

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, Glenside Rise, Plympton,  
PLYMOUTH, Devon, PL7 4DR

**Pharmacy reference:** 1030833

**Type of pharmacy:** Community

**Date of inspection:** 08/04/2019

## Pharmacy context

The pharmacy is inside a GP practice in a residential area on the outskirts of a large city. It is open from 9am to 6pm from Monday to Friday. The pharmacy dispenses NHS and private prescriptions. The pharmacy delivers medicines to people. It also supplies multi compartment medicines devices for people to use in their own homes. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also offers flu vaccinations, a minor ailments scheme and drug user services.

## 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 generally identifies and manages risk appropriately. Team members usually record their errors and learn from them to stop them from happening again. The pharmacy has written procedures in place for the work it does. But not all staff have signed these to confirm that they understand and are following them. The pharmacy asks people for their views and acts suitably on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy generally keeps the records required by law. But it sometimes omits information. This may mean that in future the pharmacy could find it difficult to show exactly what happened. 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 manage and reduce risk. Near misses were recorded on a paper log, although reporting had been sporadic in previous months. Records contained details of the error and a brief reflection as to the cause. Following near miss incidents, the pharmacy team had taken steps to reduce selection errors, such as storing medicines that had been subject to a near miss in separate labelled tubs. These medicines included prednisolone, rivaroxaban and olanzapine. Shelf edge 'select with care' warning labels were also seen at the locations of 'look-alike, sound-alike' medicines, such as amlodipine and amitriptyline. Dispensing incidents were reported on the company intranet system and contained a more detailed analysis of the cause.

The responsible pharmacist (RP) said that near misses and dispensing incidents were reviewed monthly and discussed with the team in a patient safety meeting. But he was unable to locate any reviews and subsequently said that none had been completed since 2018. Staff were also unaware of the location of the patient safety reports but said they did discuss errors frequently.

SOPs were held in paper format. They had been reviewed in the last two years, but not all had been read by all staff. For instance, the SOP relating to the RP activities had only been signed by three dispensers, two of whom were working on the day of the inspection. The third who was working had not signed it, nor had the RP. A dispenser could describe the activities that could not be undertaken in the absence of the RP. It appeared that the RP had not signed any of the SOPs.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. Feedback that people did not always receive advice on a healthy lifestyle had been addressed by the implementation of a healthy living notice board where information was displayed about NHS and locally provided services. A complaints procedure was available. The RP had discussed complaints received by the pharmacy with the GP practice manager when it seemed the surgery had told people their prescription would be ready to collect before the pharmacy had had sufficient time to dispense it.

The pharmacy had appropriate indemnity insurance for the activities carried out. RP records were appropriately maintained and the correct RP certificate was conspicuously displayed. Records of emergency supplies and private prescriptions were held on the patient medication record system (PMR), Proscript Connect, and were in order. Records of specials were kept and but did not contain the

details of what had been supplied, when and to whom.

Controlled drug (CD) records were maintained as required by law. Balance checks were usually completed every two weeks, but had not been completed in the previous four weeks. 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 GDPR. Patient data and confidential waste was dealt with in a secure manner to protect privacy. Confidential information on prescriptions awaiting collection could not be seen by waiting customers. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated and disposed of appropriately. NHS smartcard use was appropriate. Verbal consent was obtained from patients prior to accessing their summary care record and records were made on PMRs.

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 escalating concerns were available. Staff were aware of the signs that would require a referral. During the inspection, the RP was seen to ensure a person with Alzheimer's disease would receive his medication in a blister pack going forward, and suggested weekly delivery so that he could monitor him closely.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff. Team members are appropriately trained for their roles and they keep their skills and knowledge up to date. Team members suggest and makes changes to improve their services. They communicate well and support each other.

### Inspector's evidence

The staffing arrangements on the day of the inspection included the RP and three NVQ2 trained dispensers. The RP reported that the pharmacy was short by one full time staff member. The pharmacy was busy with people collecting prescriptions and the phone rang frequently. Despite working under pressure, the team appeared to be coping with the workload and people were served quickly. Prescriptions were seen to be dispensed promptly and the waiting times were appropriate. The RP felt that non-essential tasks such as date checking and admin tasks were not always completed on time due to the staff shortages. He was unclear what the recruitment strategy was for ensuring the vacancy was filled. One of the dispensers was also due to start maternity leave shortly and at the time of the inspection there was no one to fill her position.

Team members worked set hours each week and rotas were completed one month in advance. Both planned and unplanned absences were covered by staff working additional hours or rearranging shifts. In an emergency, staff from other branches of the chain provided support.

Pharmacy staff received training time during working hours as needed. Training included reading updated SOPs or completing required packs from CPPE. A dispenser said that when she had been completing her NVQ2 dispensers course she was given eight to 10 hours a week to learn. But the RP said that since a staff member had recently left, there was not much time to complete training.

The staff felt empowered to raise concerns and give feedback to the RP, who they found to be receptive to ideas and suggestions. They were aware of the internal escalation process for concerns and a whistleblowing policy was available. A dispenser gave an example of when she had raised a concern about a locum pharmacist, which had been acted on promptly.

The RP had a six-monthly appraisal and the remaining staff had them yearly. They received ad hoc feedback. The RP spoke regularly to his manager and to pharmacists working in other branches.

The RP said that the targets set were challenging but manageable and that he was supported to meet them. He said that all services provided were clinically appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is small but it generally provides a safe, secure and professional environment for people to receive healthcare. But the door of the consultation room is open when not in use. So people could go in without team members knowing.

### Inspector's evidence

The pharmacy was located within a GP practice in a residential area. A small healthcare counter led to the dispensary, which had a separate area dedicated for the preparation of blister packs. The dispensary was very small and cluttered with totes of stock. Staff found it difficult to move around, particularly when the delivery of medicines from the supplier arrived. But the dispensing bench in the middle of the dispensary was kept clear of clutter and stock to reduce the risk of errors.

A consultation room was available which was of an appropriate size. It was soundproofed but could not be locked. A sheet of paper containing patient information was left on the desk during the consultation. Four adrenaline pens, a prescription only medicine, were stored in the sink.

Stock was stored on shelves in the dispensary, and was well organised. The dispensary sink was clean and hand soap was available. Cleaning was undertaken by pharmacy staff 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. It supplies medicines safely. The pharmacy gives additional advice to people receiving high-risk medicines. But it does not make a record of this to show that this advice has been given. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and regularly checks that they are still suitable for supply. The pharmacy delivers prescription medicines safely to people's homes. It keeps records to show that it has delivered the right things to the right people. The pharmacy deals with medicines that people return to it appropriately.

### Inspector's evidence

The pharmacy and consultation room were wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels or using pen and paper for those with hearing impairments. Services provided by the pharmacy were advertised on the outside of the pharmacy and the RP was accredited to provide all promoted services.

A range of health-related posters and leaflets were displayed, and advertised details of services offered both in store and locally. A dispenser 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.

Baskets 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 compliance packs. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedule 2 and 3 including tramadol. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. The RP described that he checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Records of results were not made on the patient medication record (PMR).

The RP had completed an audit of patients who may become pregnant receiving sodium valproate as part of the Valproate Pregnancy Prevention Programme. No patients had been identified who met the eligibility criteria for the pregnancy prevention programme. Stickers were available for staff to apply to the boxes of valproate products for any potential women in the at risk group, and information cards present to be given to eligible patients at each dispensing.

The patient group direction (PGD) for the recent flu vaccination service was seen and had been signed by the RP. The PGDs for the minor ailments scheme were out of date. The RP printed off the updated PGDs during the inspection.

Compliance packs for approximately 40 patients based in the community were prepared by the pharmacy. Each pack had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets (PILs) were not always

supplied at each dispensing. The dispenser said that PILs were given every few months. 'When required' medicines were dispensed in boxes and the dispenser 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 checking process. 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 AHH. Specials were obtained from Eaststone. Invoices were seen to this effect. The pharmacy had the required software to be compliant with the European Falsified Medicines Directive (FMD), although the system was not fully implemented. SOPs had not been updated to reflect the requirement to scan products.

The dispensary shelves used to store stock were generally organised and tidy. The stock was arranged alphabetically. Date checking was usually undertaken each week and the entire dispensary was checked every three months. A tracking sheet was completed detailing stock that was due to expire in the coming months. A dispenser said that the team were a few weeks behind with date-checking due to the staff shortages described in principle 2. Spot checks revealed no date expired stock or mixed batches.

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 of two to eight degrees Celsius.

CDs were stored in accordance with legal requirements. 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 delivery service provided to patients based in the community was safe and effective and logs were kept of deliveries made with appropriate signatures. Confidentiality was maintained when obtaining signatures. Additional records were kept for the delivery of CDs. The RP 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.

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

Records of recalls and alerts were seen and were annotated with the outcome, the date and who had actioned it.



## 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.

### 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.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible and were in date. The dispensary sink was clean and in good working order.

Dispensed prescriptions were stored alphabetically on shelves, out of sight of customers. Computers were positioned so that no information could be seen by customers, and phone calls were taken away from public areas.

### 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.