

Registered pharmacy inspection report

Pharmacy Name: Exmouth Travel Clinic, Unit 10, Harpford Units,
Liverton Business Park, Exmouth, Devon, EX8 2NU

Pharmacy reference: 9011878

Type of pharmacy: Dispensing hub

Date of inspection: 09/12/2022

Pharmacy context

This is a closed pharmacy located in an industrial estate in Devon which acts as a dispensing hub for another pharmacy owned by the same company. It uses robotic technology to prepare multicompartment compliance packs which are dispensed by the partner pharmacy off site. And it provides a range of private travel vaccinations and nutritional advice to people who visit the pharmacy.

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

Overall, the pharmacy identifies and manages risks associated with the services it provides. And the team has been able to make changes to processes when mistakes happen. It protects the personal information of people who use its services. And the team knows how to protect vulnerable people. All the required records are now maintained following prompt changes made by the pharmacy in response to this inspection.

Inspector's evidence

The pharmacy had draft standard operating procedures (SOPs) in place relating to the technology used to prepare multicompartment compliance packs. And a SOP for travel health services provided on site. But it did not have SOPs for other aspects of the pharmacy at the time of the inspection. The Responsible Pharmacist (RP) explained that she and the dispensers who worked at this pharmacy were familiar with the SOPs used at the partner pharmacy and applied them when working at both sites. Following the inspection, the RP provided evidence that newly written SOPs were in place at the pharmacy and that team members had signed them.

There was a record of errors which were identified before multi-compartment compliance packs were sent to the partner pharmacy for supply to people (so called 'near misses'). The RP showed a recent report of near misses where she identified trends and learning points relating to the technology used. At the time of the inspection, the pharmacy had not identified any medication errors which had not been picked up before the medicine was supplied to a person. But the RP explained the pharmacy had a process to report such errors if one were to occur in future. The pharmacy had made changes to pharmacy processes based on near miss trends. For example, the RP had requested that pharmacists undertaking clinical checks of prescriptions at the partner pharmacy input prescription data in a new way. This meant that discrepancies could be more easily identified.

Pharmacy team members knew their roles and responsibilities and could explain what their job required. And the newly recruited dispensing assistant was closely supervised by the RP. The pharmacy had a notice prominently displayed to identify who was the RP. And there were audit trails in place to identify who had performed which steps when undertaking professional activities. Feedback relating to the services offered by the pharmacy was not formally collected by the team. And the team relied on the partner pharmacy to manage complaints. The RP explained this was due to the model used, where medicines were not supplied directly to people from this pharmacy. Rather, this pharmacy's role was to prepare medicines packs which were supplied to people from the partner pharmacy.

The pharmacy had appropriate professional indemnity and public liability insurance. And a certificate confirming this was displayed in the pharmacy. The pharmacy did not always make the necessary RP records. And it didn't always record its fridge temperatures. This was due to the digital record system not always being used regularly by the RP. The RP agreed that the RP record needed to be completed accurately and regularly and following the inspection implemented a paper RP record for this purpose. She provided evidence that this was being completed regularly. The RP also implemented a paper fridge temperature record following the inspection and provided evidence that this was being completed regularly. The RP maintained records about private travel vaccinations she had administered to people. The pharmacy did not keep records about Schedule 2 controlled drugs (CDs) as it did not keep stock or make supplies of these medicines. It did not make emergency supplies of prescription-only medicines.

And it did not supply any unlicensed medicines to people.

Confidential information was stored securely. And computers were password-protected. But there was no information governance policy in place at the time of the inspection. Following the inspection visit, the RP provided evidence that the information governance policy used by the partner pharmacy was adopted by this pharmacy and was on site for reference. The RP had received level three safeguarding training. And was confident about how to access local safeguarding professionals should she need to. For private services offered at the pharmacy, the RP explained she would ask a member of the team to act as a chaperone if one was needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to operate safely. And its team members work well together. Team members are confident raising concerns if needed and are appropriately trained for their roles or are undergoing training. The team has a good working relationship with its partner pharmacy and works closely with it.

Inspector's evidence

The pharmacy team consisted of one pharmacist and two pharmacy dispensing assistants. One of the dispensing assistants had recently joined the team as an apprentice, and the other had completed NVQ 2 training. The new dispensing assistant was supported and closely supervised by the RP, who acted as her apprenticeship supervisor. On the day of inspection, there was the regular RP and one dispensing assistant. The newly appointed apprentice was not working on the day of inspection. As the pharmacy was usually open three days a week, the team members tended to work part of the week at the partner pharmacy. This meant they had a good understanding of the processes followed there.

The RP explained the pharmacy was ahead of its current workload by two weeks. And this demonstrated that there were enough team members to safely manage the workload. There was a good rapport between the RP and the dispensing assistant during the inspection visit. And team members explained they knew how to raise concerns if needed. The team felt supported and empowered to make suggestions to improve how the pharmacy operated. The RP had provided informal feedback and updates to the team. But no appraisals had been scheduled yet as the pharmacy had only recently opened. The RP was aware of wider support available including the Local Pharmaceutical Committee and her professional membership body. The pharmacy did not have any targets for services.

The team members had received dedicated training about the technology used to prepare the multicompartiment compliance packs and were given ongoing support relating to this as needed. As they were demonstrating the technology and process, they seemed confident and knowledgeable about the operational aspects of the role. And the RP seemed to have a good relationship with her colleagues at the partner pharmacy and was able to provide feedback to improve the running of the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, professional and appropriately secured. The pharmacy has dedicated areas for private services to be provided in a confidential way.

Inspector's evidence

The pharmacy was located on the ground floor of an industrial estate unit and was professional and clean in appearance. There were two dedicated consultation rooms beside the reception area for administering travel vaccinations. And these were suitable for the services provided with appropriate disposal containers for used vaccination needles. There was enough workspace in the dispensary to prepare medicines safely in a logical flow. And medicines were stored in appropriate areas and not on the floor.

There was soap and hot and cold running water and a dedicated area to prepare extemporaneous medicines though this was not currently required. The team had agreed a cleaning rota. The robotic technology used to prepare medicine packs was cleaned daily in accordance with the SOP in place. Patient information was stored appropriately and was not visible to visitors in the reception area. The pharmacy was appropriately secured from unauthorised access with lockable doors. And key holding arrangements were in place. The temperature and lighting were appropriate for the safe storage and preparation of medicines. The pharmacy premises included a storage area on the first floor of the industrial unit, but no medicines were stored here. And this was not routinely used by the team.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy uses advanced technology to prepare multi-compartment compliance packs. And the system it uses has several effective safeguards and an audit trail for the preparation process. So, medicines are dispensed accurately and efficiently. The pharmacy generally handles medicines appropriately and it provides private vaccination services safely.

Inspector's evidence

The pharmacy had step-free access from the parking area in front of the property and a bell was available in the reception area to call for assistance if needed. People did not visit the pharmacy to collect dispensed medicines or buy medicines over the counter. But they could visit to receive private travel vaccinations. The RP administered a range of travel vaccinations under Patient Group Directions (PGDs) and used the dedicated consultation rooms for this purpose. The RP kept documentation relating to her travel vaccination clinic and these included consent forms, training certificates and GP notification forms.

The dispensary was used to prepare multi-compartment compliance packs which were then collected by the partner pharmacy's delivery driver for transport to the partner pharmacy. From the partner pharmacy they were supplied to people who visited that pharmacy or via delivery. This pharmacy was responsible for the accuracy check of the packs but not the clinical check. The partner pharmacy who dispensed the packs to people completed the clinical checks.

The pharmacy used bespoke robotic technology to prepare medicine packs for people. The RP and dispensing assistant demonstrated the technology during the inspection. 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 at the partner pharmacy. 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. The RP explained that a manual accuracy check was completed on all packs as the system was still being optimised. Any near misses were recorded, and this information was provided to the manufacturer of the system to improve accuracy. 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 RP explained that medicines containing valproate were not supplied to women of child-bearing potential from this pharmacy. The team was aware of the additional checks which must be completed when dispensing medicines containing valproate to those at higher risk. These included the importance of checking that effective contraception was in place and providing the valproate alert card to the person. The pharmacy used licenced wholesalers to obtain medicines stock and held some stock for their partner pharmacy. No Schedule 2 CDs were held as stock. Medicines were generally stored in their original packs and sometimes in containers with batch numbers and expiry dates attached for identification. The pharmacy had a system in place for checking expiry dates of medicines and these were checked on a regular basis. No expired medicines were identified during the inspection visit. There

was a medical grade fridge which was used to store vaccines for the private travel health clinic. As mentioned previously, the pharmacy team was not always recording fridge temperatures at the time of inspection. But since the inspection a more robust process had been established. Medicines requiring disposal were sent to the partner pharmacy using an employed delivery driver. The pharmacy did not have a system for managing drug alerts at the time of inspection but has since established a process and has provided evidence of this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And its team members have access to the support and resources they need to perform their roles safely and effectively.

Inspector's evidence

The robot used for the preparation of multi-compartment compliance packs was cleaned regularly and the team had technical support available to support its use. The pharmacy team members had access to online resources to support them in their role. As the pharmacy did not prepare medicines extemporaneously, no equipment for measuring liquid medicines was available. There was a digital tablet counter which was cleaned after each use. But no evidence of calibration was available.

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. |