

Registered pharmacy inspection report

Pharmacy Name: Clarepharm, 65 New Street, Honiton, Devon, EX14 1BX

Pharmacy reference: 9012111

Type of pharmacy: Community

Date of inspection: 22/11/2023

Pharmacy context

The pharmacy is in the centre of Honiton. 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 flu and COVID-19 vaccinations, the NHS New Medicine Service (NMS) and the Community Pharmacy Consultation Service (CPCS). The pharmacy supplies medicines in multi-compartment compliance packs to people who need help to remember when to take them. And it delivers medicines to people's 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
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 provides its services safely and effectively. It has systems in place to identify and manage the risks associated with its services. Team members record any mistakes they make and review in detail them to identify the cause. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. And these procedures are reviewed and updated regularly. The pharmacy asks people for their feedback on its services and responds appropriately. It has the required insurance in place to cover its services. And it keeps all the records required by law. The pharmacy keeps people's private information safe. 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. It had standard operating procedures (SOPs) which reflected the way the team worked. The SOPs were printed and stored in a folder. Each team member had a record of the SOPs that they had read. The SOPs were reviewed regularly by both the superintendent pharmacist (SI) and the pharmacy team. 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 a written business continuity plan.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check, known as near misses, on a paper log. Team members considered why the mistake had happened and learned from their mistakes. The team reviewed the error log regularly to try and identify any trends. When errors occurred, the pharmacy team discussed them and made changes to prevent them from happening again. For example, medicines that had been dispensed incorrectly had been separated on the shelves. Dispensing errors that reached the patient were reported in a more detailed way using an online reporting tool. The pharmacy team reflected on errors made and learned from them.

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. The pharmacy team regularly checked online reviews and responded appropriately. Any complaints were passed straight to the manager to deal with. The manager made sure to pass any compliments received to the team. Public liability and professional indemnity insurances were in place.

The pharmacy kept a record of who had acted as the RP each day. 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. Records of private prescriptions were maintained on the patient medication record (PMR) and contained all legally required details. But on some entries, the incorrect prescriber had been recorded. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were stored with all required details completed.

All team members completed yearly training on information governance and 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. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed.

All staff were trained to an appropriate level on safeguarding. The RP 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 and knew what action to take. The SI gave examples of when they had raised concerns about the safety vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs enough people to manage its workload. Team members are well-trained to deliver their roles and keep their skills up to date by completing regular learning activities. They are confident to suggest and make changes to the way they work to improve their services. Team members communicate effectively. And they work well together to deliver the pharmacy's services.

Inspector's evidence

On the day of the inspection, the RP was an employed pharmacist. A new manager, who was also a dispenser, had recently joined the team. Three of the seven part-time dispensers were also working. One of the dispensers was a trainee who had been employed to administer flu and COVID-19 vaccinations.

The pharmacy team were coping with the workload well and dispensing was up to date. The pharmacy team felt very well supported by the new manager and SI. It was clear that the team worked well together and supported each other. They had a good rapport. The team were encouraged to discuss concerns and give feedback to the manager. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

Team members were seen to give appropriate advice to people in the pharmacy. And they referred to the pharmacist for further clarification when needed. When questioned, one of the dispensers knew what tasks could not be completed if the RP was not in the pharmacy.

Team members were given time during working hours to learn. They accessed learning on an e-learning platform. Recent learning had included completing the CPPE antimicrobial resistance learning pack. The pharmacy team encouraged each other to learn and helped each other. The trainee dispensers were registered on approved training courses. Each team member had regular appraisals where they could discuss their progress.

The SI did not set any specific targets. The pharmacist used their clinical judgement and ensured all services provided by the pharmacy were appropriate for the person requesting them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are spacious and present a professional image to people. And the pharmacy has appropriate facilities to provide services to people and maintain their privacy and confidentiality.

Inspector's evidence

The pharmacy was located close to the centre of Honiton. It had recently opened and had been completely renovated. A spacious retail and waiting area led to the healthcare counter. This then led through to a large dispensary. On the first floor, there was a large stock room, an office and staff facilities.

The consultation room could be accessed from both the waiting area and the dispensary. It was not locked during the inspection. But the RP found the keys and locked the customer entrance straight away. The room was well laid out and had plenty of space. It had a computer terminal and a clean sink.

The dispensary was well organised and tidy. There was plenty of shelving and workbench space for dispensing. Medicines were stored neatly on the shelves. Pharmacy medicines were stored behind the medicines counter.

Cleaning was undertaken each day and a cleaning rota was displayed. Cleaning products were available, as was hot and cold running water. The fire alarm was tested each week. The lighting and temperature were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team make sure that people with different needs can access its various services. The pharmacy supplies medicines safely to people with appropriate advice to ensure they are used correctly. Team members take steps to identify people prescribed high-risk medicines to ensure that they are given additional information. 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 was wheelchair accessible. It had an automatic door. The pharmacy had its own carpark. The pharmacy could provide additional support for people with disabilities, such as producing large print labels. 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.

Coloured stickers were used to highlight prescriptions containing fridge items and CDs in schedules 2 and 3. The RP described that they checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. And they made records of this advice on the PMR.

The pharmacy offered a range of additional services including flu vaccinations. The signed patient group direction for the current flu vaccination service was available. The pharmacy also offered COVID-19 vaccinations. These were administered by a dispenser using the National Protocol. The pharmacy had all the required equipment to run the vaccination services. 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. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) and received regular referrals, from both NHS111 and GP practices.

The pharmacy team was aware of the risks associated with people becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). The pharmacy team took care not to apply labels over the warning cards on the boxes of valproate products when dispensing. The pharmacy team were aware of the new requirement to only dispense valproate in original packs to ensure people receiving it could see the warning about the risks of becoming pregnant whilst taking it. The RP had regular conversations with the people at risk who were prescribed valproate to ensure they were on adequate contraception.

Multi-compartment compliance aids were supplied by the pharmacy for people living in their own

homes. The compliance packs were mostly prepared by a robotic dispenser at a nearby hub and delivered back to the pharmacy. 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 and contained 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 team members were 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.

The dispensary stock was generally arranged alphabetically on shelves. It was well organised. Date checking was undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. The pharmacy accepted returned medicines and stored them in appropriate containers until they were collected for destruction.

CDs were stored in accordance with legal requirements in approved cabinets. A denaturing kit was available so that any CDs awaiting destruction could be processed. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed in the presence of a witness. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range.

Prescriptions containing omissions were appropriately managed and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources. Records of recalls and alerts were actioned promptly. Relevant alerts were printed and stored with any quarantined stock.

The pharmacy delivered medicines to people's homes. It used the PharmDel electronic system which tracked the progress of deliveries. A photograph of delivery was taken and stored on the system as proof of delivery. This had been introduced following a team meeting after instances of people contacting the pharmacy with queries about their deliveries.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services. It keeps these clean, tidy and well-maintained. The pharmacy uses its equipment in a way that protects people's confidential information.

Inspector's evidence

The pharmacy had up-to-date 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 services provided by the pharmacy was available within the consultation room. 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.