

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 443 Downham Way,
BROMLEY, Kent, BR1 5HS

Pharmacy reference: 1032613

Type of pharmacy: Community

Date of inspection: 06/02/2020

Pharmacy context

This is a community pharmacy in a parade of shops on a main road. It is close to a doctor's surgery. It offers a range of services, including an anticoagulant clinic on Wednesdays, and a travel vaccination service. It supplies medications in multi-compartment compliance packs to some people to help them take their medicines. It offers vitamin D supplements to pregnant females and children as part of a local NHS 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 |
|--|-------------------|------------------------------|------------------|---|
| 1. Governance | Standards met | 1.2 | Good practice | The pharmacy is good at recording and reviewing mistakes that happen during the dispensing process. And this give team members opportunities to learn and make the pharmacy's services safer. |
| 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 | 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 adequately identifies and manages the risks associated with its services. It is good at recording and reviewing mistakes that happen during the dispensing process. And this gives team members opportunities to learn and make the pharmacy's services safer. They generally protect people's personal information well. And they know how to protect vulnerable people. The pharmacy largely keeps the records it needs to by law, to show that medicines are supplied safely and legally.

Inspector's evidence

Near misses, where a dispensing mistake was identified before the item was handed out, were recorded on an ongoing basis. They were reviewed monthly for any patterns, and the outcome of the review was recorded on the patient safety report which was entered on to 'PharmOutcomes' (a web-based system). Team members said that they discussed near misses as they occurred, and the results of the reviews in the staff meetings when they were done. The reviews included any action that needed to be taken to help make the dispensing safer. The dispenser explained that they had noticed that they had near misses involving combination eyedrops and showed how the different types had been separated on the shelves to help prevent a reoccurrence. Dispensing errors, where a mistake happened and the item was handed out, were recorded on the company intranet and a copy of the report was sent to head office. Team members said that they discussed any errors that occurred and tried to find a way to help prevent a repetition. They have an example of an error that had occurred where a non-enteric coated tablet had been given out against a prescription for an enteric-coated one. The medicines involved had been separated on the shelf, and the shelf had been marked to make team members more aware. The dispenser said that they had discussed the incident in the team and the person's regular GP had been informed.

A range of up-to-date standard operating procedures (SOPs) was available, but not all staff had signed to indicate that they had read and understood them. The dispenser said that she would ensure that all team members had an opportunity to go through them. The regular pharmacist said that he would read and sign the SOPs relevant to his role.

The medicines counter assistant was clear about her own role and responsibilities, and what she could and couldn't do if the pharmacist had not turned up. Staff were observed referring queries to the pharmacists as appropriate. Baskets were used during the dispensing process to isolate individual people's medicines, and there was a clear workflow through the pharmacy. Team members described how one of them would generate label and another one would dispense the medicines.

The pharmacy undertook an annual patient survey. The results from the 2018 to 2019 survey were on the NHS website and they were positive, with around 90% of respondents rating the pharmacy as very good or excellent overall. The complaint procedure was available in the SOPs. There were no signs or leaflets to explain to people how to make a complaint or provide feedback, which could make it harder for them to know how to do this. The regular pharmacist was not aware of any recent complaints.

The pharmacy had current indemnity insurance which was arranged by its head office. The responsible pharmacist (RP) notice showed the details for the wrong pharmacist, but this was changed to the right one when it was highlighted. The RP record had largely been filled in correctly, but there were a few

gaps where the RP had not signed out. Records seen for supplies of unlicensed medicines complied with requirements. Controlled drug (CD) registers were electronic, and the entries seen had been filled in correctly. CD running balances were checked on a regular basis. A random check of a CD medicines showed that the quantity in stock matched the recorded balance. A few private prescription records were missing the prescriber's details, and some emergency supply records did not indicate the reason as to the nature of the emergency. This could make it harder for the pharmacy to find out this information if there was a query.

People using the pharmacy generally could not see other people's personal information. But there was a folder containing personal information found in one of the consultation rooms. The folder was immediately removed, and the pharmacist locked the door and said it would be kept locked when not in use in the future. There was a confidentiality procedure in the SOPs. Most staff had individual smartcards for accessing the NHS electronic systems, but not all team members did, and there was some sharing of the cards. The regular pharmacist said that he would contact the local NHS organisation and sort out new cards for the remaining team members. Confidential waste was separated into designated sacks and destroyed offsite.

Both pharmacists confirmed that they had completed the level 2 safeguarding training and could describe what they would do if they had any concerns about a vulnerable person. There was a safeguarding policy in the SOPs but not all staff had signed it. Team members said that they would refer any concerns about a vulnerable person to the pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. And team members do the right training for their roles. They do ongoing training to help them keep their knowledge and skills up to date. And they are able to take professional decisions to help keep people safe. Staff are comfortable about raising any concerns or make suggestions. And they have regular meetings to discuss any issues as they arise.

Inspector's evidence

At the time of the pharmacist there was the regular pharmacist (who was running the anticoagulant clinic), a second pharmacist, an apprentice dispenser, two trained dispensers, and one trained MCA. Team members were up-to-date with their workload. The pharmacy also employed another trained dispenser. The pharmacists felt able to comply with their own professional and legal obligations and could take professional decisions.

The MCA described the questions she would ask someone if they came to buy an over-the-counter medicine. And she could explain what she would do if someone wanted to purchase multiple packs of a medicine. Team members used the company intranet ('Day Lewis Academy') system to undertake ongoing training. They did not get time set aside at work to complete it but could do it at quiet times or do it at home. The dispenser said that she had recently completed a package on sepsis. New training packages were released frequently, and team members said that they were up-to-date with their ongoing training.

Team members felt comfortable about raising any concerns and said that they could also raise any issues or make suggestions for improvements in the staff meetings. The pharmacy's head office and regional manager were easily contactable. The pharmacy had a whistleblowing policy. Team members had targets around the level of business and services. They did not feel under any undue pressure to achieve them and said that they provided the services for the benefit of people using the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and tidy, and they are suitable for the pharmacy's services. Team members have enough space to dispense safely. People can have a conversation with a team member in a private area. And the premises can be secured from unauthorised access.

Inspector's evidence

The pharmacy was clean and tidy, and there was enough clear workspace to dispense safely. The room temperature was suitable for the storage of medicines and was maintained with air conditioning. Lighting throughout was good, and there was sufficient space in the dispensary to allow for a clear workflow. Multi-compartment compliance packs were dispensed on one area of the worksurface which was big enough to work on all four packs at a time.

The pharmacy had two consultation rooms. Both were largely tidy and allowed low-level conversations to take place inside which would not be overheard. The door of one of them led directly into the public area, and the regular pharmacist locked this when it was highlighted. Staff had access to handwashing facilities and cleaning products. The premises were able to be kept secured from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources and generally stores them properly. And it regularly date-checks its stock. This reduces the chance that people are supplied with medicines which are past their 'use-by' dates.

Inspector's evidence

The pharmacy had step-free access from outside. There was enough space inside to allow people with wheelchairs or pushchairs to manoeuvre. The seating area was away from the counter to help people overhearing other people's conversations. The pharmacy computers could print large print labels as required to assist people with visual problems. The regular pharmacist provided the anticoagulant clinic on Wednesdays, and people could make appointments to see him.

Dispensed multi-compartment compliance packs were labelled with a description of the medicines inside, and an audit trail to show who had dispensed and checked the packs. The dispenser said that they routinely supplied patient information leaflets, but no leaflets were present with a set of packs examined. She said that they would ensure the leaflets were supplied. People were assessed to see if the packs were suitable by the local medicines optimisation service (LIMOS). LIMOS also undertook some degree of ongoing monitoring to see how the people were managing with their medicines. The dispenser showed how she would record any changes in medicine or dose on the pharmacy computer, but she was unaware of any recent examples.

Team members explained how they routinely highlighted prescriptions for higher-risk medicines such as warfarin or lithium. No dispensed higher-risk medicines were found on the shelves seen. Prescriptions for CDs were seen to be highlighted, to make the team member handing it out aware of the shorter prescription validity date for these medicines. The regular pharmacist said that the person's surgery needed to see the person's 'yellow book' before issuing a warfarin prescription. Team members were aware of the additional guidance around pregnancy prevention to be given to some people taking valproate. The regular pharmacist said that they did not currently have any people in the at-risk group who took this medicine. The pharmacy had some of the associated information such as warning cards but had no stickers for use with split packs. The regular pharmacist said that he would order some in.

The pharmacy undertook deliveries of medicines to some people's homes. The dispenser explained how they obtained signatures from recipients to confirm that the medicines had been delivered safely. But the delivery records were with the driver during the inspection and could not be examined.

The pharmacy had the equipment to comply with the Falsified Medicines Directive but were waiting for further instructions from head office before it was routinely used. A selection of patient group directions (PGDs) was examined, and they were in date with signed copies available in the pharmacy. The regular pharmacist described the associated training he had undertaken and said that he was only able to access the PGDs once it had been confirmed that he had done the relevant training.

Medicines were obtained from licenced wholesale dealers and specials suppliers. The dispenser said

that the pharmacy had a wholesale dealer's licence. Medicines were stored in an orderly manner on the shelves. Team members confirmed that they regularly date-checked the stock, and this was supported with records. No date-expired medicines were found on the shelves sampled. One loose strip of tablets and one medicines container which did not have the batch number or expiry date on it were found in with stock. These were immediately removed for destruction. Bulk liquids were marked with the date of opening so that team members knew if they were still suitable to use. Medicines for destruction had been separated from stock and placed into designated bins and sacks for offsite disposal.

CDs were kept securely. Medicines requiring cold storage were kept in two fridges and the temperatures were monitored and recorded daily. Records seen showed that the temperatures had remained within the appropriate range. The pharmacy received drug alerts and recalls, usually from head office. The dispenser said that they had received a recall about ranitidine and could explain what they had done as a result. A record of the recall or alert and the action taken was kept, so that it was easy for the pharmacy to show what it had done in response.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for its services and it generally maintains it well. It uses its equipment to help protect people's personal information.

Inspector's evidence

Suitable glass measures were available, and there were separate ones for certain liquids to help avoid cross-contamination. Some measures required descaling, and the team said that they would ensure this was done. The regular pharmacist calibrated the anticoagulant measuring machine with in-house and external control solutions and could demonstrate this with records. Staff had access to up-to-date reference sources online.

Up-to-date reference sources were available online. There was an anaphylaxis kit available for use with the vaccination services. The phone was cordless and could be moved to a more private area in the pharmacy to help protect people's personal information. The fax machine was in the dispensary and away from the public area.

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. |