General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 95 Hiltingbury Road, Chandler's Ford, EASTLEIGH, Hampshire, SO53 5NQ

Pharmacy reference: 1031685

Type of pharmacy: Community

Date of inspection: 28/11/2019

Pharmacy context

This is a community pharmacy situated at the end of a parade of shops in a residential area of Chandler's Ford in Eastleigh. The pharmacy dispenses NHS and private prescriptions. It offers a few services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations and delivers medicines. The pharmacy also provides multi-compartment compliance aids to people in their own homes. And, it provides medicines to a few residential care homes.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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	Good practice	4.2	Good practice	The pharmacy ensures its services are effectively managed so that they are provided safely. The team routinely maintains audit trails to verify this and makes the appropriate clinical checks for people
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

Overall, the pharmacy identifies the risks associated with its services appropriately. The pharmacy protects people's private information well. The team understands how to protect the welfare of vulnerable people. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. And, the pharmacy adequately maintains most of its records in accordance with the law. But, they don't always record enough detail, which could mean that they may not have enough information available if problems or queries arise in the future.

Inspector's evidence

This was a largely well managed pharmacy. It held a range of documented standard operating procedures (SOPs) to support the provision of its services. The SOPs were from 2019, staff had read and signed them, they understood their roles and responsibilities and knew when to refer to the responsible pharmacist (RP). The correct RP notice was on display and although this provided people with details of the pharmacist in charge of operational activities on the day, the notice wasn't clearly visible from the retail space from its current position. The RP was advised to move this to a more prominent place at the time.

The pharmacy in general and its stock was stored in an organised manner although there were several baskets of prescriptions waiting for a final accuracy check (see Principle 3). These had accumulated as the RP was busy delivering services. The RP explained that there were plans to use an accuracy checking member of staff in the future to help assist with the workload. The workflow involved a separate island for the RP to work on and designated areas for prescriptions to be processed and dispensed from. Prescriptions for multi-compartment compliance aids were assembled and dispensed in a separate space which was at the very rear. This helped to reduce the risk of errors caused by distractions.

Staff explained that more than one person was involved in the dispensing process and this helped identify mistakes before they reached the pharmacist. They recorded their near misses although there were not that many seen documented in comparison to the volume of dispensing that took place. The near misses were collectively reviewed every week or twice a week by the regular pharmacist and details were shared with the team in monthly meetings. Staff explained that look-alike and sound-alike medicines were highlighted and separated as well as higher-risk medicines such as prednisolone and methotrexate. The pharmacy informed people about its complaints process. Incidents were handled by pharmacists and their process was in line with company's requirements. Records for previous incidents were seen, the situation was investigated, reviewed, highlighted to the team and internal processes were assessed in response.

Trained members of the team could identify signs that could indicate a safeguarding concern, they referred to the RP in the first instance, an SOP, local policy information and contact details were available for the local safeguarding agencies. The RP was trained to level two via the Centre for Pharmacy Postgraduate Education, his certificate to verify this was seen. Staff used the consultation room if people needed to discuss details in private. They segregated confidential waste before this was disposed of through an authorised carrier and dispensed prescriptions awaiting collection were stored in the dispensary, hence sensitive details were not visible from the retail area. There was no confidential material left within the retail space. Summary Care Records were accessed for queries and

consent was obtained verbally from people for this. The pharmacy informed people about how their privacy was maintained. There was guidance information present within the pharmacy's information governance policy and staff had signed confidentiality statements. This included details about the General Data Protection Regulation.

Most of the pharmacy's records were maintained in line with statutory or best practice requirements. The maximum and minimum temperatures for the fridge were checked every day and records were maintained to verify that medicines were being stored appropriately here. Staff kept a record of controlled drugs (CDs) returned by people and destroyed by them and the pharmacy's professional indemnity insurance was through the National Pharmacy Association. This was due for renewal after 30 April 2020. Recent records of unlicensed medicines and a sample of registers seen for CDs were fully maintained in line with the law. For CDs, balances were checked regularly. On randomly selecting CDs held in the cabinet, their quantities matched entries in the corresponding registers. The RP record was mostly complete although occasional gaps were seen where the pharmacists had not recorded the time their responsibility ceased. Occasionally records of emergency supplies were recorded with 'script to follow' with no further explanation of the reason or nature of the emergency. There were also incorrect prescriber details recorded in the electronic record for supplies made against private prescriptions.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are suitably trained or undertaking the appropriate training. They understand their roles and responsibilities. And, they keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

Staff present during the inspection included the regular pharmacist, a trained dispensing assistant and an apprentice. Although the pharmacy was busy at times, they were managing the workload appropriately. Name badges were worn by staff and certificates for the team's qualifications obtained were seen. Team members usually covered each other for annual leave or absence. Staff in training were appropriately supervised. They asked relevant questions before they brought details to the attention of the pharmacist prior to selling medicines over the counter (OTC). The company provided resources and online training for team members through an online platform. Formal appraisals were held annually. They were a small team and communicated verbally, there was also a noticeboard to help with this. The RP described a target to complete the maximum number of MURs and to deliver the private services where possible. This was described as manageable.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises generally provide a professional environment for the delivery of its services. The premises are largely clean and secure.

Inspector's evidence

The pharmacy premises consisted of a small sized retail space and a raised, medium sized dispensary with additional space at the rear and staff facilities to one side. The pharmacy was clean in general, although the sink in the staff WC could have been cleaner. There was enough space for the pharmacy's workload to be processed and managed safely. However, there were several baskets containing dispensed medicines stored on most of the work benches and on the floor. They were stored to one side but there was still a risk that the contents could be tipped, medicines mixed inadvertently, or damaged. The team was advised to ensure they were kept off the ground going forward. The pharmacy was appropriately lit and ventilated. Pharmacy (P) medicines were stored behind the front counter and staff were always within the vicinity. There was a signposted consultation room available to provide services and private conversations. This was kept locked. The room was of a suitable size for the services provided.

Principle 4 - Services ✔ Good practice

Summary findings

The pharmacy delivers its services safely and effectively. Its team members are helpful. The pharmacist actively looks for ways to make the pharmacy's services easily accessible for everyone. The pharmacy sources, stores and manages its medicines appropriately.

Inspector's evidence

There was a step at the front of the pharmacy although people with restricted mobility and wheelchairs could still access the pharmacy's services because staff attended to people at the door. There was clear, open space inside the premises and four seats for people waiting for prescriptions or services. Several car parking spaces were also available outside the parade of shops. Staff faced people who were partially deaf so that they could lip-read and spoke slowly. They physically assisted people who were visually impaired and explained directions for medicines verbally to them, details were written down to help communicate with people whose first language was not English and some members of the team could speak other languages to assist if required.

The pharmacy provided advice about healthier lifestyles where possible at the counter and during MURs. There were also some leaflets on display about this and the pharmacy's opening hours were listed on the front door. The pharmacy was also currently advertising that it was administering influenza vaccinations. The RP explained that there had been a high uptake of this service due to the large elderly population in the area, the local GP surgery provided this service on two or three dates only, the pharmacy provided a walk-in clinic and people had feedback that they did not like standing in the queues at the surgery. The RP spent some time going through the process and provided additional information which hadn't been received in the past by people which also assisted. In addition, the RP described holding a discussion with the GP practice about the service. He had explained that he was not trying to compete with them but wanted to work in conjunction and as an adjunct to their service. Subsequently, the GP surgery signposted people to him and this was observed during the inspection.

For the influenza vaccination service, the RP had completed appropriate training and there was suitable equipment to safely provide the service. This included adrenaline in the event of a severe reaction to the vaccines. The Patient Group Directions (PGDs) to authorise this service were readily accessible and had been signed by the RP. This also included the service specification and his declaration of competence was seen. Risk assessments were completed before vaccinating and informed consent was obtained. Once people were vaccinated, their GP was also informed. The pharmacy was due to start providing an extensive range of private services against PGDs in the future.

Staff were aware of the risks associated with valproates, there was literature available to provide to people upon supply of this medicine, and staff explained that no prescriptions had been seen for females at risk. People prescribed higher-risk medicines were routinely identified, counselled, relevant parameters were obtained where possible, and details documented. This included asking about the International Normalised Ratio (INR) level for people prescribed warfarin and for people receiving compliance aids.

The pharmacy supplied compliance aids after this was initiated by the person's GP or people's suitability assessed by the RP. The pharmacy ordered prescriptions on behalf of people and when received, details

on prescriptions were cross-referenced against individual records to help identify any changes or missing items. Staff checked with the prescriber and audit trails were maintained to verify this. Patient information leaflets (PILs) were routinely supplied, descriptions of medicines within the compliance aids were provided and all medicines were de-blistered into them with none left within their outer packaging. Mid-cycle changes involved compliance aids being retrieved, they were then amended, re-checked and re-supplied.

The pharmacy provided a delivery service and it kept records to help verify the process. CDs and fridge items were highlighted. People's signatures were obtained when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy with notes left to inform people about the attempt made. Medicines were sometimes put through people's letterboxes if they requested this and the RP explained that relevant checks were made first. This included asking about pets and if children were present.

Medicines were supplied to the care homes within compliance aids or as original packs. The homes ordered prescriptions for their residents and lists were provided to the pharmacy team. On receiving the prescriptions at the pharmacy, they were checked against this and previous records to ensure all items had been received. Interim or mid-cycle items were dispensed at the pharmacy. PILs were routinely supplied to the homes. There were no residents prescribed higher-risk medicines. Staff had not been approached to provide advice regarding covert administration of medicines to care home residents.

During the dispensing process, the team used baskets to hold prescriptions and medicines. They were colour co-ordinated to help identify priority and different types of prescriptions. Dispensing audit trails were used to identify staff involved in various processes. This was through a facility on generated labels. The team stored prescriptions once they were assembled inside an alphabetical retrieval system. Fridge items and CDs (Schedules 2 to 4) were identified using stickers. Assembled CDs that required safe custody, compliance aids and fridge lines were stored within clear bags, this helped assist with identifying the contents when they were handed out.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH, Phoenix and from the company. Staff held some knowledge about the processes involved for the EU Falsified Medicines Directive (FMD) and were complying with the decommissioning process where possible. Medicines were date-checked for expiry every month and records had been kept verifying the process. Short-dated medicines were highlighted. There were no mixed batches or date-expired medicines seen. Liquid medicines were marked with the date upon which they were opened. Medicines requiring cold storage were stored appropriately in the fridge and CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight. Drug alerts were received by email. The process involved checking for stock, acting as necessary and an audit trail was present to verify the process. The safety alerts were also sent to the care homes to check for affected stock.

Medicines returned for disposal were stored within designated containers, this included hazardous and cytotoxic medicines and there was a list available for the team to readily identify as well as separate the latter. People returning sharps to be disposed of, were first asked to separate them from the rest of the waste before the team could accept them. They were not handled by the team direct and there were designated containers available to store them appropriately before they were collected. Returned CDs were brought to the attention of the RP, they were segregated in the CD cabinet prior to destruction and relevant details were entered in a CD returns register.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is largely kept clean.

Inspector's evidence

The pharmacy held a suitable range of equipment and facilities. This included current reference sources, a range of clean, crown-stamped conical measures for liquid medicines, counting triangles as well as a separate triangle for cytotoxic medicines. One of the triangles however had tablet residue and required cleaning, this meant that there was a risk of cross-contamination. The sink used to reconstitute medicines was clean. There was hot and cold running water available as well as hand wash present. The medical fridge was operating at appropriate temperatures and the CD cabinets were secured in accordance with statutory requirements. Computer terminals were positioned in a manner that prevented unauthorised access and there were cordless phones so that private conversations could take place in private. Staff used their own NHS smart cards to access electronic prescriptions and took them home overnight.

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.