

Registered pharmacy inspection report

Pharmacy Name: Exminster Pharmacy, The Limes, Church Stile,
Exminster, EXETER, Devon, EX6 8DF

Pharmacy reference: 1078693

Type of pharmacy: Community

Date of inspection: 12/11/2019

Pharmacy context

This is a community pharmacy next to a medical practice in the village of Exminster on the outskirts of Exeter in Devon. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), minor ailments, seasonal flu vaccinations, delivers medicines and sells a range of over-the-counter (OTC) medicines. The pharmacy also supplies multi-compartment compliance aids to people if they find it difficult to take their medicines on time.

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
1. Governance	Standards met	1.4	Good practice	The pharmacy has routinely obtained positive feedback about its team members and the services that it provides. And, in response to the feedback received, the team has sought to proactively improve the way some of its services are delivered
		1.8	Good practice	Members of the pharmacy team are trained and proactive in ensuring the welfare of vulnerable people
2. Staff	Standards met	2.2	Good practice	The pharmacy's team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or they are enrolled onto appropriate training. The team ensures that routine tasks are always completed so that the pharmacy operates in a safe and effective manner
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy's services are easily accessible to the public. The pharmacy has proactively sought to improve ways in which its services can be provided
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy operates in a safe and effective manner. It manages risks appropriately. The team can protect the welfare of vulnerable people. The pharmacy protects people's private information well. And, it uses feedback from people to help improve its services. The pharmacy generally maintains its records in accordance with the law. Pharmacy team members deal with their mistakes responsibly. But, they are not always formally reviewing them. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future.

Inspector's evidence

The pharmacy was largely well managed. The superintendent pharmacist was in the process of updating the standard operating procedures (SOPs), the required range to support the pharmacy's services were present. They had last been reviewed in 2018. Team members roles and responsibilities were defined within them and staff had signed to confirm that they had read the SOPs. Team members understood their roles and responsibilities and knew the activities that were permissible in the absence of the Responsible Pharmacist (RP). The correct RP notice was on display and this provided people with details of the pharmacist in charge of operational activities on the day.

The workflow involved a designated area for the RP to work in and accuracy-check walk-in prescriptions. Repeat prescriptions were initially labelled by the RP and clinically checked by him at the same time, before being assembled by staff and checked for accuracy. The RP highlighted any new medicines or interventions and attached notes so that counselling could take place upon hand-out. The accuracy checking technician (ACT) was not involved in any other process other than the final check, and there was an SOP to cover this process. See Principle 4 regarding the audit trail for the clinical check.

The pharmacy was kept as clear and tidy as possible. The ACT described concentrating when she accuracy-checked prescriptions and did not serve people or answer the phone. This helped reduce errors from distractions. Staff explained that when they dispensed prescriptions, they double-checked relevant details and if they were interrupted, they re-started the process. The ACT and RP recorded the team's near misses which were highlighted to them at the time and rectified. Details were seen recorded although there were few near misses in comparison to the pharmacy's volume of dispensing. This was factored down to trained staff members being present. The pharmacy identified, moved and highlighted look-alike and sound-alike medicines such as metoclopramide and metoprolol or escitalopram and citalopram. Different forms were highlighted on prescriptions such as ramipril tablets as opposed to the usual capsules. Staff tried to order and keep in stock that had the same packaging to help prevent errors and confusion for people.

The RP stated that near misses were reviewed informally, remedial activity was taken at the time and team meetings were held every three to four months to discuss trends or patterns. This included asking new staff to stop dispensing from generated labels instead of prescriptions when this had been seen in the past. An annual patient safety report was seen completed, previously details had been recorded every month about this although only a few details were documented. The lack of routine documented details about the review process limited the ability of the pharmacy to fully demonstrate their ability to identify any common themes or patterns.

Incidents were managed by the RP and the procedure was in line with the documented complaints policy. This included apologising, investigating and recording details. They were also reported to the National Reporting and Learning System (NRLS) and the team's awareness was raised in response. The pharmacy informed people about its complaints procedure.

The team obtained people's feedback annually through questionnaires. Previous results had highlighted that people were unaware of a private space that was available for confidential conversations to take place. In response, the RP described highlighting the consultation room and encouraging people to use this room more often. In addition, the team had been trying to improve the amount of lifestyle advice they provided to people (see principle 4). The pharmacy also used mystery customers to gain people's feedback about their services. Previous reports were seen, and the pharmacy had attained mostly 100% in them. The last report described a very positive experience from the consultation with the pharmacist. They were described as asking relevant questions, listening to the mystery shopper, advising them, explaining information about the products that were available for smoking cessation easily and using clear language. It was documented by the mystery shopper that the experience at the pharmacy had been better than from the GP.

Staff explained that they routinely provided a supportive environment for people who used their services and as they were long standing, they had provided continuity over the years as well as looking out for people when required. This included ordering taxis for them when it rained, providing support for people when their spouses were ill and several 'thank you' cards were seen on display to highlight the local community's gratitude for the service that they had provided. The inspector was told during the inspection by a member of the public about how good the team was, and complimentary language was used to describe the service provided.

Team members were trained as dementia friends and could identify signs of concern to safeguard vulnerable people. The RP and ACT were trained to level two via the Centre for Pharmacy Postgraduate Education. There was an SOP to support the process and relevant local contact details for the safeguarding agencies were readily available. Team members had highlighted people who may have been at risk and the local agencies were informed. Details were seen recorded to verify this.

The pharmacy informed people about how their privacy was maintained. The consultation room was used if private conversations were required. Confidential waste was segregated before being shredded and sensitive information on dispensed prescriptions awaiting collection could not be seen from the front counter. Summary Care Records were accessed for emergency supplies and consent was obtained verbally from people to access them. Staff were trained on the EU General Data Protection Regulation (GDPR).

Most of the pharmacy's records relating to its services were compliant with statutory requirements. This included a sample of electronic registers seen for controlled drugs (CDs), records of unlicensed medicines, private prescriptions, most records of emergency supplies and the RP record. Balances for CDs were checked and recorded every week as well as upon supply. On randomly selecting CDs held in the cabinet, their quantities matched the balances that were recorded in the corresponding registers. The maximum and minimum temperatures for the fridge were checked every day and records were maintained to verify that they remained within the required temperature range. Staff kept a complete record of CDs that had been returned by people and destroyed at the pharmacy. The pharmacy's professional indemnity insurance arrangements were through Numark and due for renewal after 30 September 2020. There were occasional missing entries within the electronic RP record when the pharmacist had not recorded the time that their responsibility ceased. Records for some emergency

supplies made under the NHS Urgent Medicine Supply Advanced Service (NUMSAS) did not always have details recorded about the nature of the emergency. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. They are provided with resources to complete regular, ongoing training. This helps to keep their skills and knowledge up to date.

Inspector's evidence

Staff present during the inspection included the regular RP who was also the superintendent pharmacist, a pharmacy technician and the ACT. There were also a few new starters and cover could be arranged from the pharmacy's other branches if required. The team's certificates of qualifications obtained were seen and they wore name badges. Staff understood their roles and responsibilities, they asked appropriate questions before selling medicines over the counter and referred to the RP when required. To assist staff with their training needs, they completed online modules through Numark, took instructions from the RP, used trade publications and researched topics of their own volition by using NHS online resources. This helped to improve and keep their knowledge up to date. Staff progress was monitored annually with formal performance reviews taking place. As they were a small team, details were discussed and provided verbally with informal team meetings held every week or every three to four months. The RP stated that there were no formal targets in place to complete services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to deliver its services. The pharmacy is clean and kept secure from unauthorised access.

Inspector's evidence

The premises consisted of a medium sized retail space and open plan dispensary behind this, with a small kitchenette and staff WC facilities to one side. The pharmacy was clean and tidy. The pharmacy's retail area was professional in appearance, and it was suitably lit as well as appropriately ventilated. Pharmacy (P) medicines were stored behind the front counter, staff were always within the vicinity and this helped restrict access by self-selection or unauthorised entry into the dispensary. A signposted, consultation room was present in the retail space for services and confidential conversations to take place. The room was of an adequate size for this. There were two entrances, the door from the retail space was normally kept locked and there was no confidential information accessible. However, the consultation room was full of paperwork and cluttered. This detracted from the overall professional use of the room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in a safe and effective manner. Its services are easily accessible. The team is proactive in seeking helpful outcomes for people. The pharmacy sources, stores and manages its medicines appropriately. And, the pharmacy's team members take extra care for people prescribed higher-risk medicines. But, they don't always record any information about this. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied. And, members of the pharmacy team don't always make enough records to help identify the staff involved when they use non-pharmacist accuracy checkers.

Inspector's evidence

The pharmacy's opening hours were listed on the front door and its services were being advertised. The pharmacy displayed a range of leaflets that provided information about other local services. There was documented information present that staff could use alongside their own knowledge of the area or online resources, to signpost people to other local organisations. Details were seen recorded to verify when this had happened. The retail space held sofa style seating with space for around three people if they wanted to wait for their prescription(s) with a few car parking spaces outside. Entry into the pharmacy was via a ramp from the street and the premises consisted of clear, open space. This assisted people with wheelchairs or restricted mobility to easily use the pharmacy's services. Staff described speaking slowly for people who were partially deaf and used simpler language. People who were visually impaired were supplied with labels that had a larger sized font and the team could access a language line to help interpret for people whose first language was not English if required.

The pharmacy was healthy living accredited. The team had attended events hosted by the local pharmaceutical committee as well as completing an online training course for this. The pharmacy had identified the health profile for the local community. A dedicated health promotion zone in the retail space displayed relevant information with literature for people. The team ran health campaigns in line with the national ones and picked relevant topics to run alongside them. Records were kept verifying this. In addition, to improve the provision of opportunistic advice about living healthier lifestyles, the team and the RP had created a quick reference guide to serve as a prompt for staff to hold brief interventions. This included a comprehensive guide to diabetes, high blood pressure, the risk of coronary heart disease, smoking and weight management. The RP had also been a speaker at local events and support group meetings held at the local GP practice. This was about diabetes and involved holding lunchtime discussions about people's diet and lifestyle.

The pharmacy was participating in a locally commissioned scheme that had been set up by a local pharmacist called 'not normal for you'. The local GP's in the area had also been briefed on the scheme. If people came into the pharmacy and presented with 'red flag' or worrying symptoms, a short questionnaire was completed, they were provided with advice and information as well as fast tracked to their GP for a referral. Records were kept by the pharmacy to verify this and people were seen being referred to their GP from this service during the inspection. This service helped identify people, for example with suspected symptoms of cancer quicker.

In addition, the RP explained that the pharmacy looked for opportunities to integrate their services and the advice his team provided with the adjacent GP practice. Staff had noticed that electronic

prescriptions were containing notes for people in the dosage directions that were not being communicated to them. After discussing this with the GP's, the team had begun highlighting the relevant details for either the pharmacy team to communicate this or depending on the note, they referred to the GP's if a discussion with them was required. Details about this were seen documented.

The influenza vaccination service was described as a convenient and an easily accessible service for people. The RP had completed the appropriate training to provide the service, this included vaccination techniques and anaphylaxis. There was also suitable equipment to safely provide the service such as a sharps bin and adrenaline in the event of a severe reaction to the vaccine. The RP screened the risk assessments that were completed by people and checked allergies, exemptions, he discussed the benefits of the service and potential side effects as well as obtaining informed consent from people before vaccinating. The details were also sent to their GP and people were offered patient information leaflets (PILs). In addition to the SOPs, the pharmacy held Service Level Agreements for the services that it provided, service specifications as guidance for the team and paperwork for the Patient Group Directions (PGDs). The latter had been signed by the RP. The pharmacist's declaration of competence for the influenza vaccination service was also seen.

People were supplied with compliance aids after the pharmacist completed an assessment to determine their suitability. Once this was set up, staff ordered prescriptions on behalf of people and when received, they cross-referenced details against individual records to help identify any changes or missing items. The team checked queries with the prescriber and maintained records to verify this. Staff retained copies of people's summaries when they had been discharged from hospital. The team also maintained an audit trail of when prescriptions had been ordered and when the compliance aids were collected. All medicines were de-blistered and removed from their outer packaging before being placed into them. Compliance aids were not left unsealed overnight, descriptions of the medicines within them were provided and PILs were routinely supplied. Mid-cycle changes were dependent on the person's needs and the prescriber's request, the pharmacy either obtained new prescriptions and supplied new compliance aids or they retrieved and amended the old ones.

Staff delivered dispensed prescriptions to a few people after they finished work. There were records available to demonstrate when this had taken place and to whom medicines were supplied. Failed deliveries were brought back to the pharmacy and either people were called to inform them of the attempt made to deliver their medicines or notes were left about this. No medicines were left unattended.

Team members were aware of the risks associated with valproates and an audit had been completed in the past to identify people at risk who had been supplied this medicine. They were counselled appropriately, and relevant literature was provided and available for future supplies. The team routinely identified people prescribed higher-risk medicines, relevant parameters such as blood test results were asked about. This included asking about the International Normalised Ratio (INR) level for people prescribed warfarin. People supplied multi-compartment compliance aids were provided higher-risk medicines such as warfarin separate to the compliance aid. However, the team did not routinely record details about this.

During the dispensing process, staff used baskets to keep prescriptions and medicines separate. A dispensing audit trail through a facility on generated labels helped to identify staff involvement in processes. Dispensed prescriptions awaiting collection were stored with prescriptions attached. Details about fridge items and CDs (Schedules 2 to 4) were highlighted to help staff to identify them. The ACT explained that the regular pharmacist normally labelled repeat prescriptions and the clinical check took place at this stage, there was an expectation that all the repeat prescriptions were clinically checked by

the pharmacist before they came to the ACT for the final check and no specific audit trail was in use. This was in line with the pharmacy's SOP on accuracy checking. However, using a more robust audit trail to identify that the clinical check had taken place was discussed during the inspection. The team was advised to implement this and consider using a stamp on prescriptions to help identify when this stage had happened.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Phoenix, AAH and Alliance, Numark was described as used to obtain unlicensed medicines. The pharmacy had been set up to comply with the process involved with the European Falsified Medicines Directive (FMD) and staff were complying with the decommissioning process. Medicines were stored in the dispensary in an ordered manner. The team date-checked medicines for expiry every month and kept records to verify that the process had taken place. Medicines approaching expiry were highlighted. There were no date-expired medicines seen or mixed batches of medicines present. In general, CDs were stored under safe custody and the keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. Drug alerts were received via email, the process involved checking for stock and taking appropriate action as necessary. There were records present to verify this.

Medicines returned by people for disposal were stored within designated containers prior to their collection. This included containers and a list available for staff to identify, separate and store hazardous and cytotoxic medicines. People returning sharps for disposal were referred to the local council for collection and provided with relevant contact details. Details were taken about returned CDs and they were brought to the attention of the RP before being appropriately stored and destroyed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. The pharmacy keeps its equipment clean.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and clean equipment. This included standardised conical measure for liquid medicines, counting triangles and the dispensary sink that was used to reconstitute medicines. There was hot and cold running water with hand wash available. The fridge used for medicines requiring cold storage was operating at appropriate temperatures although it was packed with stock. The CD cabinet was secured in line with legal requirements. The blood pressure machine had last been replaced three years ago. The RP was advised to calibrate or replace this in line with the manufacturer's recommendations. Computer terminals were positioned in a manner that prevented unauthorised access. Cordless phones were available to maintain people's privacy. Staff held their own NHS smart cards to access electronic prescriptions and took them home overnight. A shredder was available to dispose of confidential waste.

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.