

# 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:** 15/08/2023

## Pharmacy context

This pharmacy is 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 provides flu vaccines and a local delivery service.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has satisfactory processes for identifying and managing the risks associated with its services. It has up-to-date written procedures in place that its team members follow. Team members are aware of their roles, and they complete the records required by law. The pharmacy has suitable insurance in place to cover its activities and it keeps people's private information safe. The team knows how it can help protect the safety of vulnerable people.

### Inspector's evidence

A near miss record was available in the dispensary and was seen to be used regularly by the team. The pharmacist explained that near misses would be discussed verbally with each team member, highlighting their own mistakes and changes they could make. Near misses were also recorded electronically on PharmOutcomes and this allowed the team to generate reports at the end of each month. These showed the types of mistakes they had made and allowed them to further analyse any trends in the errors. Errors were also reported electronically.

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 on the consultation room door. 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 professional indemnity insurance from the NPA was available.

The controlled drug register was maintained electronically, and a balance check was carried out every week by the pharmacist. Records of this were complete. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in the pharmacy where people 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 mostly completed appropriately. Some records did not include accurate prescriber details, but the pharmacist gave assurances that this would be corrected. The unlicensed 'specials' records were complete with the required information documented accurately. The computers were all password protected and the screens were not visible to people using the pharmacy. There were cordless telephones available for use and confidential wastepaper was collected in baskets on the workbenches and later placed in confidential waste bags for collection by an appropriately licensed contractor.

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 signs 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. The pharmacist was informed about the NHS Safeguarding app which could also be used as a suitable additional resource.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough suitably trained team members to provide its services and it provides them with regular ongoing training. The team manages its workload safely and effectively. Team members support each other well and are comfortable providing feedback to one another to improve the quality of the services delivered.

### Inspector's evidence

During the inspection, there was one regular pharmacist, one accuracy checking technician, one NVQ level 3 trainee who was also completing the accuracy checking course and one NVQ level 2 dispenser. The staff were seen to be working well together and supporting one another. 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 NVQ Level 3 trainee explained that she was supported in completing her 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 no 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 met

### Summary findings

The pharmacy's premises are clean and suitably organised for the volume of work that its team has to do. The space is appropriately laid out so that the pharmacy can provide its services effectively while protecting people's privacy. The pharmacy stores its medicines securely and appropriately. The premises are suitably secure when closed.

### Inspector's evidence

The pharmacy building included a small retail area, medicine counter, dispensary, consultation room, stock room and staff area. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy. The staff room was also being used to store excess fast-moving medicines for some of their multi-compartment compliance aids.

The pharmacy premises had undergone a recent refit. The layout of the retail area remained unchanged, but the consultation room was made more accessible for people who needed to use it. The consultation room was previously located behind the dispensary which meant people had to walk through the dispensary to reach it. This had now been avoided by building a fit-for-purpose consultation room as an extension of the shop floor. The consultation room was clean and well laid out.

A patient medication record (PMR) system was available which was password protected. Relevant equipment was also available to help deliver the services being advertised. Patient information, in the form of consent forms, was being stored in the consultation area but the door was locked when not in use.

The dispensary area had also undergone a refit to help with the flow of the workload and improve the storage of medicines. The area was still cluttered but clearly organised so that all team members were aware of the workflow and when to step in if support was needed. The fixtures and fittings were new and clean and the dispensary was clean. A sink was available in the dispensary providing both cold and hot water. The sink was mainly used to reconstitute liquid medicines. The pharmacist's checking area was near the front counter, enabling them to supervise the sales of medicines over the counter. The staff had explained that they felt much more comfortable in their working environment since the refit and felt much calmer due to the additional space.

The staff area at the back of the dispensary remained unchanged. Some of the fittings were still outdated but provided adequate storage as a staff room. Medicines and multi-compartment compliance aids were being stored in this area. A staff bathroom was available, with hot and cold running water, for the team to use. There was a fire exit near the staff area for them to use in case of an emergency. That exit was also shared with a resident living above the pharmacy premises. The door could not be used to access the pharmacy from outside, and was secured with several locks while the pharmacy was closed.

There was a ceiling mounted air conditioning unit which helped to provide a comfortable working environment for the team and suitable conditions for storing medicines. The medicines were also

secure from unauthorised access. Pharmaceutical grade fridges were being used which had built in thermometers for accurate temperature monitoring and control. LED lighting was installed throughout the whole premises which provided adequate lighting.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides appropriate services to support the health needs of the local community. And those services are suitably accessible to people. The pharmacy delivers its services safely and effectively and its team members make suitable checks to ensure that people taking higher risk medicines can do so safely. They store and manage medicines appropriately. And they take appropriate action following alerts, so that people get medicines and medical devices that 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 pharmacy delivered a hypertension check service where the team members would identify anyone 40 years old or over who hadn't had a recent blood pressure check. The pharmacy would take their blood pressure and report the results to the person's surgery if there was a risk of high blood pressure. The pharmacy also measured the blood pressures of people who had been referred to them by their GP surgery.

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 dispenser explained that they used valproate information cards and leaflets when they dispensed valproates.

The pharmacy obtained medicinal stock from the Day Lewis Warehouse, AAH and Alliance. Unlicensed '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. 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 appropriate equipment to enable its team members to provide its services safely and effectively. It keeps its equipment clean and well maintained.

### Inspector's evidence

The pharmacy team had access to paper-based reference materials such as the BNF but also knew how to access them online if needed. Computers were in good working order and password protected.

The pharmacy had several conical measures available, all of which were clean and bore a crown stamp. Counting triangles were available and there was a separate one available which was clearly marked for cytotoxic medicines.

All equipment was sourced either from head office or Lyreco. All electrical items had been recently PAT tested. There was no clear evidence that equipment being used for specific pharmacy services were being calibrated on a regular basis. The pharmacy had a recommended ambulatory blood pressure monitor available to provide the hypertension case-finding service.

Medicines awaiting collection were stored behind the front counter but not accessible to people. Patient information was not visible from the counter.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.