

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 6 Claybury Broadway,
ILFORD, Essex, IG5 0LQ

Pharmacy reference: 1031264

Type of pharmacy: Community

Date of inspection: 05/12/2019

Pharmacy context

The pharmacy is located within a shopping parade in a residential area. A surgery is also located nearby. People who use the pharmacy are mainly from the local area. The pharmacy supplies medicines in multi-compartment compliance packs to people who need help managing their medicines. It provides Medicines Use Reviews, the New Medicine Service and provides flu vaccinations.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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.
		1.8	Good practice	Team members have completed safeguarding training and are able to make referrals when they have concerns.
2. Staff	Good practice	2.2	Good practice	Team members get time set aside for ongoing training and the pharmacy monitors their training.
		2.4	Good practice	Team members are regularly provided with feedback There is a culture of learning, continuous improvement and personal development.
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's working practices are safe and effective. The pharmacy asks its customers for their views. It keeps the records it needs to so that medicines are supplied safely and legally. Team members know how to safeguard vulnerable people. They are good at recording and learning from any mistakes. This helps them make the pharmacy's services safer.

Inspector's evidence

Standard Operating Procedures (SOPs) were up to date. These were reviewed by head office. Team members had read and signed SOPs relevant to their roles; however, there was no evidence to show that the delivery driver or medicines counter assistant (MCA) had read the SOPs. Team roles were defined within the SOPs.

Near misses were discussed with the team member responsible for the mistake and with the wider team. These were then reported on PharmOutcomes. A copy of this was sent to head office who reviewed trends and patterns from all branches and issued a safety bulletin on a monthly basis. The bulletin was discussed by the team at the monthly meeting. In addition to this the responsible pharmacist (RP) also completed a monthly review of the near misses which had occurred in the pharmacy and also discussed this at the meeting. Posters to highlight 'look-alike sound-alike' (LASA) medicines were displayed in the dispensary. Changes were made according to the review carried out in the pharmacy as well as the findings from the company's bulletin. The bulletin was read by all and a discussion was held as to which errors could potentially happen in their store and then changes made accordingly. As a result of past reviews prednisolone and propranolol were separated on the shelves, with one placed in a labelled basket. Methotrexate was stored separately. Near misses were consistently observed to be recorded. One of the dispensers was the clinical lead.

Dispensing incidents were reported on a form on the intranet, all team members were trained to report and incidents. Once completed these were sent to the superintendent pharmacist (SI). Incidents were reported to the GP and the RP would investigate and complete a root cause analysis. As a result of an incident where someone was handed another person's multi-compartment compliance pack, the pharmacy ensured that two team members checked the packs before they were handed out. The team had also implemented a signing process, where people collecting or being delivered packs had to sign in a book and check the corresponding bag label.

The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure in place with a notice displayed, this explained to people how they could make a complaint. Annual patient satisfaction surveys were also carried out. There was a device near the till which allowed people to record how satisfied they were with their visit by pressing the smiley face which best described their experience. As a result of past feedback, the store had added more chairs to the waiting area.

The correct RP notice was displayed. Team members were aware of the tasks that could and could not be carried out in the absence of the RP.

Records for private prescription, emergency supplies, unlicensed medicines supplied, RP and CD registers were well maintained. CD balances were checked regularly. A random check of a CD medicine

complied with the balance recorded in the register. CDs that people had returned were recorded in a register as they were received.

Assembled prescriptions were stored securely and were not visible to people using the pharmacy. The pharmacy had an information governance policy in place. Relevant team members who accessed NHS systems had smartcards. The RP had access to Summary Care Records (SCR); consent to access these was gained verbally. Confidential waste was either shredded or collected in a segregated bag and collected by a contractor for destruction. All team members had also completed training on confidentiality on the Day Lewis Academy, the company's online training system. Computers were password protected and the computer in the consultation room was set to time-out after a period of inactivity.

Team members had completed safeguarding training on the intranet. The RP and pre-registration trainee (pre-reg) had also completed level 2 safeguarding training. Details were available for the local safeguarding boards. Team members described an incident which they had referred to safeguarding agencies and the person's GP after they had concerns for a person's wellbeing.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough team members for the services provided, and they work effectively together and are supportive of one another. They have the appropriate skills, qualifications and training to deliver services safely and effectively. And there is a good culture of learning and personal development in the pharmacy. Team members get time set aside for ongoing structured 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, a trainee dispenser, a trained dispenser and a pre-registration trainee (pre-reg). The team were observed to be able to manage the workflow. The RP felt that there were an adequate number of staff. The pharmacy had a holiday policy, which meant that only one person could be off at a time. If additional support was required, this was provided by head office.

Staff performance was managed formally with an annual appraisal. This included a two-step process where team members were required to complete a self-appraisal and have a one-to-one appraisal with their line manager. As part of the appraisal the RP set performance targets and discussed expectations. A discussion was also held as to how they had met previous targets and how the individual thought they were doing. This was compared and graded. Salary was also discussed along with training. The RP approved any training requests and other issues were dealt with by the regional manager.

Team members counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. The team member would refer to the RP for any treatments needed for children and was aware of maximum and minimum quantities of some medicines which could be sold over-the-counter.

Team members had personal access to a training suite which helped them keep up to date. Online eLearning was also completed on the 'Day Lewis Academy' which had a range of mandatory modules (e.g. safeguarding, risk management) and other optional ones which team members received points for completing. Points were also received for attending seminars and training sessions. Earning a certain number of points enabled them to reach the next level (such as gold, silver, bronze). Vouchers were received when gold and platinum levels were reached. Team members said there was a monthly module to complete and they were set deadlines by when certain modules needed to be completed. Team members training was monitored by head office. Most team members preferred to do this at home but were given set aside time in the pharmacy if they preferred. The dispenser had recently attended a smoking cessation local training. The RP mainly completed the Centre for Pharmacy Postgraduate Education (CPPE) modules and attended an exhibition at the company conference. The company also held training sessions for pharmacists if there was a new change being implemented. The latest training had covered changes to the NHS contract.

The pre-reg attended monthly training sessions arranged by the company. Pre-work had to be completed prior to attending. In addition to this she also completed CPPE training packages. She was also given reading time in store and said that her tutor was supportive and set her learning targets. She was due to do a hospital placement and work in another branch where other services were provided such as

substance misuse to gain more experience. The RP had also arranged for her to shadow a GP pharmacist for one day. The pre-reg had her 13-week review and tried to have a weekly catch up with the tutor. The pre-reg said that her tutor provided her with feedback and she had a structured plan in place as part of which she had started on the medicines counter and would double check colleagues work with the pharmacist.

The dispenser trainee was provided with training time and given time off to complete modules, she said that she was well supported by the RP. The trained dispenser was due to start her NVQ 3 training but was in the process of becoming an accredited checker for the branch. As part of her training she needed to check 1000 items. The RP and dispenser decided on a day where she would check and all dispensing was done by the pre-reg and other dispenser. The RP double-checked the trainee's work.

The pharmacy team held monthly meetings as part of which the patient safety review was completed. The team also received a monthly patient safety newsletter from head office, this discussed any incidents that may have occurred across the company. The RP said that head office collated information on near misses and dispensing incidents and highlighted any near misses that were commonly occurring. The newsletter also had information on drugs recalls, alerts, near miss data, prescribing errors and drug safety updates from the MHRA. All team members read through the newsletter. Other information was available on the intranet.

Team members felt able to feedback concerns and suggestions. Details were available for the regional manager and the regional support manager and poster were displayed in the staff area which informed team members on how they could share their concerns.

Targets were in place for services provided; the team met most of their targets. There was some pressure to meet the targets but this did not affect performance or the RP's professional judgement. The team had received an achievement award from head office.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was clean and tidy throughout. The dispensary was spacious with ample workbenches allocated for certain tasks. Workbench space was clear and organised. Cleaning was carried out by team members. A sink was available for the preparation of medicines. Medicines were stored on shelves in an organised and tidy manner.

The consultation room was spacious, clean and tidy. The room was kept locked when not in use. Conversations held within the room could not be overheard.

The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services. Air conditioning was available to help regulate the temperature in the dispensary. A shed was outside the pharmacy and the RP confirmed that no medicines or consumables were stored inside it. There was some evidence of pest infestation in the shed, and the pharmacy had engaged the services of a pest control agency.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner. It obtains its medicines from reputable sources. And it 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

Access into the pharmacy was step free. There was space for the movement of a wheelchair or pushchair and several chairs were available in the waiting area for customers. Team members would aid people who needed help. The pharmacy had the ability to produce large print labels. Team members were multilingual. The team also used online translation applications. Signposting information was available in a folder and leaflets were available on the shop floor and in the consultation room. Team members would also use the internet to find details of other services. Services were advertised.

The RP felt that the flu vaccination service had the most impact on the local population. The pharmacy had vaccinated 330 people as part of the 2019-2020 service. The RP said that the service was popular as it was offered on a walk-in basis and there was a large elderly population locally. The local surgeries mostly provided the vaccinations at the weekends. The RP described that it was a combined effort with the surgery and the surgery referred people to the pharmacy if they did not have stock or if they did not have appointment available. The local surgery asked people to visit the pharmacy for any minor ailments. The RP would make referrals where he thought it was needed.

The pharmacy offered over 30 private services via Patient Group Directions (PGDs), these included erectile dysfunction, hair loss, malaria prophylaxis, test and treatment for urinary tract infections and period delay. The RP explained that head office had a suite of PGDs available, and individual pharmacy managers were able to complete accreditation and provide services that they felt were needed in their area. As part of the salbutamol PGD the RP had to notify people's GP. In the past he had made a few referrals where he had found that people were not using a preventor inhaler regularly. Signed and in-date PGDs were in place for the services provided.

The pharmacy had an established workflow in place. Most prescriptions were received electronically. The surgery usually sent a batch of prescriptions at a time. the RP printed these out and labelled them so that he could complete a clinical check at the same time. Prescriptions were dispensed by the pre-registration trainee and dispensers. These were then checked by the RP and whoever was bagging the prescriptions also double checked. Colour-coded baskets were used as part of the dispensing process to separate prescriptions and to help manage the workflow. It was very rare that the RP had to self-check as he did not work on his own. Dispensed and checked-by boxes on labels were initialled by members of the team to create an audit trail for the dispensing and checking processes.

The pharmacy dispensed prescriptions as part of the 'Doctor Care' service. People presented to the pharmacy with an authorisation code on an online application. The code was entered onto the system and brought up the prescription form. The code showed if the prescription had already been dispensed elsewhere. The team needed to annotate the system once the prescription had been dispensed. The pharmacy had only received two prescriptions via this route both for antibiotics.

The RP and team members were aware of the change in guidance for dispensing sodium valproate. The team had completed an audit and were aware of the need to use the warning labels and hand out the leaflets. Pharmacy counselling stickers were stuck on prescriptions for sodium valproate and warning stickers were stuck near where sodium valproate was stored. One person had been identified as falling in the at-risk group; the RP had discussed this with the person and the surgery and the person was enrolled on the Pregnancy Prevention Programme.

A nearby pharmacy carried out INR testing, most people collected their warfarin from there and others were being switched to newer anticoagulants. The RP would check if people were having regular monitoring for other medicines. People who ordering prescriptions from the pharmacy were recommended to have a blood count test and this was double-checked at handout. At the time of the inspection the team were completing an audit for patient awareness of possible toxicity symptoms for lithium.

CD prescriptions for Schedule 4 CDs were seen without any warning labels. The RP said that this should have been done. Each week on Mondays the RP received a report from head office of any expiring CD prescriptions which were chased up with people or removed. This reduced the risk of medicines being handed out against an expired prescription.

The list of people who had their medicines supplied in multi-compartment compliance packs was divided into four separate weeks to help manage the workflow. Lists were made of people who were due to have their packs supplied on a weekly basis and monthly basis. A record was made of when prescriptions were due and when they needed to be ordered. Prescriptions were received electronically and processed. Any changes were identified when labelling and were confirmed with the surgery with a record made on the person's individual sheet and electronic record. If someone was admitted into hospital the hospital usually called. A spreadsheet was used to record this information and any information was also added to the electronic record or person's individual record. Packs were prepared by the dispensers or pre-reg and checked by the RP. Packs were sealed and checked by the RP and were not prepared in advance of receiving the prescription.

Assembled multi-compartment compliance 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 not seen in the bags checked which were awaiting collection. Team members said that these were printed and handed out.

The pharmacy had a delivery driver, and a book was used for obtaining signatures from people when their medicines were delivered. A separate book was used for CDs. In the event that a person was not home a note was left by the driver and the medicines bag was returned to the pharmacy with the label annotated to show the time at which delivery had been attempted. If a signature could not be obtained the medication was not delivered.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; these were observed to be within the required range for the storage of medicines. CDs were held securely.

Expiry date checks were carried out every three months. Short-dated stock was marked. A date-checking matrix was in place. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

The pharmacy was not compliant with the Falsified Medicines Directive (FMD). They had received a

note from the SI to say that FMD was being piloted in six stores and it was to be rolled out either at the end of the year or the beginning of next year.

Drug recalls were received on the company's intranet. The team printed these and checked against stock, if the affected batches were found these were quarantined and action was taken following instructions received from head office. The pharmacy was required to respond to head office reporting on the action taken. The last actioned alert was for Emerade.

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 to avoid contamination. A fridge of adequate size was available. A blood pressure monitor was available, this was new and would be replaced in due course.

Up-to-date reference sources were available including access to the internet. The computer in the dispensary was password protected and out of view of people using the pharmacy. Confidential waste was either shredded or segregated and collected by a contractor 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.