General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 19 Broad Street, NEWENT, Gloucestershire, GL18 1AQ

Pharmacy reference: 1031582

Type of pharmacy: Community

Date of inspection: 29/10/2020

Pharmacy context

This is a community pharmacy in the market town of Newent, north-west of the city of Gloucester. Most people who use the pharmacy are elderly. The pharmacy team members dispense prescriptions, sell over-the-counter medicines and give advice. They also supply several medicines in multi-compartment compliance packs to help vulnerable people in their own homes to take their medicines. The pharmacy offers several services including, the New Medicine Service (NMS), smoking cessation, the Community Pharmacy Consultation Service (CPCS) and seasonal flu vaccinations. The inspection was carried out 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	4.1	Good practice	The pharmacy offers a good range of services and everyone can access them.
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. It has made changes to its written procedures as a result of COVID-19. And, physical measures are in place to reduce the risk of transmission of coronavirus. The pharmacy is appropriately insured to protect people if things go wrong. It mainly keeps the required records. The pharmacy team members keep people's private information safe and they know how to protect vulnerable people.

Inspector's evidence

The pharmacy team members identified and managed the risks associated with providing its services. They had put several physical changes in place, as a result of the COVID-19 pandemic, to reduce the risk of transmission of coronavirus (see under principle 5). The pharmacy had updated its standard operating procedures (SOPs) with changes relating to the pandemic. All the team members had read and signed the new SOPs. The pharmacy had also updated its business continuity plan to accommodate any potential issues relating to the current NHS 'test and trace' scheme. The team members would liaise with a nearby pharmacy under the same ownership to ensure that there was no disruption in the supply of medicines to their patients if the pharmacy had to close. The manager had conducted risk assessments of the premises and occupational risk assessments of all the staff. The team members were asked about any potentially vulnerable people in their households and also about their mental health. The manager reviewed the risk assessments every month. The pharmacy team members were aware that they needed to report any COVID-19 positive test results.

The dispensary team members recorded near miss mistakes, that is, mistakes that were detected before they had left the premises. But they did not document any learning points or actions to prevent future recurrences. However, as a result of several picking mistakes with the different forms of aspirin, the team now initialled the form both on the prescription and on the label, to demonstrate that they had thoroughly checked it. The dispensary team reviewed and discussed the near miss log each month but this was not recorded.

The dispensary was tidy and organised. There were clear working areas including a checking area. The staff assembled the multi-compartment compliance packs in a dedicated separate area. They put the prescriptions and their accompanying medicines into baskets. This reduced the risk of errors. The pharmacist only had one basket at a time in the checking area and this too reduced the risk of errors. The baskets for people who were waiting or calling back were distinguished by different colours and this allowed the pharmacist to prioritise his workload.

All the staff understood their roles and responsibilities. A medicine counter assistant knew that codeine-containing medicines should only be sold for three days use. She would refer anyone on prescribed anti-hypertensive medicines, who asked to buy a decongestant medicine, to the pharmacist.

The pharmacy team were clear about their complaints procedure. They had received very few complaints since the outbreak of the pandemic. The manager said that most people were very grateful for the hard work and dedication of the team during this difficult time.

The pharmacy had current public liability and indemnity insurance provided by the National Pharmacy Association (NPA). It mainly kept the required up-to-date records: the responsible pharmacist (RP) log, controlled drug (CD) records and emergency supply records. It recorded its private prescriptions electronically. Most of those seen did not have the required prescriber details. Several of the specials records did not include the details of the patient. The pharmacy had fridge temperature records, date checking records, patient-returned CD records and cleaning rotas.

All the staff understood the importance of keeping people's private information safe. They stored all confidential information securely. The computers, which were not visible to the customers, were password protected. The correct NHS smartcards were seen in the appropriate computers. The pharmacy team members shredded all confidential wastepaper. The pharmacy offered face-to-face services. These were done in the consultation room. People could not be overheard or seen in the consultation room.

The pharmacy team understood safeguarding issues. The pharmacist seen, a locum, had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. The pharmacy had local telephone numbers to escalate any concerns relating to both children and adults. The pharmacy team was not aware of the national 'safe space' initiative for victims of domestic violence. The manager said that she would look into providing this service.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are flexible and cover holidays and sickness. And the company provides additional support if necessary. The team members are encouraged to keep their skills and knowledge up to date and they do this in work time. They are also told about any changes relating to COVID-19. The pharmacy team members work well together. They are comfortable about providing feedback to their manager to improve their services and she acts on this.

Inspector's evidence

The pharmacy's current staffing profile was one pharmacist with two on one day a week, one full-time accuracy checking dispenser (ACD) (the manager), two full-time NVQ2 qualified dispensers, one part-time NVQ2 dispenser, one full-time medicine counter assistant (MCA), one full-time MCA trainee, two part-time MCA trainees and one delivery driver. The part-time staff were flexible and generally covered any unplanned absences. The company provided additional help if required. Planned leave was booked well in advance and only one member of the dispensary staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix.

The staff worked well together as a team. The manager monitored the performance of the team members. They had an annual appraisal where they could identify any learning needs. The manager would set review dates to achieve these. The team had 'ad hoc' staff meetings. All the members felt able to raise any issues or concerns with their manager and that she would act on these if appropriate. At the outbreak of pandemic, the staff had suggested that they had a one-way flow of people. This had been implemented. A NVQ2 trainee dispenser had suggested that the pharmacy had a flu diary for the booking of appointments. This too had been implemented.

The staff were encouraged with learning and development. They did regular e-learning, such as recently on infection control. The team members spent about 30 minutes each month, in work time, on learning. Those members studying towards accredited qualifications received additional learning time, usually on Tuesdays when two pharmacists were working. The team was kept informed of any changes in advice relating to COVID-19. All the dispensary staff reported that they were supported to learn from errors. The pharmacist documented all learning on his continuing professional development (CPD) records. No targets or incentives were currently set.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy looks professional and is suitable for the services it offers. It is clean, tidy and organised. The premises are thoroughly cleaned to reduce the likelihood of transmission of coronavirus. The pharmacy signposts its consultation room so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The premises presented a professional image. The dispensary was tidy and organised. The dispensing benches were uncluttered and the floors were clear. The premises were clean. As a result of COVID-19, the premises were cleaned every two to three hours. The staff were seen to clean the hard surfaces continuously throughout the visit. They also used alcohol gel after each interaction with people and washed their hands frequently throughout the day.

The consultation room was signposted. It was cleaned after each use. People could not be seen or overheard in the consultation room. The pharmacy's computer screens were not visible to customers. The telephone was cordless and the staff took all sensitive calls out of earshot. The temperature in the pharmacy was below 25 degrees Celsius and it was well lit.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers a good range of services and everyone can access them. It generally manages its services effectively to make sure that they are delivered safely. The team members make sure that people have the information they need to use their medicines properly. The pharmacy gets its medicines from appropriate sources and stores and disposes of them safely. The pharmacy makes sure that people only get medicines or devices that are safe.

Inspector's evidence

Everyone could access the pharmacy and the consultation room. The pharmacy team members could access an electronic translation application for any non-English speakers. They could print large labels for sight-impaired people.

The pharmacy was located in the centre of the market town of Newent, north-west of the city of Gloucester. Most of its prescriptions were electronically transferred from the local surgery and most were for local residents. The dispensary staff initialled the 'dispensed by' and 'checked by' boxes on the labels, so providing a clear audit trail of the dispensing process.

In addition to the essential NHS services, the pharmacy offered several additional services: Medicines Use Reviews (MURs), the New Medicine Service (NMS), the NHS emergency hormonal contraception (EHC) service, Community Pharmacy Consultation Service (CPCS), seasonal flu vaccination service (NHS and private), smoking cessation (NHS), emergency palliative care call out, the Gloucestershire Urgent Repeat Medicine Service (URMS) and several private services such as detection and treatment of impetigo and treatment of erectile dysfunction.

The pharmacy used PreConsult, an electronic means of pre-populating the pre-assessment form for the NHS flu vaccinations. The application allowed the form to be pre-populated ahead of the pharmacist consultation. People with a smartphone scanned a QR code (a two-dimensional version of a barcode made up of black and white pixel patterns) and entered their information. However, most people who used the pharmacy were elderly and did not have smartphones. On 30 October 2020, the inspector told the regular pharmacist that the pharmacy team members could enter the patient information, in the pharmacy or during a telephone booking. Pharmacists doing the vaccinations wore type 2 fluid resistant masks, face shields and gloves. They used alcohol gel or washed their hands before and after each vaccination. Everyone who received the vaccine wore a face covering and they had all made prior appointments. The consultation room was cleaned after each use. The pharmacy had run out of vaccine for people over 65. It still had some supplies of vaccine for people under 65.

The pharmacy had several substance misuse clients who usually had their medicines supervised. Due to COVID-19, most of these clients now collected their medicines. A few were still supervised. This took place in the consultation room. The client disposed of the container themselves into a dedicated bin. The supervising pharmacist washed their hands after the supervision.

The pharmacy had several domiciliary people who had their medicines in compliance packs. But the dispensary team members did not record any medicine changes or other issues with these people. This

meant that the pharmacist doing the final accuracy check did not have a clear clinical history of the patient. On 30 October 2020, the regular pharmacist said that he had implemented this. The dispensary team had been instructed to keep a concise, chronological record of any changes which could be referred to at the checking stage. The dispensary team assembled the compliance packs in a separate area. The assembled packs were stored tidily. The regular pharmacist had done risk assessments of the people who had their medicines in compliance packs. He had identified a few suitable people who could have their medicines in original packs. However, the majority were vulnerable and would not cope with their medicines being supplied in original packs.

The dispensary team highlighted any prescriptions containing potential drug interactions, changes in dose or new drugs to the pharmacist. The pharmacist seen routinely counselled people prescribed high-risk drugs such as warfarin and lithium and also those prescribed antibiotics, non-steroidal anti-inflammatory drugs (NSAIDs) and oral steroids. All pharmacy team members were aware of the pregnancy protection programme regarding sodium valproate. The pharmacy currently had no 'at risk' patients who were prescribed sodium valproate.

The pharmacy delivered several medicines to people. Because of the pandemic, the delivery driver did not currently ask people to sign for their medicines to indicate that they had received them safely. He knocked or rang the doorbell and left the medicines on the doorstep. The driver retreated and waited until the medicines had been taken safely inside. The driver annotated the delivery sheets accordingly.

The pharmacy got its medicines from Day Lewis, Alliance Healthcare and AAH. Invoices for all these suppliers were available. The pharmacy used a scanner to check for falsified medicines as required by the Falsified Medicines Directive (FMD). It stored its CDs tidily in accordance with the regulations and access to the cabinet was appropriate. The pharmacy had a few out-of-date CDs but no patient-returned CDs. These were clearly labelled and separated from usable stock. Appropriate CD destruction kits were on the premises. The pharmacy stored its fridge lines correctly and it had date checking procedures. The pharmacy team members were accepting patient-returned medicines. These were double bagged. The staff member who accepted the returned medicines wore gloves and washed their hands after disposing of the medicines into a dedicated waste bag. The team members placed any medicines, considered hazardous for waste purposes, into a separate dedicated waste bin.

The pharmacy had procedures for dealing with concerns about medicines and medical devices. The pharmacy received drug alerts electronically. They were printed off and the stock was checked. The pharmacy had received an alert on 14 October about Epilim. It had none of the affected batches in stock.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. And, the team members make sure that they are clean and fit-for-purpose. The pharmacy has taken action to reduce the spread of coronavirus with changes to its flow of customers and the use of protective screens and equipment.

Inspector's evidence

The manager had done a risk assessment of the premises as a result of the pandemic. It had created a clearly marked one-way system of flow of people. A red barrier was placed two metres away from the medicine counter. And a Perspex screen had been erected to reduce the risk of transmission of the disease. All the staff wore Type 2R fluid resistant face masks.

The pharmacy used British Standard crown-stamped conical measures. There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. The pharmacy had up-to-date reference books, including the British National Formulary (BNF) 78 and the 2019/2020 Children's BNF. The staff could access to the internet.

The fridge was in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and the staff took any sensitive calls out of earshot. The pharmacy team members shredded all confidential waste information.

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.