

# Registered pharmacy inspection report

**Pharmacy Name:** Luxtons The Pharmacy, 67 Cowick Street, St. Thomas, EXETER, Devon, EX4 1HW

**Pharmacy reference:** 1086810

**Type of pharmacy:** Community

**Date of inspection:** 22/11/2019

## Pharmacy context

The pharmacy is located in St Thomas, Exeter. It sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicines Service (NMS), a minor ailments scheme and the supply of emergency hormonal contraception. It also runs a travel clinic and offers flu vaccinations. The pharmacy supplies medicines in multi compartment devices for people to use in their own homes. And it delivers medicines to people's homes.

## 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
<b>1. Governance</b>	Good practice	1.1	Good practice	The pharmacy identifies and manages its risks well. It has good processes in place to record and review any mistakes that it makes to stop them happening again.
		1.2	Good practice	Pharmacy team members think about why mistakes have happened. And they make changes to the way they work to prevent a reoccurrence.
		1.4	Good practice	The pharmacy asks people for their views and makes good changes to address the feedback provided.
		1.8	Good practice	Pharmacy team members know how to protect the safety of vulnerable people. And they take prompt action to raise their concerns to the appropriate people.
<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	4.2	Good practice	Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. The pharmacy supplies medicines in multi-compartment compliance aids to a large number of people in a safe, efficient and organised way. It uses dispensing robots to improve efficiency and accuracy.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Good practice

### Summary findings

The pharmacy identifies and manages its risks well. It has good processes in place to record and review any mistakes that it makes to stop them happening again. Pharmacy team members think about why mistakes have happened. And they make changes to the way they work to prevent a reoccurrence. Team members follow written procedures for the work they do. They are clear about their roles and responsibilities. And they work in a safe and efficient way. The pharmacy asks people for their views and makes good changes to address the feedback provided. It has adequate insurance for its services. The pharmacy keeps up-to-date records as required by the 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. And they take prompt action to raise their concerns to the appropriate people.

### Inspector's evidence

The pharmacy had good processes in place to monitor and reduce its risks. In addition to the main dispensary, there was a second dispensary on the first floor, dedicated for the preparation of multi-compartment compliance aids. It was also the location of the two dispensing robots used by the pharmacy. The first robot, a Consis, dispensed patient packs. The second, an Omnicell, dispensed medicines into multicompartiment compliance aids.

Near misses were routinely recorded on the online system, Pharmsmart. The responsible pharmacist (RP) reported that the level of errors was very low, mainly due to the majority of items being selected by the dispensing robots then delivered by a shoot to the dispenser. The RP said that the main errors reported involved incorrect quantities being dispensed when quantities other than those in manufacturers packs were prescribed. To reduce the risk of these errors occurring, team members alerted each other to when unusual packs sizes were received from the suppliers. The RP said that she and the regular pharmacist also had discussions with the local GP practice to encourage them to prescribe full packs. Dispensing incidents were also recorded on Pharmsmart. There had been no incidents in the last six months. The last reported error contained a full root cause analysis. It had been identified that the prescription that had been labelled incorrectly was a paper prescription rather than an electronic prescription. Team members now ensured they took additional care when labelling paper prescriptions, and double checked that their data entry was correct.

Errors were reviewed regularly, and the reviews were recorded on Pharmsmart. Following near misses, pharmacy team members had completed the CPPE pack on look-alike, sound-alike (LASA) drugs. They had also ensured that all fast-moving lines were stored in the dispensing robot to minimise the risk of selection errors.

The robot used to dispense compliance packs had an inbuilt accuracy checking function. All packs were scanned and if the contents of a blister was not what the robot expected, it was rejected. This pharmacy technician who did the majority of the production of compliance packs then reviewed the pack and made the necessary changes. She described that packs were rejected if they contained a piece of foil from the original packaging or if tablets had been crushed during the dispensing process. All compliance packs were subject to a final check by the accuracy checking pharmacy technician (ACT). The pharmacy technician who was responsible for operating the robot had identified that if she refilled

the stock in the robot whilst it was producing compliance aids, an error was more likely to occur. She therefore refrained from refilling until any compliance aids being prepared were complete.

Standard operating procedures (SOPs) were in place to cover all activities carried out in the pharmacy. They were up to date and were regularly reviewed. They had been adopted by the regular RP, who was also the superintendent pharmacist (SI). Team members had signed the SOPs to show that they had read and understood them. The SOPs covering the role of the RP were seen. A pharmacy advisor could describe the activities that could not be undertaken in the absence of the RP.

The RP described how, before implementing a new service, she would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. She would review staffing levels to ensure provision of the service could be maintained and would check that she and the pharmacy team had access to the appropriate tools and training to provide the service.

A complaints procedure was displayed in the retail area. Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey, and by handing customers cards inviting them to complete an online survey. 99% of respondents to the most recent CPPQ survey had rated the service provided by the pharmacy as very good or excellent. But a high percentage of respondents had been dissatisfied with the advice provided on healthy eating. To address this, the pharmacy had installed a weighing machine in the consultation room so that team members could give tailored advice to people. The pharmacy had also gained healthy living pharmacy accreditation and displayed a wide range of information about healthy lifestyles.

The pharmacy had adequate professional indemnity and public liability insurances in place.

RP records were maintained in a log and the correct RP certificate was displayed. Records of emergency supplies and private prescriptions were held on the PMR system and were in order. Records of the supply of unlicensed special medicines were retained and mostly contained the details of what had been supplied to whom. Controlled drug (CD) registers were maintained electronically on PharmSmart and met legal requirements. Balance checks were completed weekly. A random stock balance check of Physeptone 5mg tablets was accurate. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and the General Data Protection Regulation. Patient data and confidential waste was dealt with in a secure manner to protect privacy. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. Verbal consent was obtained from patients prior to accessing their summary care record and a note was placed on the PMR stating the reason for access. NHS Smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP and the pharmacy technicians had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. The remaining staff had completed level 1 e-Learning provided by the company. Local contacts for the escalation of concerns were displayed on the wall of the dispensary. Staff were aware of the signs requiring referral to other agencies and gave examples of when they had made appropriate referrals.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff. Team members are appropriately trained for their roles. They keep their skills and knowledge up to date 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 levels were adequate on the day of the inspection. In addition to the RP, there were two pharmacy technicians, 3 dispensers spread over the two dispensaries and a medicines counter assistant. The pharmacy also employed an ACT who was not working on the day of the inspection. The team had a good rapport and felt they could manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours. In an emergency, the pharmacy was supported by team members from a nearby branch of the small chain.

The pharmacy team reported that they were allocated protected time to learn during working hours. Resources accessed included CPPE packages and revised SOPs. Team members reported that the SI gave them regular briefings about any new information he received, such as new products or services. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. Team members were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required.

Team members felt able to raise concerns and give feedback to the SI and the RP, both of whom they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP said that no specific targets were set. She felt able to use her professional judgement to make decisions. She would only undertake services such as MURs that were clinically appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. It is modern and well-maintained. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team.

### Inspector's evidence

The pharmacy was located on the high street of St Thomas, Exeter. It had a well-presented retail area, leading to a healthcare counter and large dispensary. A second dispensary was located on the first floor of the pharmacy, which was closed to the public. This dispensary held the robot dispensers used by the pharmacy.

There was a small waiting area with chairs. A consultation room was available in the pharmacy so that people could have conversations in private. The room was soundproofed and conversations could not be overheard from outside. It was locked when not in use, and no confidential information or medicines were stored in there.

All fixtures and fittings were modern and well maintained. The majority of stock was stored in the dispensing robots on the first floor. Split packs and unusual items were stored neatly in drawers. Cleaning was undertaken by team members each day and the pharmacy was clean on the day of the inspection. The pharmacy was light and bright, and temperature was appropriate for the storage and assembly of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services well. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. The pharmacy supplies medicines in multi-compartment compliance aids to a large number of people in a safe, efficient and organised way. It uses dispensing robots to improve efficiency and accuracy. The pharmacy offers a range of additional services and the pharmacy team delivers these services safely. Team members providing the services ensure that their training is up to date. 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 accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had step-free access and an automatic door. The consultation room was located to the side of the dispensary. It was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. Pharmacy team members communicated with people with hearing impairments using pen and paper. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy with posters and on a tv screen. The RP was accredited to provide all of the promoted services. The RP described how if a patient requested a service not offered by the pharmacy, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. A sign-posting folder was available with details of local agencies and support networks. Further up-to-date signposting resources were accessed online.

Dispensing tubs 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 those collected from the GP practice. The majority of items for prescriptions were selected by a dispensing robot and delivered to the dispenser via a shoot. The labels of dispensed items were initialled when dispensed and checked.

Coloured stickers were used to highlight fridge items and CDs in schedule 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Any interactions or alerts generated by the PMR were printed and placed in the dispensing basket for the pharmacist to review when checking. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted. The RP described that she checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Stickers were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. Details of significant interventions were recorded on the patient medication record (PMR). Substance misuse services were provided for approximately 30 people. The RP described how she would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service. A record of collections was made on the PMR as well as in the CD register.

The pharmacy offered a range of additional services including flu vaccinations, a minor ailments service and the supply of emergency hormonal contraception. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The declaration of competence for all pharmacists administering flu vaccinations were seen. The RP 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. It had an eye-catching health promotion zone displaying leaflets and information on both locally and nationally relevant topics. The topic had recently been changed to support the national 'help us to help you' campaign. The healthy living champion described that she had visited the local nursery and preschool to discuss common childhood conditions, including headlice and sun protection.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had the stickers, information booklets and cards to highlight the risks of pregnancy to women receiving prescriptions for valproate.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 300 people based in the community. As described in principle one, there was a separate dispensary used to prepare these packs which were mostly prepared by a robot. The workload was well organised and planned. The pharmacy team liaised with the GP practice to decide if a compliance aid was the most appropriate solution for a person requesting it. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and a backing sheet giving a description and image of tablets it contained. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a pharmacy advisor 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 clinical checking process. Once compliance aids were completed, they were digitally checked by the robot and then underwent a final accuracy check by the ACT.

The majority of stock was stored in the robot, which automatically date-checked. The shelves and drawers used to store the remaining stock were organised and tidy. Date checking of stock stored outside the robot was undertaken each week and a rolling 12-week cycle meant that each item of stock was checked at least every three months. Spot checks revealed no date expired stock 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 including Alliance and AAH. Invoices were seen to this effect. Records of recalls and alerts were received on Pharmsmart and were actioned promptly.

The pharmacy was compliant with the Falsified Medicines Directive (FMD). Team members checked that the anti-tampering device on each medicine was intact during the dispensing process. And they were scanning a selection of products using the Pharmscanner system. The PMR system was due to be upgraded in the coming months and the superintendent said that the upgraded system would have FMD functionality built into it.

CDs were stored in accordance with legal requirements in two 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 dispensary fridges were clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

Electronic logs were kept of deliveries made to people in their own homes on 'Prodelivery Manager'. The system provided live updates on the progress of deliveries. Signatures were obtained electronically and uploaded to the online system. A pharmacy technician 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.

Patient returned medication was dealt with appropriately. Confidential patient information was removed or obliterated from patient returned medication.

## 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. It ensures that its two dispensing robots are well maintained and functional. Computers are used in a way that protects people's private information.

### Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible. The dispensary sinks were 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 drawers behind the healthcare counter with no details visible to people waiting.

The dispensing robots were calibrated each day. They were cleaned regularly by team members. The manufacturers provided a helpline which team members could use if there were any faults or mechanical issues.

### 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.