

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Plc, The Pharmacy, High Street, Niton,
VENTNOR, Isle of Wight, PO38 2AZ

Pharmacy reference: 1032559

Type of pharmacy: Community

Date of inspection: 20/02/2020

Pharmacy context

This is a community pharmacy located in the small village of Niton near Ventnor 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, offers treatment for minor ailments and supplies medicines in multi-compartment medicine devices for people to use living in their own 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	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 members maintain a clear and embedded culture of openness, honesty and learning.
3. Premises	Standards met	N/A	N/A	N/A
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 written procedures to help make sure the team works safely. Pharmacy team members are clear about their roles and responsibilities. Pharmacy team members record and review some mistakes that happen and use this information and learning to avoid future mistakes. 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 maintains the records that it must keep by law.

Inspector's evidence

There were processes in place for identifying and managing risks in the pharmacy. Near misses were generally recorded regularly although there had been only 2 examples recorded in February at the time of the inspection. The pharmacist reported that these incidents would be submitted to the company head office for analysis. Any incidents would be discussed with the members of staff involved and coaching given if necessary. At the end of each month, the pharmacist also intended to review these near misses and would endeavour to highlight any trends in a meeting with the team. Based on previous near misses, the pharmacy team had separated some different forms of inhalers. 'Sound alike' and 'look alike' medicines such as amitriptyline and amlodipine had been separated on the dispensary shelf.

The pharmacy team reported all dispensing errors online using the electronic Day Lewis reporting system. The dispensing error process included a root cause analysis to elucidate why the error may have happened. 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 two yearly 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. Customer and patient satisfaction was also monitored using a tablet at the front of the medicines counter although this was not charged at the time of the inspection.

An indemnity insurance and public liability certificate from the NPA was held and was valid and in date until the end of April 2020. Electronic controlled drug records were retained. A balance of a random CD was checked and was found to be correct. The CD balances were checked weekly. Out of date CDs were kept separately from CD stock and labelled appropriately.

Date checking was carried out regularly and records were kept to demonstrate this. The fridge temperatures were recorded daily and were within the appropriate temperature range of two to eight 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. The time that the pharmacist signed out was occasionally omitted from the records. The RP notice was displayed where patients could see it.

The private prescription and specials records were retained and were in order. The pharmacist reported that emergency supplies were rarely made by the pharmacy.

An information governance policy was in place which the pharmacy team were required to read and sign. Confidential waste was collected separately from regular waste and removed regularly. The computer screens were all facing away from the public and access to patient confidential records was password protected. There was a smartcard that had been left out in the consultation room but this was removed during the inspection. Otherwise, all patient confidential information was stored securely.

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 available for local safeguarding advice, referrals and support.

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

There was one pharmacist and one technician present during the inspection. They were seen to be working well together and supporting each other. Staffing levels were seen as being sufficient for the services provided during the inspection. All staff had either completed or were undertaking appropriate training courses for their roles.

Staff performance was to be monitored and reviewed formally once a year against key performance indicators. In these reviews, a development plan would be introduced to help further develop and train the members of staff.

The staff reported they were required to complete online training modules when they became available. The technician reported that she had recently completed a CPPE package on safeguarding children and vulnerable adults and explained that this had increased her awareness of safeguarding issues. The pharmacy team also used third party materials, such as pharmacy magazines, to learn about new products. Staff had time to complete any required training.

The pharmacist reported that staff meetings were held on an ad-hoc basis. During these meetings, staff would discuss recent near misses and errors as well as any business updates. The company head office regularly released updates and these were read and discussed by staff.

Staff explained that they were comfortable to raise concerns to their area manager or head office if necessary. There was a staff feedback policy where they could provide feedback to the company about where they work. There was a whistleblowing policy in place and the pharmacy team were aware of this. There were targets in place in the pharmacy but the team explained that they did not feel any pressure to deliver these targets and that they would never compromise their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally 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 waiting area by a medicines counter to allow for the preparation of prescriptions in private. The dispensary was limited in the space available. However, the pharmacy team reported that they worked efficiently in order to make the most of the space they had. Boxes of stock were stored on the floor which could represent a trip hazard to staff. Fixtures and fittings were dated. The floor in the dispensary was littered with some paperwork and loose tablets and the inspector raised this to staff during the inspection.

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

The consultation room was well soundproofed and patient information was stored securely. A smartcard was left unattended in the consultation room but this was removed during the inspection. 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 generally 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

Access to the pharmacy was via steps and so staff explained that wheelchair user access was difficult. This had been reported to the company head office and solutions were being discussed. Staff reported that they were always on hand to serve patients at the door if required and also offered a delivery service. Pharmacy services were displayed on leaflets and posters that could be found around the pharmacy area. There was seating for patients and customers who were waiting for services.

The pharmacy team had been offering the flu vaccination service since September and had completed around 300 vaccinations. Staff explained how this service had increased accessibility to patients who find it difficult to attend limited GP appointments. The pharmacist had completed recent anaphylaxis and resuscitation training.

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 dispensing valproate to all female patients at the time of the inspection. The pharmacist reported that she would check 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 doop bins 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 software in place and were waiting for the appropriate hardware.

Medicines and medical devices were generally stored in an organised manner within their original manufacturer's packaging. Staff reported that Pharmaceutical stock was subject to date checks and these were documented. 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. Audit trails were kept to demonstrate that these had been actioned.

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 was one fridge in the pharmacy which was used to store thermolabile medicines. Maximum and minimum temperatures were recorded daily and were seen to be within the correct range.

Drip bins 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.