likelihood of a recurrence. Near misses were recorded in a register but there were large gaps in the records and there was no evidence that these were reviewed, although the pharmacist said they discussed errors with the team regularly. There were processes in place to minimise the risk of errors, such as separating medicines that 'look-alike or sound-alike' and labelling the shelves with large clear font and LASA stickers. The pharmacy knew to report instances where dispensing mistakes were not picked up during the final accuracy check and were handed out (dispensing errors) on a national database.

A correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and team members had read the SOP for dealing with complaints. People usually provided verbal feedback to the team and some people left reviews online. Complaints were discussed with the team members. Any concerns or complaints received by staff would be escalated to the RP.

The pharmacy kept a record of who had acted as the RP each day on the patient medication record (PMR) system. But the RP did not always sign out at the end of the day. The pharmacy used an electronic controlled drug (CD) register and completed regular balance checks of CDs. A random balance check was accurate. The pharmacy reported any concerns or discrepancies they have with CDs to the CD Accountable Officer. CDs that people had returned were recorded on a separate CD register and their destruction was witnessed by a team member. The pharmacy also kept records of when they had signposted people to other sources of support. The pharmacy did maintain records for unlicensed medicines but did not include patient details, which would make it difficult to track if there was a recall.

The pharmacy had an information governance policy. The team members had read the policy and completed training on confidentiality and data protection. Team members who accessed NHS systems

had smartcards. The pharmacist had access to Summary Care Records (SCR) and obtained verbal consent before accessing a person's record. Assembled prescriptions were stored in the dispensary and people's private information was not visible to others using the pharmacy. All team members including the pharmacists had completed safeguarding training. Team members would refer any emergency hormonal contraception (EHC) requests to the RP. The pharmacy displayed details for local safeguarding contacts in the consultation room. The dispenser gave the example of someone not collecting their medicines as a safeguarding concern and said that they would refer to the pharmacist if this were to happen.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services it provides. And they do the right training for their roles. The pharmacy supports its team members with ongoing training to help them keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection the team comprised of the RP, an accuracy checking pharmacy technician (ACT), a manager, who was also a trained dispenser, four additional trained dispensers, one of whom worked as a medicines counter assistant (MCA) and one trainee dispenser. The team felt that there was an adequate number of staff to cope with the pharmacy's workload. The RP was working in an area where they could oversee both OTC sales and dispensary activities.

One of the company directors visited the pharmacy weekly. They discussed performance with each team member every two months and provided feedback or additional training where needed. Team members felt supported and were able to raise concerns or give feedback. The MCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. They were aware of the maximum quantities of some medicines that could be sold over the counter.

To keep up to date, team members completed training linked to NHS schemes and some services. Team members had recently completed training for confidentiality and safeguarding. The team also had access to the Pharmacy's NHS email for regular alerts and updates.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment from which to deliver its services. And its premises are suitably clean and secure. People using the pharmacy can have conversations with team members in a private area.

Inspector's evidence

The dispensary comprised of one large area, which included a robot for dispensing multi-compartment compliance packs. There was an additional section to the rear of the pharmacy used for storage of extra stock. There were also some additional work benches. People waiting in the pharmacy could not see into the pharmacy. There was sufficient workspace for the workload and workbenches were clear and organised with allocated areas for specific tasks.

Access to the medicines counter was restricted with a retractable barrier. There was a computer at the medicines counter facing away from public areas to maintain confidentiality. Medicines ready to collect were stored inside the dispensary and out of public view. There were over-the-counter medicines kept on the shop floor in Perspex containers, with a sign advising patients to speak to a member of staff if these items were needed. Some items, such as sleep aids, were not appropriately positioned, leading to a risk that they could be easily accessed if counter staff were otherwise occupied. The pharmacy staff said they would rearrange this to further restrict access. There was a fire exit available and accessible to staff, which could be opened in the event of a fire, but restricted access from the outside.

A clean sink was available for preparing medicines. Posters were displayed above the sink describing correct hygiene and hand washing practices. The room temperature was adequate for providing pharmacy services and storing medicines. The premises were secure from unauthorised access.

People could access the consultation room from the shop floor, and the pharmacist from the dispensary. This room was kept locked when not in use to avoid unauthorised access. The room allowed a conversation at a normal level of volume to take place inside and not be overheard.

A secure collection point had recently been installed at the front of the pharmacy. In future, this would allow people to collect medicines outside of pharmacy opening hours. However, it was not currently operational.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and makes its services accessible for people. It gets its medicines and medical devices from appropriate sources and generally stores them properly. Team members make the necessary checks to ensure that the pharmacy's medicines and medical devices are safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy was wheelchair accessible and team members would help people requiring assistance. The shop floor was clear with easy access to the medicines counter. Services were appropriately advertised to patients. Team members could signpost people to other services such as the walk-in centre or sexual health clinic. The pharmacy had the ability to produce large print labels.

The pharmacy had an established workflow for dispensing prescriptions. The ACT would check the regular prescriptions and keep in a separate box for the pharmacist to carry out a clinical check. Once the clinical check was complete, the pharmacist would mark the prescription to indicate this was done. The RP completed a clinical check on all prescriptions to make sure they were appropriate for the person. Team members initialled the labels of medicines they dispensed or checked to create an audit trail showing who had carried out each of these tasks. On making entries in the CD register, the relevant person would also mark their initials showing who made the entry. Baskets were used to separate prescriptions, preventing transfer of items between people. When handing out prescriptions, the pharmacist would carry out an additional check to provide further opportunity to capture any potential errors. Prescriptions for schedule 3 and 4 CDs were not highlighted so there was a risk items could be handed beyond their expiry date.

The RP was aware of the guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). People who were not part of the PPP were referred back to their GP. The RP said the prescriptions they receive for valproate were usually annotated that the patient was enrolled on the PPP programme or exempt, and if they weren't, they would have a discussion with the patient. They would also carry out the same process for patients in the at-risk group on isotretinoin.

The RP was aware of risks associated with warfarin, methotrexate, and lithium. The pharmacy had ordered materials including warning cards to give to people receiving these medicines. The pharmacist did not regularly check patients' yellow book when dispensing warfarin as people did not regularly carry these and therefore, they were not available for inspection.

The pharmacy used a robot to dispense a large number of people's medicines into multi-compartment compliance packs. The robot contained a range of canisters, each being specifically designed for a predefined medicine and brand. Medicines were dispensed by the robot into packs based on the data inputted into the system during the clinical check. There was accuracy-checking software which used several photographs of each medicine to check for inconsistencies in what was expected against the prescription. Any discrepancies were alerted by the software, and this needed to be validated by a pharmacist. Each team member had a personal log-on to the computer system which provided an audit trail of who completed each professional task. Barcodes were used for additional assurance that the

correct medicine was being used by the robot. And medicines associated with higher risks were manually added to the packs. These included methotrexate and finasteride. Additional protection, such as gloves, was available for team members when handling these medicines. The pharmacy kept a paper record of what each person was prescribed. And this was checked each month to ensure there had been no changes. If changes were made when the compliance pack had already been supplied to the person, the pharmacy retrieved it and issued a replacement.

Deliveries were carried out by two full-time delivery drivers and a part-time delivery driver on the weekend. Signatures were not obtained for deliveries, but the pharmacy maintained an audit trail of what was delivered. If someone was not available when the medicines were delivered, the medicines were returned to the pharmacy.

The pharmacy offered a range of additional services including flu vaccinations. The director of the company, who administered the vaccinations had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The signed patient group direction (PGD) was available. The pharmacy supplied opioid replacement medicines to a large number of people. The pharmacy used a 'Methameasure' to dispense methadone. This was cleaned and calibrated daily. The RP liaised with the drug and alcohol team and the person's key worker in the event of any concerns or issues. The pharmacy offered the NHS New Medicines Service. Pharmacists contacted people prescribed new medicines to check how they were getting on and to offer any advice needed.

Medicines were obtained from licensed wholesalers and were organised on shelves in a tidy manner. Fridge temperatures were monitored and recorded daily. These were seen to be within the required range for storing medicines. CDs were stored securely in approved cabinets.

Expiry date checks were carried out by team members. There were some items found on the shelf, decanted into bottles, with no expiry date or batch number. There is a risk that these items could be given beyond their expiry. Staff said they would dispose of these and no longer keep items outside of their original containers.

Drug recalls were received via email. The RP and ACT could explain how alerts and recalls were actioned and filed but the audit trail was not available for inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had calibrated glass measures for measuring liquids. Separate measures were available for liquid CD preparations to avoid cross contamination as well as a separate 'Methameasure' for measuring methadone, which was cleaned and calibrated daily. Tablet counting equipment was available. Equipment was clean and ready for use. The pharmacy had two medical fridges, the temperatures of which were checked twice a day and were within the required range.

Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Cordless phones were available for private, confidential conversations. Team members had NHS smartcards to support them with the dispensing processes. Denaturing kits were available for destruction of CDs.

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. |