

Registered pharmacy inspection report

Pharmacy Name: David Lewis Pharmacy, 16 Porters Avenue,
DAGENHAM, Essex, RM8 2AQ

Pharmacy reference: 1031151

Type of pharmacy: Community

Date of inspection: 12/08/2021

Pharmacy context

This pharmacy is situated in a parade of shops on a busy main road. It mainly dispenses NHS prescriptions. And supplies some medicines in multi-compartment compliance packs to people who need help managing their medicines. The inspection was undertaken during the Covid-19 pandemic.

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's working practices are generally safe and effective. People who use the pharmacy can give feedback on its services. The pharmacy keeps the records it needs to by law so that medicines are supplied safely and legally. And the pharmacy team knows how to help protect the welfare of vulnerable people. Team members generally respond appropriately when mistakes happen during the dispensing process. But they don't consistently record near misses. So, this may mean that they are missing out on opportunities to learn and make the pharmacy's services safer.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. These were due to be reviewed in 2020 but this had been delayed because of the pandemic. The responsible pharmacist (RP) explained that the pharmacy's head office team was in the process of reviewing the SOPs. Team members had read the SOPs. The team had been routinely ensuring infection control measures were in place and cleaned the pharmacy regularly through the day. Team members had been provided with personal protective equipment (PPE). The superintendent pharmacist (SI) who was also the RP explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff.

The pharmacy did not consistently record dispensing mistakes which were identified before the medicine was handed out (near misses) but those where the medicine was handed to a person (dispensing errors) were recorded. Previously near misses had been recorded on a log, but no records had been made for some time. The RP said that team meetings were usually held on a monthly basis, although due to the pandemic this had been missed for some months. During the meeting the team discussed near misses that had occurred including what must have happened and how this could be avoided in future. As a result of past discussions labels had been attached to shelf-edges for medicines which sounded similar, some generic medicines were stored alongside the branded medicines and team members were asked to check when labelling using historical records. The pharmacy technician was in the process of completing the accuracy checking course and explained that one of her objectives from the course was to ensure near misses were consistently recorded and reviewed. She gave an assurance that this was due to be implemented soon as the volume of business was returning to normal. Dispensing errors were investigated and a record was made. Where someone had taken the incorrect medication the RP also contacted the person's GP. As a result of an incident where the incorrect strength of medicine was dispensed as an emergency supply all team members had been asked to ensure the person's medical history was reviewed at the point of labelling.

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 complaints procedure. Following a complaint made to the GPhC a few years prior to the inspection the pharmacy had changed the way in which repeat prescription requests were chased up.

Records for private prescriptions, emergency supplies, controlled drug (CD) registers, unlicensed medicines dispensed and RP records were well maintained. CDs that people had returned were

recorded in a register as they were received. CD balance checks were carried out regularly.

Assembled prescriptions were stored behind the counter and people's private information was not visible to others using the pharmacy. An information governance policy was available and all team members had read and signed a confidentiality agreement. Relevant team members who accessed NHS systems had smartcards. The RP had access to Summary Care Records (SCR) and consent to access these was gained verbally. Team members had completed General Data Protection Regulation (GDPR) training.

Pharmacists had completed level two safeguarding training and team members had also completed level one training. Contact details for safeguarding boards were available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services provided, and they do the right training for their roles. They work effectively together and are supportive of one another. The pharmacy supports its team members with ongoing training. This helps them keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP, three pharmacy technicians and a trained medicines counter assistant. One of the technicians was completing the accuracy checking course. The RP said that there were an adequate number of team members when everyone was in, however, when people had to isolate this caused some stress. The team at head office tried to help cover staff absences by moving team members from other branches to provide additional support when needed.

Team members had an annual performance review with someone from the head office team prior to which staff were provided with a self-appraisal form. The RP provided team members with verbal feedback and support. There was an opportunity for team members to progress in their roles.

The trainee MCA counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. She was aware of the maximum quantities of certain medicines which could be sold over the counter.

Team members completing formal accredited training were well supported by the pharmacists. Most trainees completed their course material at home as well as being given some time at work. Team members spoke to the RP if they were unclear and needed help. The RP then arranged for them to have some time to complete the section of the course.

Prior to the pandemic team members were supported with their ongoing training and were given weekly training tasks to complete. This included Centre for Pharmacy Postgraduate Education (CPPE) training packs, reading material and quizzes. One of the technicians also completed independent training. The RP described how the head office team were looking into ongoing training. Team members were provided with training from pharmacy magazines and head office held training sessions. Training sessions were being split to ensure that team members working different shifts were able to attend. Team members who completed service specific training such as for smoking cessation and sexual health trained their colleagues.

Prior to the pandemic the team held monthly meetings. The RP had spoken to head office about restarting these meetings on a bi-weekly basis to ensure team members working different shifts could attend. Meetings had been held during the pandemic to discuss issues which were occurring at the time including with deliveries. Due to feedback from pharmacy team's, head office had started putting driver schedules online to help deal with queries more efficiently. Team members including the RP felt able to give feedback and make suggestions. There were no targets set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was in the main clean, workbench space was limited and prescriptions waiting to be checked were lined up along the bench, baskets were not being used. The RP described that following the last inspection baskets had been purchased and were usually used but a large volume of prescriptions had been received on the day of the inspection. Some dispensed compliance packs waiting to be checked were lined up in baskets on the dispensary floor. A dedicated room at the back of the dispensary was used to prepare and store multi-compartment compliance packs. Stock was organised in a tidy manner on the shelves in the dispensary. The pharmacy served people from behind a screen. Cleaning was done by the team with a rota in place. A sink was available for the preparation of medication. Due to the pandemic only two people were allowed into the pharmacy at any time. However, the RP described how this was being relaxed as restrictions were lifted. A consultation room was available which was accessible from the shop floor.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. It obtains its medicines from reputable sources, and generally manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so 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 accessed via a wide door at street level. There was a wide aisle with easy access to the medicines counter. Services were appropriately advertised. Team members knew what services were available and described signposting people to other providers where needed. The pharmacy team was multilingual and spoke the range of languages spoken locally. A delivery service was offered to those people who were unable to access the pharmacy. Due to the pandemic the pharmacy's delivery volumes had increased.

The pharmacy had an established workflow in place. Prescriptions were mainly received electronically, dispensed by one of the dispensers and checked by the RP. The RP said that it was rare that he had to self-check. On some occasions where he had to self-check, he described taking a mental break. Dispensed and checked-by boxes were available on labels and these were routinely used by the team. Baskets were available, but the pharmacy did not always use baskets to separate prescriptions. Instead prescriptions awaiting checks were lined up on the counter. The benefits of using baskets to prevent transfer of items between people's prescriptions was discussed. The RP gave an assurance that he would start using the baskets.

The RP was aware of the change in guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme. People identified to be in the at-risk group had been counselled. The RP was also aware of the need to use the warning labels if the medication was not dispensed in its original pack. However, the pharmacy team tried to ensure that sodium valproate was always dispensed in its original pack.

When dispensing prescriptions for warfarin the yellow book was always checked but a record was not always made. On occasions where the prescription was requesting the prescription on someone's behalf the INR was checked and recorded for the surgery. Similar checks for blood test results were carried out when dispensing methotrexate and lithium.

The pharmacy team had picked up that there had been an increase in people requesting to purchase promethazine over the counter recently. The pharmacy did not sell promethazine. Team members described that anyone requesting to purchase promethazine and codeine linctus was a red flag.

Multi-compartment compliance packs were prepared in a designated area. Prescriptions were ordered a week in advance. Trackers were used to monitor when prescriptions were ordered, received and when packs were prepared. When prescriptions were received these were checked against the electronic record and individual record sheets which had a list of medicines people were taking. Any changes were queried with the prescribers and a note was made on the 'counselling section' of the person's electronic record. This included information on who the team member had spoken to as well

as the date and time. Record sheets were also updated. Medicines were picked using the prescription and packs were prepared by the dispenser and sealed after which they were checked by the RP. Assembled multi-compartment compliance packs seen were labelled with product details and mandatory warnings. Information leaflets supplied monthly. Discharge summaries were received from the local hospital and these were kept with the record sheets. The team member responsible for the service described that each month before requesting a new prescription he called up people to check if they needed any of their acute medicines to avoid wastage.

The pharmacy provided a delivery service and during the pandemic the number of people who the pharmacy delivered medicines to had increased. Delivery drivers were shared across the group's branches. Signatures were no longer obtained when medicines were delivered and this was to help infection control. In the event that someone was not available medicines were returned to the pharmacy. On rare occasions medicines were posted through people's letterboxes. The RP spoke to the person before agreeing to post medicines.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded. Team members were able to describe the steps they would take in the event that the temperature fell outside of the required range. CDs were generally held securely.

Expiry date checks were carried out on a rotating basis with team members allocated sections of the dispensary. Short-dated stock was recorded and removed each month. A date-checking matrix was available. No date expired medicines were found on the shelves checked. Out-of-date and other waste medicines were kept separate from stock and then collected by licensed waste collectors. Drug recalls were received via email and printed out and files after they had been actioned. Information on recalls was also shared on the team's electronic group chat.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had calibrated glass measures, and tablet counting equipment. Equipment was clean and ready for use. A separate tablet counting triangle was used for cytotoxic medicines and separate measures were used for liquid CDs to avoid cross-contamination. A medical fridge of adequate size and two legally compliant CD cabinets were available. Up-to-date reference sources were available including access to the internet. A health monitor was available on the shop floor which took blood pressure readings. This was calibrated by the manufacturer annually.

The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Confidential paperwork and dispensing labels were shredded.

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.