General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 52 Collier Row Lane, ROMFORD, Essex, RM5 3BB

Pharmacy reference: 1031349

Type of pharmacy: Community

Date of inspection: 17/10/2019

Pharmacy context

The pharmacy is located on a parade of shops which is surrounded by residential premises. The pharmacy receives around 70% of its prescriptions electronically. It provides a range of services, including Medicines Use Reviews, the New Medicine Service, influenza vaccinations, and provides medicines under private Patient Group Directions for erectile dysfunction, emergency hormonal contraception, asthma, hay fever and antimalarials. It supplies medications in multi-compartment compliance packs to some people who live in their own homes to help them manage their medicines. And it provides substance misuse medications to a small number of people.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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	2.2	Good practice	The pharmacy encourages its team members to undertake ongoing training. And it gives them time set aside to do it. This helps them keep their knowledge and skills up to date.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not store medicines which need cold storage properly. This makes it more difficult for the pharmacy to show that the medicines are safe to use. It does not always store medicines in accordance with relevant legislation. This makes it harder to show that they are kept securely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

Overall, the pharmacy adequately identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It largely protects people's personal information well and it regularly seeks feedback from people who use the pharmacy. It mostly keeps the records it needs to keep by law, to show that its medicines are supplied safely and legally. And team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy adopted adequate measures for identifying and managing risks associated with its activities. These included; documented, up-to-date standard operating procedures (SOPs), near miss and dispensing incident reporting and review processes. Team members had signed the SOPs to indicate that these had been read and understood.

Near misses were highlighted with the team member involved at the time of the incident; they identified and rectified their own mistakes. Near misses were recorded on a near miss log and this information was uploaded onto the pharmacy's online reporting system. Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected. The dispenser said that he was not aware of any recent dispensing incidents, and that these would be recorded on the pharmacy's online incident reporting system. He confirmed that these would be investigated and a root cause analysis would be undertaken. The pharmacy's head office collated near miss and dispensing incident information from all pharmacies within the organisation and reviewed them regularly for patterns. This information was shared with the pharmacy.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks.

Team members' roles and responsibilities were specified in the SOPs. The assistant manager said that the pharmacy would remain closed if the pharmacist had not turned up and she would inform the regional manager. She explained that she would carry out dispensing tasks before the pharmacist had arrived. She confirmed that she would not sell any pharmacy-only medicines or hand out dispensed items if the pharmacist was not in the pharmacy. The inspector reminded her she could and shouldn't do if the pharmacist had not turned up.

The pharmacy had current professional indemnity and public liability insurance. Records required for the safe provision of pharmacy services were available though not all elements required by law were complete. There were signed in-date Patient Group Directions available for the relevant services offered. And the emergency supply record was completed correctly. All necessary information was recorded when a supply of an unlicensed medicine was made. The private prescription records were mostly completed correctly, but the prescriber's details were not always recorded. This could make it harder for the pharmacy to find these details if there was a future query. Controlled drug (CD) running balances were checked at regular intervals and liquid overage was recorded in the register. The recorded quantity of one CD item checked at random was the same as the physical amount of stock

available. The responsible pharmacist (RP) log was largely completed correctly the correct RP notice was clearly displayed.

Confidential waste was shredded, computers were password protected and the people using the pharmacy could not see information on the computer screens. Smartcards used to access the NHS spine were stored securely and team members used their own smartcards during the inspection. Bagged items waiting collection could not be viewed by people using the pharmacy. The pharmacy team members had completed training about the General Data Protection Regulation.

The pharmacy carried out yearly patient satisfaction surveys; results from the 2018 to 2019 survey were displayed in the shop area and were available on the NHS website. Results showed that 100% of respondents were satisfied with the pharmacy overall. The complaints procedure was available for team members to follow if needed and details about it were available in the pharmacy leaflet. The assistant manager said that she was not aware of any complaints.

The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) training about protecting vulnerable people. Other team members had completed safeguarding training provided by the pharmacy's head office. The assistant manager could describe potential signs that might indicate a safeguarding concern and would refer any concerns to the pharmacist. She gave examples of action she had taken in response to safeguarding concerns in her previous employment. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. The team discusses adverse incidents and uses these to learn and improve. They are provided with ongoing and structured training to support their learning needs and maintain their knowledge and skills. And they get time set aside in work to complete it. They can raise any concerns or make suggestions and have regular meetings. This means that they can help improve the systems in the pharmacy. The team members can take professional decisions to ensure people taking medicines are safe. These are not affected by the pharmacy's targets.

Inspector's evidence

There was one locum pharmacist and two trained dispensers working during the inspection. The dispensers had completed accredited courses for their role. The team members wore smart uniforms with name badges displaying their role. They worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed. There was no medicines counter assistant and this meant that the dispensary team were regularly disrupted and distracted when they were dispensing.

The dispenser appeared confident when speaking with people. He was aware of the restrictions on sales of pseudoephedrine containing products. And he confirmed that he would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care. Effective questioning techniques were used to establish whether the medicines were suitable for the person.

The pharmacist was aware of the Continuing Professional Development requirement for the professional revalidation process. He said that he had completed some training provided by the CPPE and attended a workshop about emergency hormonal contraception and chlamydia testing. Team members had access to online training provided by the pharmacy's head office. They regularly completed training modules and earned points for ones that they had completed as part of a reward scheme. They explained that they were allowed time during the working day to complete the training and they could also access it at home. The assistant manager said that the pharmacy manager monitored training and they used a messaging group to let all team members know which training modules had to be completed. They also had regular reviews of any dispensing mistakes and discussed these openly in the team.

Team members felt comfortable about discussing any issues with the pharmacist or making any suggestions. The assistant manager explained about the monthly pharmacy meeting. She said that this was held when the pharmacy was closed to ensure that all team members could attend and that the meeting was not interrupted. Team members had regular appraisals and performance reviews and these were documented online. The assistant manager said that she was part of a messaging group with other managers in the area so that they could share any issues or concerns.

Targets were set for Medicines Use Reviews and the New Medicine Service. The dispenser said that the pharmacy regularly met the targets. The pharmacist said that he did not feel under pressure to meet the targets and would only provide services when needed for the benefit of the person. And, he felt able to take professional decisions.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean and tidy throughout; this presented a professional image. Pharmacy-only medicines were kept behind the counter. There was a clear view of the medicines counter from the dispensary and the pharmacist could hear conversations at the counter and could intervene when needed. Air-conditioning was available; the room temperature was suitable for storing medicines.

There were four chairs in the shop area. These were positioned away from the medicines counter to help minimise the risk of conversations at the counter being heard. The consultation room was accessible to wheelchair users and was located in the shop area. It was suitably equipped, well-screened and low-level conversations in the consultation room could not be heard from the shop area. The room was not kept secure when not in use.

Toilet facilities were clean and not used for storing pharmacy items. These were at the rear of the pharmacy in a separate adjacent room. There were separate hand washing facilities available.

Principle 4 - Services **Standards not all met**

Summary findings

Overall, the pharmacy manages its services well. But the pharmacy does not store medicines which need cold storage properly. This makes it more difficult for the pharmacy to show that the medicines are safe to use. And it does not always store medicines in accordance with relevant legislation. This makes it harder to show that they are kept securely. The pharmacy responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use. It gets its medicines from reputable suppliers and stores most of them properly. People with a range of needs can access the pharmacy's services.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance. Team members had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. Services and opening times were clearly advertised and a variety of health information leaflets was available.

The dispenser said that monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin were checked. And some blood test results were recorded on the persons medication record. Prescriptions for higher-risk medicines were highlighted, so there was the opportunity to speak with these people when they collected their medicines. Prescriptions for Schedule 3 and 4 CDs were highlighted to help minimise the chance of these being handed out when the prescription was no longer valid. Dispensed fridge items were kept in clear plastic bags to aid identification. Team members said that they checked CDs and fridge items with people when handing them out. The dispenser said that the pharmacy supplied valproate medicines to a few people. But there were currently no people in the at-risk group. The pharmacy had the relevant patient information leaflets and warning cards available.

Stock was stored in an organised manner in the dispensary. Expiry dates were checked every three months and this activity was recorded. Stock due to expire within the next few months was marked. There were no date-expired items found in with dispensing stock and medicines were kept in their original packaging. The pharmacy had two fridges. The assistant manager said that the older fridge was not maintaining temperatures within the acceptable range so a new fridge had been received a few weeks ago. But this was much smaller and not suitable for the amount of stock kept. So, the older larger fridge was still being used to store most of the stock. Fridge temperatures were currently being checked daily for the smaller fridge, but not for the larger fridge. The inspector showed the assistant manager how to add a fridge temperature record to the computer for a second fridge. And confirmed that records would be kept for both fridges in the future. Records indicated that the temperatures for the smaller fridge were not consistently within the recommended range. The smaller fridge had reached temperatures of over 8 degrees Celsius many times recently and the larger fridge had been at temperatures below 2 degrees Celsius.

Part-dispensed prescriptions were checked daily. 'Owings' notes were provided when prescriptions could not be dispensed in full and people were kept informed about supply issues. Prescriptions for alternate medicines were requested from prescribers where needed. Prescriptions were kept at the pharmacy until the remainder was dispensed and collected. Uncollected prescriptions were checked monthly. The assistant manager said that uncollected prescriptions were usually kept for around three

months and people were sent a text message reminder if they had not collected their items. Uncollected prescriptions were returned to the NHS electronic system or to the prescriber and the items were returned to dispensing stock where possible. The pharmacy kept a record of any uncollected prescriptions so people could be informed if they came to the pharmacy to collect their medicines.

The assistant manager said that she was not aware of any assessments being carried out for people receiving their medicines in multi-compartment compliance packs. She confirmed that she would speak with the pharmacy manager to ensure that these had been carried out. She confirmed that prescriptions were ordered in advance so that any issues could be addressed before people needed their medicines. Prescriptions for 'when required' medicines were not routinely requested; the dispenser said that people contacted the pharmacy when they needed these items with their packs. The pharmacy kept a record for each person which included any changes to their medication and they also kept any hospital discharge letters for future reference. Packs were largely suitably labelled and there was an audit trail to show who had dispensed and checked each pack. Additional cautionary advisory and warnings were not on the backing sheets. The assistant manager said that she would contact the software provider to request that these be added. Medication descriptions were put on the packs to help people and their carers identify the medicines and patient information leaflets were routinely supplied.

CDs were kept securely but they were not all stored in accordance with the relevant legislation. Denaturing kits were available for the safe destruction of CDs. CDs that people had returned and expired CDs were clearly marked and segregated. Returned CDs were recorded in a register and destroyed with a witness; two signatures were recorded.

Deliveries were made by a delivery driver. The pharmacy did not obtain people's signatures for all deliveries. This could make it harder for the pharmacy to show that the medicines were safely delivered. There were multiple people's details on each sheet so the layout might make it harder to ensure that people's details were protected when signatures were recorded. The assistant manager said that she would ensure that signatures were obtained where possible and that other people's personal information was protected when signatures were recorded. When the person was not at home, the delivery was returned to the pharmacy before the end of the working day. A card was left at the address asking the person to contact the pharmacy to rearrange delivery.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. Any action taken was recorded and kept for future reference. This made it easier for the pharmacy to show what it had done in response.

The pharmacy had the equipment to be able to comply with the EU Falsified Medicines Directive but it was not yet being used. The assistant manager said that she had not received any training on how to use the equipment and was not aware when the pharmacy was likely to start using it.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

Suitable equipment for measuring liquids was available but not for volumes less than ten millilitres. Some plastic measures were also being used. The dispenser said that he would ensure that suitable measures were ordered. A separate liquid measure was marked for methadone use only. Triangle tablet counters were available and clean; a separate counter was marked for methotrexate use only. This helped avoid any cross-contamination.

Up-to-date reference sources were available in the pharmacy and online. The assistant manager was not sure how long the blood pressure monitor had been in use for, but the pharmacy's head office replaced these when needed. The phone in the dispensary was portable so it could be taken to a more private area where needed.

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.