

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, 86/88 High Street, NEWPORT,  
Isle of Wight, PO30 1BH

**Pharmacy reference:** 1032532

**Type of pharmacy:** Community

**Date of inspection:** 18/07/2019

## Pharmacy context

This is a community pharmacy located on a high street in the town of Newport on the Isle of Wight. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccinations, drug misuse services and supplies medicines in multi-compartment compliance aids for people to use living in their own homes.

## 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>	Good practice	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive protected time to complete it.
		2.4	Good practice	The pharmacy team maintain a clear and embedded culture of openness, honesty and learning.
<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 written procedures to help make sure the team works safely. Pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy generally maintains the records that it must keep by law. However, some records were not always completed correctly which could mean that the pharmacy is not able to show exactly what has happened if any problems arise.

### Inspector's evidence

Near misses were logged when they occurred and the incidents would be discussed with the members of staff involved. The near miss log was displayed in the pharmacy and examples were seen as being recorded by the pharmacy team. But the near miss log only contained evidence of selection errors and did not include other information such as who had made the error, the time of the error and what factors may have contributed to the error. The pharmacist agreed to address this. At the end of each month, the pharmacist would review the near misses and errors and would highlight any trends in a meeting with the team. Based on previous near misses, prednisolone and propranolol had been separated from each other on the dispensary shelving.

The pharmacy team reported all dispensing errors online using the Day Lewis reporting system. The dispensing error process included a root cause analysis to elucidate why the error may have happened. Error reports were stored in the pharmacy and demonstrated to the inspector.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

SOPs were in place for all the dispensary tasks and were reviewed on a regular basis by the company's head office. All staff were aware of their roles on questioning. A complaints procedure was in place within the SOPs and the staff were all aware of the complaints procedure. Feedback was gathered annually using Community Pharmacy Patient Questionnaires.

An indemnity insurance and public liability certificate from the NPA was held and was valid and in date until the end of August 2020. Controlled drug records were retained. The address that a CD was received from was often omitted from the records examined and page margins were not always filled out completely on each page. A sample of a random CD was checked for record accuracy and was correct at the time of the inspection. CD balance checks were completed weekly.

Date checking was carried out regularly and records were kept to demonstrate this. Short-dated stock was marked appropriately. The fridge temperatures were recorded electronically daily and were within the appropriate temperature range of 2 to 8 degrees Celsius. The stock inside the fridge was laid out in an organised fashion.

The responsible pharmacist (RP) record was seen to be completed electronically and the RP notice was displayed where patients could see it.

The private prescription and emergency supply records were retained and were in order. The specials records were retained but some entries omitted details such as the prescriber's name and address.

An information governance policy was in place which the pharmacy team were required to read and sign. Confidential waste was disposed of appropriately. The computer screens were all facing away from the public and access to patient confidential records was password protected. All confidential information and patient sensitive information were filed away in the pharmacy.

There was a safeguarding children and vulnerable adults e-Learning program on the company training website which all the members of staff were required to complete. Staff explained that they were confident of signs to look out for which may indicate safeguarding issues in both children and adults and would refer to the pharmacist as appropriate. Contact details were not available for local safeguarding advice, referrals and support. The pharmacist agreed to address this.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

As well as the responsible pharmacist there were five dispensing assistants present during the inspection. Staff were all seen to be working well together and supporting each other. Staffing levels were seen as being sufficient for the services provided during the inspection.

Staff performance was monitored and reviewed formally annually against key performance indicators (KPIs). In these reviews, a development plan would be introduced to help further develop and train the members of staff. Staff had the opportunity to give feedback about their working environment in these reviews.

The staff reported they were required to complete online training modules when they became available. An NVQ3 trainee reported that she felt very supported during her training course and had regular meetings with her tutor. She received protected learning time on a regular basis and was making good progress and completing her modules in a timely manner. She had recently learnt about how eye drops containing beta blockers are contraindicated in asthmatics and said that she had already used this knowledge in her practice.

Staff meetings to discuss any important business or patient safety updates were held monthly. Head office regularly released patient safety updates which were read and actioned by the pharmacy team. Staff were comfortable to raise concerns either with the pharmacy manager or the area manager if necessary.

There were targets in place but the team explained that they 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 provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy had a dispensary which was separated from the retail area by a medicines counter to allow for the preparation of prescriptions in private.

Medicines were stored on the shelves in a generic and alphabetical manner. There were sinks available in the dispensary and consultation room with hot and cold running water with sanitiser to allow for hand washing.

The consultation room was well soundproofed. Patient confidential information was stored securely. There was a transparent window in the consultation room door which meant that people from the retail area may be able to oversee what is going on inside the room. The pharmacist agreed to address this.

The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

### Inspector's evidence

Pharmacy services were displayed on leaflets and posters around the pharmacy area. Access to the pharmacy was via a step and a ramp was being considered to help people negotiate this step. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting.

The pharmacy offered the supervised consumption service for 20 patients and was using the Methasoft measure system to help expedite the delivery of this service. The Methasoft system was calibrated every morning by staff and was equipped with a finger print scanner and photograph system to identify patients. The pharmacist reported that she would also check the date of birth of the patient before supervising each dose.

The pharmacy team supplied multi-compartment compliance aids to around 82 patients in their own homes. Staff organised all their compliance aid patients into a four week cycle and maintained audit trails to prepare and deliver the compliance aids. One compliance aid was examined and an audit trail to denote who dispensed and who checked the compliance aid was complete. Descriptions were routinely provided for the medicines contained within the compliance aids. Staff reported that patient information leaflets were routinely supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to all patients who may become pregnant. The pharmacist reported that she would check that that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A bin for the disposal of hazardous waste was not available during the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

Medicines were obtained from the Day Lewis Warehouse, AAH and Alliance. Specials were obtained via Eaststone specials. Invoices were seen to demonstrate this.

The pharmacy team were aware of the European Falsified Medicines Directive (FMD). The pharmacy team had the relevant hardware in place and the pharmacist reported that Day Lewis head office were in the process of rolling out the appropriate software.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridge was in good working order and the stock inside was stored in an orderly manner.

MHRA alerts came to the pharmacy electronically through the company's internal email system and the pharmacist explained that these were actioned appropriately. But audit trails to demonstrate what action had been taken and when were not always kept.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for dispensing CDs. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources.

There were two fridges which were in good working order and the maximum and minimum temperatures were recorded daily and were seen to be within 2 to 8 degrees Celsius.

Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

### 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.