

# 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:** 04/01/2023

## Pharmacy context

This independent pharmacy is located in Exminster, Devon. It sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team gives advice to people about minor illnesses and long-term conditions. The pharmacy offers services including flu vaccinations, a minor ailments scheme, the NHS New Medicine Service (NMS) 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 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
<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 takes appropriate steps to identify and manage its risks. Team members record any mistakes they make and review them to identify the cause. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has appropriate written procedures in place to help ensure that its team members work safely. The pharmacy responds appropriately when it receives feedback. It has the required insurance in place to cover its services. And it generally keeps all 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, manage and reduce its risks. The pharmacy had standard operating procedures (SOPs) which reflected the way the team worked. Each team member had signed the current paper copies of the SOPs to demonstrate that they had read and understood them. The pharmacy team could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Team members had clear lines of accountabilities and were clear on their job role. The pharmacy had risk assessments in place to cover its activities. And it had a written business continuity plan.

Pharmacy team members generally recorded any mistakes they made which were picked up during the final accuracy check, known as near-misses, on an online system. The superintendent pharmacist (SI) reviewed the errors quarterly, although this was not always documented. There were very few near-misses recorded. The RP said that this was a true reflection of the number of errors and that the main dispenser was very accurate in her dispensing. When errors did occur, the pharmacy team discussed them and made changes to prevent them from happening again. Some caution stickers were applied to medicines stored close to each other that had similar sounding names and strengths.

The pharmacy reported any mistakes that reached the patient on a national reporting database. The pharmacy team analysed these incidents in much more detail to understand why they had happened.

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 dealt with promptly by the SI. The SI shared any compliments received with the pharmacy team. 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. But some entries did not contain the time the pharmacist ceased the RP role. 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 destroyed promptly. Appropriate records of private prescriptions and emergency supplies were maintained in a book. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were annotated with the details of the supply. They were stored for the required length of time.

All team members completed yearly training on information governance and the 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. A privacy policy and a fair data use statement were displayed in the retail area. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed and a record of access was made on the person's patient medication record (PMR).

All team members were trained to an appropriate level on safeguarding. The RP and the pharmacy technician 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 has enough team members to manage its workload. They receive time in work to complete training for their roles and 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

On the day of the inspection, a regular locum pharmacist was working as the RP to cover the SI's day off. There was a dispenser and a pharmacy technician. The pharmacy team was coping well with the workload and dispensing was up to date.

All team members had completed approved training courses. And their certificates were displayed prominently in the pharmacy. Team members undertook regular training during working hours. They used resources from the Numark learning platform to complete a variety of courses. Certificates of completion were stored in a folder.

The SI did not set targets in the pharmacy. The RP felt empowered to use her professional judgement to make decisions. The pharmacy team were seen to give appropriate advice to people in the pharmacy. They ensured they gave people all the required information when selling pharmacy medicines to ensure they were used safely.

The team worked well together. Team members felt confident to make ideas and suggestions to improve how they worked. They had yearly appraisals and were given the opportunity to give feedback to the SI. There was a clear culture of honesty and openness. The pharmacy had a whistleblowing policy in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

### Inspector's evidence

The pharmacy was adjacent to a GP practice in Exminster. It had a separate entrance to the practice. There was a small retail space and a consultation room. The consultation room was soundproof to allow for private consultations. But it was not always locked when not in use.

The dispensary was of an adequate size and was well organised. Stock was stored on shelves. There was plenty of workbench space. There were dedicated areas to dispense and accuracy check prescriptions.

Team members cleaned the pharmacy regularly. The healthcare counter had clear plastic screens fitted to protect team members from COVID-19. Hand sanitiser was available throughout the pharmacy. There were no current maintenance issues and team members reported that if any arose, they were dealt with promptly.

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. It supplies medicines safely to people with appropriate advice to ensure they are used correctly. The pharmacy keeps records of any conversations it has with other healthcare providers about people's medicine and health which ensures continuity of care. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and generally makes regular checks to ensure that they are still suitable for supply. However the checks could be completed more regularly. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had level access and was wheelchair accessible. The consultation room was also wheelchair accessible. There was a private carpark outside. The pharmacy could make adjustments for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. 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. The pharmacy used coloured stickers were used to highlight fridge items and CDs in schedules two and three.

The pharmacy team provided additional counselling to people taking high-risk medicines. A record of any significant interventions was made on the person's PMR. This provided an audit trail and was evidence in case of any further queries. It also meant that any other team members working in the pharmacy could clearly see any decisions made about a person's care.

The RP was aware of the risks of people becoming pregnant whilst taking sodium valproate. She knew to speak to people about the Pregnancy Prevention Programme (PPP). Records were made on the PMR of any conversations of this type. 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.

The pharmacy offered a range of additional services including flu vaccinations and a minor ailments scheme. The patient group directions were printed and signed by the pharmacists who provided the services. The RP had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) and received regular referrals. The SI contacted people by telephone to discuss how they were getting on with any new medicines they were prescribed as part of the NHS New Medicines Service. The SI was an independent prescriber but did not offer any prescribing

services from the pharmacy.

Multi-compartment compliance aids were prepared by the pharmacy for a small number of people living in their own homes. Each person requesting compliance aids was assessed for suitability. 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. It was noted that the prescription was not kept with prepared compliance aids after the first supply of the month. The RP said that she would ensure additional copies were printed so that each weekly supply had a prescription attached.

The dispensary stock was generally arranged alphabetically on shelves. It was organised and tidy. Date checking was undertaken regularly and records were kept. But a spot check identified a handful of date-expired medicines in one section of shelving. The dispenser said that she would make that section a priority for date checking. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. The pharmacy was experiencing shortages of some medicines including liquid antibiotics. They placed orders several times throughout the day and tried to keep people informed of the estimated date that owing medicines would be available. Stock was obtained from reputable sources. Records of recalls and alerts were annotated with the outcome and the date actioned and were stored in the pharmacy.

The pharmacy stored CDs in accordance with legal requirements in approved cabinets. 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 pharmacy's fridges were clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range.

## 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 up-to-date written reference resources available including the British National Formulary (BNF). Team members had access to the internet to support them in obtaining current information. The pharmacy's computer system was password protected. And information displayed on computer monitors was suitably protected from unauthorised view.

The pharmacy had clean equipment available for counting and measuring medicines. It highlighted equipment for measuring and counting higher-risk medicines. This helped to reduce any risk of cross contamination. A range of consumables and equipment to support the flu vaccination service was available within the consultation room. The pharmacy used a modern blood pressure machine from a reputable manufacturer. Pharmacists used the machine to offer a screening service only. Electrical equipment was visibly free of wear and tear and in good working order.

### 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.