

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 1 Andree House, 6 Grange Road, BILLERICAY, Essex, CM11 2RB

Pharmacy reference: 1030972

Type of pharmacy: Community

Date of inspection: 05/02/2020

Pharmacy context

The pharmacy is located on a small parade of shops in a residential area. As well as dispensing NHS prescriptions the pharmacy supplies medicines in multi-compartment compliance packs to some people who need help managing their medicines. It also provides Medicines Use Reviews (MURs), the New Medicine Service (NMS) and provides a smoking cessation service. A GP practice is situated next door to the pharmacy. The pharmacy also provides people with warfarin under a patient group direction.

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	1.2	Good practice	The pharmacy proactively reviews dispensing incidents and continuously learns from them.
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 manages the risks associated with its services. The pharmacy asks its customers for their views. It largely keeps the records it needs to so that medicines are supplied safely and legally. Team members protect people's private information. And they know how to safeguard vulnerable people. When things go wrong, the pharmacy team responds well.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were up-to-date and were reviewed by head office. SOPs had been read and signed by team members. Team roles were listed on individual SOPs.

When a near miss was identified it was handed back to the dispenser who then rectified the mistake and made an entry in the near miss log. These were then entered onto the PharmOutcomes system. At the end of each month near misses were reviewed. As a result of past reviews amlodipine and amitriptyline had been separated on the shelves as had ramipril tablets and capsules. The shelf-edges for some medicines had been annotated with a label prompting people to 'take care'. All team members had also completed training on 'look-alike sound-alike' medicines.

Dispensing incidents were logged onto an electronic system which automatically sent a copy of the report to head office. Dispensing incidents were dealt with by the pharmacist and discussed with the team. These were also discussed as part of the monthly meeting. Day Lewis bulletins also shared learning from incidents which may have occurred in other branches and these were also discussed at the meeting. As a result of a past incident pregabalin and gabapentin had been separated on the shelves.

The correct RP notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaint procedure and also completed an annual patient satisfaction survey. Team members were not aware of any recent feedback or complaints which had required action.

Records for unlicensed medicines supplied were well maintained. Private prescription records did not always have the correct prescriber details recorded and emergency supply records did not always have the nature of the emergency recorded. RP records were largely well maintained but some pharmacists were not signing out. Controlled drug (CD) registers were electronic and were well maintained. CD running balance checks were carried out regularly. A random physical check of a CD medicine complied with the balance recorded in the register. A CD returns register was available.

Assembled prescriptions were stored in the dispensary. There was an information governance policy, and colleagues had read and signed a confidentiality agreement. Pharmacists had access to Summary Care Records and gained consent from people verbally to access these. Team members who needed to access systems had smartcards. Team members had completed training on the General Data Protection Regulation and completed a workbook on this.

The RP, other pharmacists and the technician had completed the level two safeguarding training and other team members had completed level one training. A safeguarding SOP was in place as well as a

folder which contained information on contact details for the local safeguarding boards. Team members said that they would speak to the RP if they had any concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for its services. And they undertake the right training for the jobs that they do. They work closely together and share information with each other to ensure services are provided safely. They undertake some ongoing training to help keep their knowledge and skills up to date.

Inspector's evidence

On the day of the inspection the pharmacy team comprised of two trained dispensers, a pharmacy technician, and the RP (who was a locum pharmacist). The technician had recently started working at the pharmacy in place of a team member the pharmacy had lost. Team members felt that there were adequate staff and a rota was in place with team members allocated different tasks each day such as dispensing, covering the counter or preparing multi-compartment compliance packs.

Staff performance was managed by the pharmacy manager. Team members were also provided with feedback. Team members described having a good working relationship and felt able to provide the pharmacy manager with feedback and any concerns. There was a whistleblowing policy in the pharmacy; team members had access to a confidential phone number to report any incidents or concerns. The company encouraged colleagues to provide feedback.

The dispenser counselled patients on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She counselled people on the types of painkillers to use when people were suffering with chicken pox so that they could also pass the message on to friends and family.

Training was completed on an online portal 'Day Lewis Academy'; team members were awarded points for each module completed. They received framed certificates when they reached bronze, silver and gold levels, as well as a gift voucher when reaching gold. Team members also looked through different literature and magazines such as 'Training Matters.' They were sent leaflets when there was a promotion change to give them more information about the medicines. Team members described trying to find time to do the training in store otherwise they completed it at home. When the team was fully staffed, they were usually able to complete training in store and had done so for the 'oral health' training module. The consultation room was used for training, occasionally if the room was required the team member would be asked to move. The technician also completed Centre for Pharmacy Postgraduate Education (CPPE) modules as used these as part of her revalidation entries. Recently she had completed training on sepsis and 'look-alike sound-alike' (LASA) medicines.

Information was received from head office via emails and information was also sent to the store in delivery containers. The regional manager also visited the store regularly and the team received a bulletin monthly.

Targets were set for MUR and NMS; team members described that there was some pressure to achieve these targets, teams were sent emails and a dashboard showed where the store was. However, the team did not feel undue pressure to achieve the targets. The locum pharmacist had only started locuming for Day Lewis two weeks prior to the inspection; he had not been made aware of any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services and are clean. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was clean and tidy throughout. There were a number of chairs situated away from the counter for people to use while they were waiting for their medication. Workbenches were allocated for certain tasks. Multi-compartment compliance packs were prepared on a middle island. Medicines were arranged on shelves in a tidy and organised manner and a sink was available for the preparation of medication. Cleaning was done by the team with a rota in place.

The consultation room was generally clean and tidy. Patient privacy and dignity was protected; the consultation room walls were made from frosted glass and low-level conversations could not be overheard. The computer in the room was displaying people's private information, this was turned off during the inspection and team members said that the system had been set up to log out after a few minutes inactivity. They were unaware why it hadn't done so and gave an assurance that they would ask a colleague to look into it.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of healthcare. Air conditioning was available to regulate the temperature.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely delivers its services in a safe and effective manner. It obtains its medicines from reputable sources. And it largely manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts to make sure that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

The pharmacy was easily accessible, there was a step at the entrance and a portable ramp was available. There was easy access to the medicines counter. Team members would provide assistance where required. The pharmacy had the ability to produce large print dispensing labels. There were a variety of patient information leaflets available in the shop and consultation room. Services and opening times were clearly advertised.

Team members felt that the smoking cessation service had the most impact on the local population. A number of people enrolled on the service and the dispenser who provided the service had a number of successful results.

The pharmacy supplied warfarin under a patient group direction (PGD). This was available to people living locally. The service was provided by the regular pharmacy manager who was away at the time of the inspection.

The pharmacy had an established workflow in place. One of the local surgeries issued prescriptions in six-month batches. As soon as prescriptions were received, they were labelled and medicines were ordered; this ensured that stock was available should someone present to collect their prescription before. Dispensers usually dispensed and the RP checked. It was rare that the RP had to self-check. Dispensed and checked by boxes on labels were also initialled by members of the team. The pharmacy team used colour-coded baskets to ensure that people's prescriptions were separated and to help manage the workflow.

Prescriptions for sodium valproate were brought to the pharmacist's attention. The RP was aware of the change in guidance for dispensing sodium valproate and the Pregnancy Prevention Programme. Team members were aware of the need to use the warning stickers for valproate when it was not dispensed in its original pack. Yellow books were checked at the point of dispensing warfarin and a record was made on the electronic record.

The list of people enrolled on the service to have their medicines supplied in multi-compartment compliance packs was divided into four weeks. Each week was colour coded. The team worked a few days ahead of schedule and packs which were due to be delivered or collected the following day were prepared the day before. Prescriptions were requested a week in advance and an individual record was in place for each person. Team members were observed to check with the surgery when new medicines were identified this information was then annotated onto the individuals record.

The team were informed when people were admitted into hospital admission and would hold back on preparing the packs. On some occasions the team received discharge information or received a call from the hospital notifying them of any change. Packs were prepared by one of the dispensers (each dispenser was allocated days when they were responsible for the service). Prepared packs were

checked by the pharmacist and sealed.

Team members described that most people who were supplied their medication in the multi-compartment compliance packs were not suitable to have their medicines supplied in any other way. For new people wanting to enrol on the service the team tried to get the family involved and discussed if they could prepare their own trays.

Assembled packs observed were labelled with product descriptions, mandatory warnings and there was also an audit trail in place to show who had prepared and checked the pack. Patient information leaflets were handed out monthly.

Medicines were obtained from licensed wholesalers and stored appropriately. This included medicines requiring special consideration such as CDs and those requiring cold storage. Fridge temperatures were monitored and recorded daily for the main medical fridge in the dispensary and these were observed to be within range. A spare fridge at the back was used to store a small number of insulins and flu vaccinations. The temperature of this fridge was not monitored and the door was not closing properly. This means that team members are less able to show that the medicines inside have been kept at the right temperatures and are still safe to use. Team members moved the stock that they could into the main fridge and planned to raise this with the regional manager following the inspection. The main fridge was filled to its maximum capacity.

Date checking was completed every three months with the pharmacy divided into zones. Short-dated stock was marked with stickers. No date-expired medicines were observed on the shelves checked. A date-checking matrix was in place. Out-of-date and other waste medicines were segregated at the back of the pharmacy away from stock and then collected by licensed waste collectors.

The pharmacy had the equipment and software in place for the Falsified Medicines Directive (FMD). But they had not yet started using this. Team members were unsure as to when they were due to 'go live' with the system.

Drug recalls were received on the intranet. These could be accessed by all team members. Details of actioned alerts were placed in the folder, in some cases the team needed to confirm action taken with head office. The last actioned recall was for levothyroxine solution.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use up-to-date reference sources when they provide the pharmacy's services.

Inspector's evidence

The pharmacy had a range of clean glass calibrated measures available. Tablet counting trays were available. Separate measures were marked for methadone use only and a separate counter was used for cytotoxic medication to avoid contamination. Up-to-date reference sources were available including access to the internet.

A blood pressure monitor was available and used as part of the services offered, this was regularly replaced. The carbon monoxide monitor was calibrated by an outside agency.

The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Confidential paperwork/dispensing labels were collected in segregated waste bags and then sent for destruction.

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.