

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 17 Adelaide Road, ANDOVER, Hampshire, SP10 1HF

Pharmacy reference: 1031631

Type of pharmacy: Community

Date of inspection: 09/08/2022

Pharmacy context

A pharmacy located close to a medical centre in a residential area of Andover. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing their medicines at home and they provide the flu vaccines. The pharmacy provides a local delivery service.

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	N/A	N/A	N/A
3. Premises	Standards not all met	3.2	Standard not met	People using the consultation room could access information not meant for them.
		3.5	Standard not met	The consultation area is unprofessional in appearance and not fit for purpose.
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 has suitable procedures to identify and manage risk. It has written procedures in place to help ensure that its team members work safely. And it has insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

A near miss log was available in the dispensary and was seen to be used regularly by the team. The Accredited Checking Technician explained that near misses would be discussed verbally with each team member, highlighting their own errors and changes they could make. Near misses were also electronically on PharmOutcomes and this allowed the team to generate reports at the end of each month showing the types of mistakes they had and allowing them to further analyse any trends in the errors. The team members reported how they kept a list of 'Look Alike Sound Alike' (LASA) medicines and whenever these items were labelled on prescriptions, the prescriptions were stamped with a 'LASA' marking to highlight that the dispenser should be cautious when dispensing these items. The pharmacist stated that they used to regularly receive an end of month newsletter from their head office, but he had not seen one for a while. The newsletters informed team members of the trends in mistakes that had happened across the company and what they can do to prevent these mistakes happening. There was a workflow in the pharmacy where labelling, dispensing, checking and the preparation of multi-compartment compliance aids were all carried out at different areas of the work benches. Multi-compartment compliance aids were prepared in a room at the back of the building to reduce distractions.

Standard Operating Procedures (SOPs) were in place for the dispensing tasks. Team members had all signed the SOPs to say they had been read and understood. Staff roles and responsibilities were described in the SOPs and they were reviewed every two years by the superintendent pharmacist or when there were any significant changes. There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The complaints procedure was detailed in a poster displayed in the pharmacy. The poster explained that any comments, suggestions, or complaints could be forwarded to the staff, the Patient Advisory Liaison Service (PALS) and Independent Complaints Advocacy Service (ICAS). A certificate of public liability and indemnity insurance from the NPA was available.

The controlled drug register was maintained electronically, and a balance check was carried out regularly. Records of this were complete. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in the pharmacy where the public could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were within the correct temperature range. The electronic private prescription records were completed appropriately. The specials records were complete with the required information documented accurately. The computers were all password protected and the screens were not visible to the public. There were cordless telephones available for use and confidential wastepaper was collected in baskets on the workbenches and later destroyed appropriately.

The pharmacist and technicians had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module from the company. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy in the Clinical Governance file which contained all the contact and signposting information together with a flow chart should the team suspect a safeguarding incident . There was also a safeguarding poster on display in the dispensary for the team members to refer to when required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy adequately trains its team members for the tasks they carry out. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable with providing feedback to one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there was one regular locum pharmacist, one accredited checking technician, one registered technician and one NVQ level 2 dispenser. The staff were seen to be working well together and supporting one another. However, the team explained they were recently down on staff numbers due to absences, and they sometimes struggled with the workload due to this. The pharmacy team received regular training updates via 'Day Lewis Academy'. These came to the team via the company's intranet for each member of staff and included mandatory training as well as clinical training.

The team completed staff satisfaction surveys annually where their opinions about their job and working environment were considered and they could provide feedback to the company about their work. There was a whistleblowing policy for the company which all the members of staff had signed to say they read and understood. There were targets in place, but the team did not feel pressurised to deliver the targets and would never compromise their professional judgement to do so.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy's premises are cluttered and untidy which increases the risk of people making mistakes. The pharmacy does not provide its team with enough clear and uncluttered dispensing space for them to work safely. Nor does it provide people with enough privacy for some of its services and for sensitive conversations. And it doesn't do enough to prevent people seeing other people's private information in its consultation room. The pharmacy is secure when closed.

Inspector's evidence

The pharmacy building included a small retail area, medicine counter, dispensary, consultation room, stock room and staff area (which also doubles as stock areas and a multi-compartment compliance aid preparation area). The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy.

However, the pharmacy was not laid out well. The consultation room was signposted as being behind the dispensary and so people had to walk through the dispensary to get to the consultation room. The consultation area was set to the left-hand side in the area behind the dispensary, but it was not fit for purpose. The area it was located in was very cluttered and poorly maintained. It did not provide adequate privacy from the staff in the pharmacy and it was also used to store prescriptions ready for collection and prescriptions for delivery. This meant there could be a likely breach of patient confidentiality. The pharmacist explained that he provided vaccinations in the consultation area, but there was very little space to provide the vaccinations safely without risking a needle stick injury. And there was little space to safely place a sharps bin for immediate disposal of the needles.

The area at the back of the pharmacy was used to hold excess stock, to prepare multi-compartment compliance aids and as a staff break area. The area was very dated in appearance, not maintained to a professional standard and was cluttered.

The staff explained that due to the number of items they delivered and the layout of the pharmacy, it was difficult to store stock appropriately and neatly. They explained that during the height of the pandemic, they found it difficult to maintain social distancing and some members of staff were still wearing masks, despite it no longer being a requirement, due to the lack of space to maintain a safe distance. The team explained that there had been talks about refitting the pharmacy in the past, but nothing had come of this.

All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. A screen had been installed by the pharmacy till to help protect staff and the public from airborne viruses. However, this was only a partial screen. Team members explained that they tried to clean the pharmacy regularly, but it was difficult to maintain a clean and tidy appearance due to the age of the pharmacy and the volume of dispensing they did in the space.

The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning unit which had recently been installed in the dispensary. Lighting throughout the store was

appropriate for the delivery of pharmacy services. There was a fire exit at the back of the pharmacy, but this led to the front door of the flat above the pharmacy. The staff explained that it was therefore not possible to use this door in an emergency because there was no real exit.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to people. And it ensures that the medicines it supplies have the information that people need so they can take their medicines properly. The pharmacy team has appropriate procedures to ensure that it provides its services safely and effectively. The pharmacy gets its medicines and medical devices from appropriate sources. And its team members make the necessary checks to ensure that the pharmacy's medicines and devices are safe to use.

Inspector's evidence

There was a range of leaflets available for people to read about services on offer and general health promotion in the retail area of the pharmacy. There was step-free access in the pharmacy and the team explained that they provided a delivery service for housebound people and those who had difficulty accessing the pharmacy. There was also seating available should anyone require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. The team explained that they used valproate information cards and leaflets when they dispensed valproates. The team organised the preparation of multi-compartment compliance aids into a four-week cycle and maintained audit trails to prepare and deliver them. The labels on a sample of compliance aids were seen to have the descriptions of the medicines as well as being signed by the person who dispensed and checked the items. The ACT explained that every month, they supplied each patient with the relevant Patient Information Leaflets.

The pharmacy obtained medicinal stock from the Day Lewis Warehouse, AAH and Alliance. Specials were obtained via Middlebrook. Invoices were seen to verify this. Date checking was carried out regularly and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available. They were seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. The fridges were in good working order and the stock inside them was stored in an orderly manner. The CD cabinets were appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team from their head office, and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for NovoRapid FlexTouch and Saxenda FlexTouch. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and electrical equipment appeared to be in good working order.

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.