

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 43 High Street, Wootton Bridge, RYDE, Isle of Wight, PO33 4LU

Pharmacy reference: 1032543

Type of pharmacy: Community

Date of inspection: 29/04/2019

Pharmacy context

This is a community pharmacy, located on a main road running through the village of Wootton Bridge, on the Isle of Wight. The pharmacy dispenses NHS prescriptions, provides healthcare advice to people as well as a minor ailment scheme. It also supplies medicines in multicompartiment compliance aids (blister packs or trays), for those patients who may have difficulty managing or remembering to take their medicines. The pharmacy also provides a service to tourists visiting the island, during the holiday season.

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	2.4	Good practice	Staff worked effectively together as a team and showed a culture of openness , honesty and learning
3. Premises	Standards met	3.1	Good practice	The pharmacy is clean , properly maintained and provides a good environment for the provision of healthcare
		3.3	Good practice	The pharmacy is well maintained and hygienic and provides a good professional image to people using its services
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 provides services in line with clear processes and procedures which are being followed by staff. The pharmacy team record, review and learn from mistakes that occur during the dispensing process to prevent similar mistakes in future. The pharmacy team asks people for their views and deals with any complaints. And it uses the feedback to improve the service it provides. The pharmacy team generally keeps all the records it needs to by law. The pharmacy protects patient information and the team members understand their roles in protecting vulnerable people.

Inspector's evidence

Procedures were in place to record, review, and learn from adverse events. The manager explained that dispensing incidents and near misses were recorded, reviewed (both at branch level and across the company), managed and feedback provided to staff through a monthly meeting. A review following the analysis of near miss incidents and errors led to the separating and highlighting of Risedronate and risperidone tablets on the dispensary shelves. Errors were reported to Head office and action taken when appropriate to notify the NRLS. The manager explained that baskets were used in the dispensing process to manage the workflow, separate prescriptions and reduce the likelihood of errors.

A system of utilising stickers was also in place to highlight for example where a high risk medicine eg warfarin or Lithium was included to enable the pharmacist to target patient counselling. Up to date and relevant Standard Operating Procedures (SOPs) were in the place for the services provided from the pharmacy with the SOPs having been reviewed last in May 2017. SOPs were signed by all staff and signature sheets were retained as verification.

The staff were clear on their role and responsibilities. On questioning, they explained that they would refer requests for advice and certain P medicines (e.g. regular requests for codeine preparations) appropriately to the pharmacist.

The patient complaints and feedback procedure informing patients how they could provide feedback or raise any concerns, was detailed on a poster displayed at the counter. The results of the most recent patient satisfaction survey were available on line via the NHS choices website. The pharmacy also received positive feedback through cards and letters from patients. Professional indemnity insurance arrangements were in place for the pharmacy services, provided via the NPA.

The Responsible Pharmacist (RP) sign was on display. The RP records, CD register, emergency supply records, private prescription records and specials records examined, were generally in order. Running balances were checked and recorded regularly for all controlled drugs and those balances checked during the inspection were in order. Records of patient returned controlled drugs were maintained. However, the time of ceasing responsibility as the RP was not always entered in the register on every occasion.

The manager explained that all staff were required to read and sign confidentiality clauses to confirm their understanding of the confidential nature of the information that may be acquired by them in the course of their employment, and these were filed. The pharmacy had up to date SOPs dealing with information governance. Access to the pharmacy computer and the patient medication record (PMR)

systems was restricted to authorised members of staff and password protected. Confidential waste was disposed of via a shredder.

The pharmacy had a business continuity plan in place together with a locum guide to assist locum pharmacists working at the branch. Child protection and vulnerable person safeguarding SOPs were in place and all staff had read and signed to confirm they had understood these procedures and were aware of what to do and who to contact if they had any concerns about the safety of a child or a vulnerable adult. The pharmacist and technicians had also completed the CPPE safeguarding course. The pharmacy had the contact numbers of the local safeguarding team available in the pharmacy for reference.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff for the services provided and provisions are in place to ensure adequate staffing levels are maintained. Pharmacy staff have the appropriate skills and qualifications for their roles or, are working towards obtaining these. They work effectively together in a supportive environment and are actively encouraged to undertake ongoing learning. The team work with openness and honesty to help support the safe and effective delivery of pharmacy services. They can make suggestions and get involved in making improvements to the systems used and services provided.

Inspector's evidence

The pharmacy dispensed approximately 7,500 NHS prescription items each month. 1 Relief Pharmacist, 1 Registered Pharmacy Technician / ACT/ manager, 1 Registered Technician and 2 Dispensers, were present in the pharmacy at the time of the inspection. Staffing levels were changed in response to business needs and in cases of extreme staff shortages, relief staff could be transferred from other local branches on the island to assist. Staff had completed appropriate training courses for their roles and were encouraged to continue and develop their skills.

The manager explained that all staff have regular annual appraisals where performance and development needs were individually discussed and documented. Staff were encouraged to continue their own personal development by completing regular online training courses through the Day Lewis Academy as well as other methods of training e.g. magazine articles, CPPE training events. Training records were held for each member of staff. The pharmacist and technicians also completed CPD as part of their professional requirements. Staff were provided with time to carry out ongoing training.

The pharmacist was observed supervising and overseeing the sales, supply and healthcare advice given by staff. Staff were observed following the sales of medicines protocol when making OTC recommendations and referred patients to the pharmacist when necessary.

On questioning, staff were able to explain how they would raise with the company any concern about the provision of a pharmacy service, and confirmed that they would not have any hesitation in doing this if circumstances required. The pharmacy had a formal whistleblowing procedure in place and staff were aware of this. Staff reported no current concerns. Regular informal staff meetings / briefings take place including the monthly safety briefing and staff feedback concerning the operation of pharmacy systems is encouraged. Following recent staff feedback the pharmacy had reviewed the date checking procedure to ensure that this was completed more effectively, with individual staff responsible for overseeing this process.

The pharmacist explained that targets were in place for MUR's and NMS, but the pharmacist was clear that these targets did not compromise his professional decision making.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and provides a hygienic and professional environment for the delivery of pharmacy services to people. The pharmacy protects the privacy, dignity and confidentiality of people with suitable facilities. And these are used by the team to ensure confidentiality is protected.

Inspector's evidence

The pharmacy had been refitted in the last few years and was of a good standard, spacious, clean/hygeinic and well lit. The pharmacy had air conditioning installed to control the ambient temperature at the pharmacy.

Hand washing facilities were available at the pharmacy and the sinks were clean and each had a supply of hot and cold water. A consultation room was available for use to ensure that patients could have confidential conversations with staff when necessary. The pharmacy had a chaperone policy in place. However, the consultation room door could not be secured to prevent unauthorised access when not in use.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are generally delivered in a safe and effective manner and people receive advice and support to help them use their medicines properly. The pharmacy services are advertised and people can easily access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that all the medicines it supplies are fit for purpose.

Inspector's evidence

The pharmacy provides a range of services tailored to the needs of the local population eg community DDS, and works closely with the surgeries and hospitals to identify suitable patients that would benefit from this service and to ensure continuity of care. The pharmacy also offer the Pharmacy First minor ailment scheme to help alleviate the pressure of the local GP services. Pharmacy services were clearly advertised.

The pharmacy was accessible to all, including patients with mobility difficulties, via a ramp. Staff were clear about what services were offered from the pharmacy and where to signpost patients to if a service was not provided. The pharmacy had a signposting resources folder and had access to the internet to assist with this. In accordance with the SOPs the “dispensed by” and “checked by” boxes on the dispensing labels on assembled medicines were initialled. Fridge lines were normally shown to patients, to minimise risks and facilitate patient counselling.

Patient information leaflets were generally supplied with all medicines, including community DDS patients. The pharmacy staff were aware of the Valproate Pregnancy Prevention Program (PPP) and had the information available to provide to patients as part of the counselling process. The pharmacy had also carried out an audit of patients receiving Valproate products to assist them in this.

The staff were aware of the recent requirements for ensuring compliance with the Falsified Medicines Directive (FMD), in relation to verification and decommissioning of medicines. The pharmacy had already received scanning equipment and the necessary software for FMD. Although, at the time of the inspection this was not routinely being used. Plans were in place to roll out training and SOP's to cover FMD in the coming months.

Pharmaceutical stock requiring refrigeration was stored between two and eight degrees Celsius. The manager demonstrated that the maximum and minimum temperatures of the pharmacy refrigerators were recorded daily and stock was rotated and stored in an orderly manner in the fridges.

Medicines were stored generically in alphabetical order and in appropriate conditions, within their original manufacturer's packaging. Pharmaceutical stock was subject to regular date checks, through a date checking matrix and stock close to expiring was appropriately highlighted. Date expired CDs were appropriately marked and segregated within the CD cabinet.

The pharmacy used licensed wholesalers AAH, Alliance and via Day Lewis head office. Specials are generally ordered via Eaststone specials. Invoices from a sample of these wholesalers were seen. Waste medicines including hazardous waste were stored securely in appropriate containers and disposed of via licensed contractors. The manager was able to demonstrate that drug recalls were actioned and

appropriate records maintained of action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary and appropriate equipment and facilities for the services provided and confidential information is protected.

Inspector's evidence

A range of appropriately stamped measures were available at the pharmacy with separate measures used for measuring methadone mixture. The pharmacy had equipment for counting loose tablets and capsules and these were clean at the time of inspection.

The pharmacy had up to date copies of BNF, BNF children and drug tariff as well as access to the internet and facility to access the NPA information service. The pharmacy computer terminals and PMR were password protected.

The computer screens were out of view of the public and prescriptions awaiting collection were stored to prevent customers being able to view confidential information from the counter area. Staff were observed disposing of confidential waste appropriately.

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.