

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: 26/08/2020

Pharmacy context

The pharmacy is located on a parade of shops which is surrounded by residential premises. The pharmacy provides a range of services, including Medicines Use Reviews, the New Medicine Service, and influenza vaccinations. And it 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. 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	1.2	Good practice	The pharmacy proactively reviews dispensing mistakes and continuously learns from them.
2. Staff	Standards met	2.2	Good practice	The pharmacy encourages its team members to undertake ongoing training. And it gives them set aside time to do this. 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 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 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 protects people's personal information well and it regularly seeks feedback from people who use the pharmacy. And team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place. Team roles were defined within the SOPs and team members had read and signed SOPs relevant to their roles. The pharmacy's head office had issued the team with new SOPs related to Covid-19 and the team had also read and signed these. 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 personal protective equipment (PPE). The responsible pharmacist (RP) explained that the necessary risk assessments to help manage Covid-19 had been completed and this included occupational ones for the staff. These had been carried out by the area manager over the telephone and then face-to-face. Team members were observed to maintain distance whilst working.

The pharmacy recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). 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 RP said that he was not aware of any recent dispensing errors, 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 error information from all pharmacies within the organisation and reviewed them regularly for patterns. This information was shared with the pharmacy via the weekly and monthly bulletins. As a result of these bulletins the team took extra care when dispensing medicines which looked or sounded alike and were more vigilant when dispensing amlodipine or amitriptyline.

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 and also completed an annual patient satisfaction survey. The complaints procedure was available for team members to follow if needed and details about it were available in the pharmacy leaflet. Team members were not aware of any recent complaints.

Records for emergency supplies, RP, controlled drug (CD) registers and unlicensed medicines dispensed were well maintained. Private prescription records did not always have the correct prescriber details recorded. And this may mean that this information is harder to find out if there was a query. CD running balances were checked. 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.

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 pharmacist had completed Level two safeguarding training. 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. 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. 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.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP and two trained dispensers who also covered the medicines counter. Team members worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed. Another team member who had been away from work for some time was due to return.

Team members counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. Changes which had been made to the process of handing out prescriptions during the pandemic included using hand gel before and after handing the medication to people. And only obtaining signatures at the back of the prescriptions when required.

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. Team members were provided with 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 pharmacist said that he did not feel under pressure to meet the targets. And, he felt able to take professional decisions.

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 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. Cleaning was carried out by team members. Hand sanitiser had been provided for team members along with PPE. A sink was available for the preparation of medication. Clear plastic screens had been fitted at the medicines counter and only two people were allowed into the pharmacy at any time.

The consultation room was accessible to wheelchair users and was located in the shop area. The room was locked when not in use. It was suitably equipped, well-screened and low-level conversations in the consultation room could not be heard from the shop area. The room had not been used during the pandemic due to its size. As the retail area was large, people were able to have a private conversation with team members in a quiet area. The pharmacy was due to undergo a refit two weeks after the inspection. As part of the refit the consultation room was due to be extended. There were plans to resume some face-to-face services after this.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its services well. It gets its medicines from reputable suppliers and largely manages them appropriately to make sure that they are safe to use. 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. 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.

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.

The pharmacy had stopped supplying multi-compartment compliance packs at the peak of the pandemic at the advice of its head office. People had been sent letters to notify them of the change. The pharmacy had since restarted providing the service. Prescriptions were ordered in advance by the pharmacy so that any issues could be addressed before people needed their medicines. 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 suitably labelled with product descriptions and mandatory cautionary advisory and warnings and there was an audit trail to show who had dispensed and checked each pack.

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 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 and were aware of when these needed to be used.

The pharmacy provided a delivery service and during the pandemic the number of people who the pharmacy delivered medicines to had increased. Signatures were no longer obtained when medicines were delivered and this was to help infection control. Drivers also stepped back after ringing the doorbell. In the event that someone was not available medicines were returned to the pharmacy. The pharmacy had used volunteer services to help during the peak of the pandemic.

The pharmacy had stopped providing a number of face-to-face services due to the pandemic. Some services were provided with consultations carried out remotely over the telephone. The RP gave an example of the service for fexofenadine, people were able to book appointments on the online system 'Patient Access.' The RP then called the person to complete the consultation at the designated time.

Based on the consultation the person could then come into the pharmacy to collect the medication they required. Signed and in date Patient Group Directions were in place for the services provided.

Medicines were obtained from licensed wholesalers. Stock was stored in an organised manner in the dispensary. Expiry dates were checked every three months and this activity was recorded. The last date check had been carried out in April 2020. Stock due to expire within the next few months was marked. Team members and the RP checked expiry dates at the point of dispensing and checking. The dispensers were due to complete expiry-date checks when packing medication away before the planned refit. Medicines were kept in their original packaging but some medicines had been removed from their blister packs and were found to be stored loosely in the original pack. These were discarded during the visit and the dispenser gave an assurance that she would ensure this did not happen.

The pharmacy had two fridges. Fridge temperatures were checked and recorded for both fridges daily; however, there were some gaps in the records. The RP gave an assurance that he would ensure temperatures were recorded daily. Record seen were observed to be within the required range for the storage of medicines. CDs were held securely.

Drug alerts and recalls were received on the company's intranet, from the NHS and the MHRA. Any action taken was fed back to head office and 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. Team members were unsure on when the pharmacy was likely to start using it.

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 a separate glass measure was used for some liquid preparations to avoid contamination. Two medical fridges of adequate size were also available.

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 segregated and collected by a waste company. A blood pressure monitor was available, although this had not been used for some time. The pharmacy's head office replaced this when 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.