

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, 86 Galgate, BARNARD CASTLE, County Durham, DL12 8BJ

**Pharmacy reference:** 1029374

**Type of pharmacy:** Community

**Date of inspection:** 23/07/2019

## Pharmacy context

The pharmacy is on a main road of a market town. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. The pharmacy offers a prescription collection service from the local GP surgery. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs, to help people remember to take their medicines. And it provides NHS services such as flu vaccinations.

## 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 identifies and manages risks to its services. It has a set of written procedures which the company reviews. It provides good detail of any changes made which ensures that the team are team members are clear about any revised processes. The pharmacy keeps the records it needs to by law. The pharmacy team members respond appropriately when mistakes happen. They discuss what happened. And they share learning to try and reduce the risks of error in the future. The pharmacy looks after people's private information. And the pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) which the company had recently reviewed. The SOPs had a section at the front which detailed any changes since the last revision. This included changes in a process and the detail on a form, such as the team to add mobile phone numbers to peoples' records where possible. The team were doing this. The pharmacist had read through the changes and the team were in the process of reading and signing them. The team had removed the previous SOPs from the folder with the new ones put in place. The team could advise of their roles and what tasks they could do.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate room for compliance pack preparation. The team used whiteboards and notice boards with information requiring attention. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets with red for people calling back on the day, blue for collections and white for delivery. This helped to distinguish people's prescriptions by degree of urgency and this helped plan workload.

The pharmacy recorded near misses found and corrected during the dispensing process. The team recorded these on a specific template. Examples included Xalatan with Xalacom, peppermint 0.2 oil MR instead of GR and Forstair Nexthaler 100/6 instead of Forstair. The team recorded good detail. They recorded on paper and then transferred the information to the computer on PharmOutcomes to undertake reviews. The ticked when they had added anything to ensure all near misses were recorded. The team members completed possible causes, contributing factors and actions using codes. Examples recorded were 'item placed in incorrect location' and actions, 'separated similar items and 'added warning alert on patient medication record (PMR) due to similar patient names. They produced a monthly patient safety report. The team discussed points from near misses for learning and future prevention. They had issues with citalopram and they placed the boxes into a tub on the shelf to keep this separate and highlight to the team to check carefully. The had notice and shelf alerts such as 'be careful with strength and packaging' for diltiazem, chloramphenicol and carbomer. The team received an update from the head office which included learning from near misses and dispensing errors. It also highlighted the Look Alike Sound Alike drugs most commonly confused.

The pharmacy had a practice leaflet displayed. This included information how people could make comments with feedback or raise complaints. There was also a notice displayed at the counter which explained the complaints process. The pharmacy gathered feedback through the annual patient

satisfaction survey and had received positive comments in the last review. There was a procedure to record and report dispensing errors and the team followed this procedure. The recent SOP had added that the team could refer people to the Citizens Advice organisation for further assistance. The pharmacy had current indemnity insurance with the National Pharmaceutical Association (NPA) with an expiry date of April 2020.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records on the computer. The pharmacy kept the CD registers as required. The team ensured that they completed the headings and they kept running balances. The register indicated regular and recent balance checks had been undertaken. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. They kept any patient returned medicines in taper evident bags. And did not allow a build-up in the CD cabinet.

The pharmacy kept records for private prescriptions electronically. It received several private prescriptions, daily from a local young offenders' institution. Sometimes the institution would fax prescriptions before. So, the pharmacy could get stock and prepare if required. Someone from the institution brought the prescriptions down each day to the pharmacy. The pharmacy kept special records for unlicensed products with the certificates of conformity completed.

The pharmacy displayed information on how they safeguarded personal information kept in the pharmacy. They had a leaflet which explained the information recorded, what information the pharmacy may share, people's rights and the right to view their own records. The team had read General Data Protection Regulation (GDPR) information. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. Patient sensitive information kept securely. The team had notices explaining their chaperone and privacy policies.

The pharmacy team shredded confidential waste and had two shredders available for use. The pharmacy had a SOP for Safeguarding. And the team knew how to access contact numbers for local safeguarding agencies. The pharmacist and technician had undertaken level 2 CPPE training. And the some of the team members had completed Dementia friends training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has good systems in place to make sure it has enough staff with the right skills to provide its services. The team members understand their roles and responsibilities in providing services. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work. And they feel comfortable raising any concerns they have.

### Inspector's evidence

There was one pharmacist, one technician, two dispensers and an apprentice dispenser working in the pharmacy. In addition, there were two medicines counter assistants (MCA) who worked 34 hours and 24 hours weekly. And another dispenser who worked 18 hours a week. The apprentice worked 30 hours a week. The technician worked part time and was undertaking the accuracy checking technician course. One of the dispensers, who worked 40 hours a week, was doing the technicians course. The other worked 24 hours a week. There were two delivery drivers who shared the weeks work between them. Most of the team were relatively new to the pharmacy, having been present for between one to two years. Only one member had been working at this pharmacy for about eight years. The pharmacist manager had started last November. The team worked well together and assisted each other in tasks.

Certificates and qualifications were available for the team. The apprentice training was through a programme 'Skills for health'. She completed modules on the computer. And had meetings online with other apprentices. The pharmacist and the team members supported her. And she asked questions when unclear. The dispenser was undertaking smoking cessation training to provide the service again.

The team members had regular training through the company, Day Lewis Academy. They received training modules every month. Some were mandatory such as Health and Safety, General Data Protection Regulation. Recent ones completed training records included oral children's health and on summer products. The computer system had lists of training modules and team members chooses any additional ones they wanted to do. The pharmacy provided time for team members to undertaken training during the working day. And some members also undertook some training at home. The team received performance reviews twice a year. This gave them the chance to receive feedback and discuss development needs. The pharmacy gave the required training and put staff on course if they required.

The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist or the area manager. There was a whistleblowing policy and telephone numbers were available of head office members, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The pharmacy team had targets for services thought the company scheme 'Five to Drive'. They felt these were realistic and some of these were achievable. They were not pressurised to obtain targets. And targets did not compromise services to patients.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are of a suitable size for the services it provides. The pharmacy is clean and well maintained. And people can have private conversations with the team in the consultation room.

### Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines waiting collection. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean and a cleaning rota was available to ensure this was maintained. Floor spaces were generally kept clear to reduce the risk of trip hazards. The room temperature was comfortable, with air conditioning, and the pharmacy was well lit.

The pharmacy had a good sized, signposted, sound proofed consultation room. The team offered this for use for discussions. There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. The pharmacy team kept the consultation room locked when not in use.

The counter was clearly observed from the dispensary and the staff were aware of customers in the premises. And members of the public could not access the dispensary.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible to people. And it provides its services safely and effectively. It stores, sources and manages its medicines safely. And it delivers medicines to peoples' homes. The pharmacy team takes steps to identify people taking some high-risk medicines. And they provide people with advice. They dispense medicines into devices to help people remember to take them correctly. The pharmacy gets its medicines from reputable suppliers. It adheres to storage requirements during the dispensing process. It takes the right action if it receives any alerts that a medicine is no longer safe to use. And takes the correct action to return it to the supplier.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible. There was a pad on the window 'For help touch here'. People used this if they required assistance as there was a small step at the front. The team assisted when they heard the buzzer. They advised wheelchair users could access the premises. There was some customer seating which people used. The pharmacist occasionally sat beside someone at the seating area to speak to them. People seemed to appreciate this.

The pharmacy displayed its services in the window and within the pharmacy. The hours of opening were on the door.

And a practice leaflet was available for selection. The pharmacy had a range of range of leaflets and posters. The pharmacy had a defined professional area. And items for sale were mostly healthcare related. Pharmacy only medicines could not be reached by customers.

The pharmacy currently received very few electronic prescriptions due the local doctors having not adopted the electronic system yet. The pharmacist had built up a good working relationship with the surgery. And they were planning some shadowing sessions to aid the transfer to electronic prescriptions. The pharmacist advised that if they understood the surgery issues and vice versa, it would help the system work for people receiving the prescriptions.

The pharmacist undertook Medicine Use Reviews (MUR), with benefits to patients including general compliance and understanding. The pharmacist had referred a patient to the surgery as they had been receiving methotrexate but no folic acid. The pharmacist carried out a lot of New Medicines service (NMS) with several patients changed to amlodipine. The pharmacist followed up with phone calls and people also returned for reviews, particularly to ensure they were using their inhalers correctly. The pharmacy had provided several flu vaccinations with most people attending and getting the service without an appointment. The pharmacist advised they had worked well with the surgery with the supply disruptions last year.

The pharmacy provided a minor ailments service and kept a list of the conditions and treatments to remind the team. The list included hay fever and rhinitis for children under 18. And the team undertook blood pressure checks when requested. The team signposted to other healthcare services such as Emergency Hormonal Contraception (EHC) as this was not available through the Patient Group Directive (PGD) as the courses kept being cancelled, so the pharmacist could not complete the required face to face training. People could buy the medication, or the team referred them to the surgery.

The pharmacy supplied medicines to around 94 people in multi-compartmental compliance packs to them take their medicines. About half of the people collected their packs, with the others being deliveries. The technician and dispenser prepared the packs, with the technician managing the process. The technician advised she would probably check packs once she completed the accuracy checking qualification. But the process for preparing reviewed, as she could not dispense. They prepared four weeks at a time and kept record sheets with trackers to monitor the progress. The team ticked off the stages on the tracker, such as to order, next due, ordered and prescription received. This ensured the pharmacy received prescriptions in time and the process managed. This ensured people got their items as required. The team put descriptions on all the pack. And supplied patient information leaflets (PILs) with each four-week cycle. The team added notes to the patients records which included the date of any changes and who had authorised the change. The surgery provided faxes with changes or emails, so the pharmacy maintained an audit trail. And it received prescriptions as required.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked, at found compliance with this process. The team used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so the contents could be checked again, at the point of hand-out. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included warfarin, cytotoxic and 'speak to pharmacist' which ensured patients received additional counselling. The team members also attached NMS forms to prescriptions with new items to encourage reviews for people. They used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid.

When the pharmacy could not provide the product or quantity prescribed, full patients received an owing slip. And the pharmacy kept one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy had a good relationship with the doctors and they liaised with the doctors to obtain prescriptions to ensure people received appropriate alternatives if necessary. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And had carried out two audits. They had no patients in the at-risk group. The team had highlighted the shelf section with a warning. And they had the packs with the information leaflets and cards which they provided as required.

The pharmacy provided a repeat prescription collection service. Patients ordered their own medicines for this service. Some patients received the repeat dispensing service with batches of prescriptions kept in the pharmacy. People phoned the pharmacy, giving 24 hours' notice, to ask for their next supply. And the pharmacy made this up ready for collection. The pharmacy checked at hand out that the patients still required the items, and nothing had changed. They recorded on a tracker form that this had been done. The pharmacy kept the prescriptions in a locked cabinet. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery. The driver used a separate delivery sheet for controlled drugs.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had two refrigerators from a recognised supplier. One was full, with several insulin which the team liked to keep separate. And the other was quite full. And some of the boxes were hitting the back unit of the fridge and had become damaged. The storage was limited, and the team advised this would be reviewed, with consideration for another fridge. The team members recorded temperature readings daily and they checked these to ensure the refrigerators



remained within the required temperature range.

The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members marked short-dated items and they took these off the shelf prior to the expiry date. The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use.

The pharmacy used recognised wholesalers such as AAH, Alliance and their own warehouse. They used Eaststone for specials. The pharmacy had a Wholesale dealers' licence and supplied some items to their head Office on an occasional basis. The pharmacy had scanners installed for the Falsified Medicines Directive (FMD) and the team were waiting for further instructions from their head office regarding implementation. They were aware that the head office was working with the computer company to ensure they had the most suitable process for their pharmacies.

The team used appropriate medicinal waste bins for patient returned medication. These were uplifted regularly. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. They received these through bulletins and emails. The team actioned these and entered the actions on to the system.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services and protect people's private information.

### Inspector's evidence

The pharmacy team members had access to a range of up to date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs).

The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It also had a range of equipment for counting loose tablets and capsules. And a separate counting triangle for cytotoxic medication. The team members cleaned triangles after use. The equipment such as the blood pressure machine appeared in good working order and the team checked this as required. The pharmacy replaced the blood pressure monitor when required.

The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The team filed these in boxes in a retrieval system out of view, keeping details private. The computer in the consultation room was screen locked when not in use. And the computer screens in the dispensary were out of view of the public. The team used the NHS smart card system to access to people's records. One team member was waiting for her own smart card. The team used cordless phones for private conversations.

### 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.                                                                                                                                        |