

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 2 The Square, Riverhead,
SEVENOAKS, Kent, TN13 2AA

Pharmacy reference: 1032929

Type of pharmacy: Community

Date of inspection: 06/06/2019

Pharmacy context

The pharmacy is on a parade of shops in the centre of a small village. The nearest town is Sevenoaks which is around two miles away. The pharmacy provides a range of services, including, Medicine Use Reviews, the New Medicine Service (NMS), and it provides multi-compartment compliance packs to around 80 people who live in their own homes to help them take their medicines safely. It carries out around 25 deliveries a day, mainly to housebound people. The people who use the pharmacy are mainly older people.

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	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 generally identifies and manages the risks associated with its services. It generally protects people's personal information. And it largely keeps its records up to date. It actively seeks feedback from the public. And its team members understand their roles and responsibilities and know when to refer to the pharmacist so people get the right advice.

Inspector's evidence

The pharmacy adopted some measures for identifying and managing risks associated with pharmacy activities. These included; documented, up-to-date standard operating procedures (SOPs), near miss and dispensing incident reporting and review processes. Near misses were highlighted with the team member involved at the time of the incident; they identified and rectified their own mistakes. Near misses were generally recorded and reviewed for trends and patterns. The log had not been completed since February 2019. The dispenser said that the regular pharmacist usually completed the log but the pharmacy had been employing locum pharmacists for around six weeks. Medicines in similar packaging or with similar names were separated where possible. The dispenser said that dispensing incidents were recorded on a designated form and a root cause analysis was undertaken. Team members could not recall any recent incidents. Team members were unable to access previous dispensing incident reports during the inspection.

There was ample workspace in the dispensary and this was free from clutter. An organised workflow helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members signed the dispensing label when they dispensed and checked each item to show who had completed these tasks.

Team members' roles and responsibilities were specified in the SOPs. The dispenser said that he would contact the Regional Support Manager if the pharmacist had not turned up. The pharmacy technician said that the pharmacy would remain closed and people would be signposted to other local pharmacies where needed. Team members knew that they should not carry out any dispensing tasks if there was no responsible pharmacist (RP). They knew that pharmacy-only medicines should not be sold and dispensed prescriptions should not be handed out if the pharmacist was not on the premises.

The pharmacy had current professional indemnity and public liability insurance in place. Records required for the safe provision of pharmacy services were available though not all elements required by law were complete. All necessary information was recorded when a supply of an unlicensed special was made. The correct prescriber details were not always recorded in the private prescription log. A few private prescriptions did not have the patient's address recorded. The nature of the emergency was not routinely recorded when a supply of a prescription only medicine was supplied in an emergency without a prescription. Controlled drug (CD) running balances were checked around once a month. The recorded quantity of one item checked at random was the same as the physical amount of stock available. The correct RP notice was clearly displayed and the RP log was completed correctly.

Confidential waste was shredded and the people using the pharmacy could not see information on the computer screens. Computers were password protected. Smart cards used to access the NHS spine were stored securely and team members used their own smart cards during the inspection. Dispensed

items waiting collection could not be viewed by people using the pharmacy. Some prescriptions on the medicines counter were accessible to people using the pharmacy. The dispenser moved these, and a barrier was used to restrict unauthorised access to the prescriptions. The pharmacy team members had completed General Data Protection Regulation training.

The pharmacy carried out yearly patient satisfaction surveys; results were available on the NHS website. Results from the 2018 to 2019 survey showed that 100% of the respondents were satisfied with the pharmacy overall. The complaints procedure was available for team members to refer to where needed. The dispenser said that he was not aware of any complaints since he started working at the pharmacy around six months ago.

The pharmacist said that she had completed the Centre for Pharmacy Postgraduate Education level 2 training about protecting vulnerable people. The pharmacy technician said that other team members had completed safeguarding training provided by the pharmacy. But the delivery driver could not recall having completed any safeguarding training. He said that he would contact the pharmacy if he had any concerns about a vulnerable person. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people. The dispenser said that she was not aware of any safeguarding issues at the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. They are provided with some ongoing training to support their learning needs and maintain their knowledge and skills. They can raise any concerns or make suggestions to improve how the pharmacy works. The team members can take professional decisions to ensure people taking medicines are safe. These are not affected by the pharmacy's targets.

Inspector's evidence

There was one locum pharmacist, three dispensers and one medicine counter assistant (MCA) working during the inspection. The MCA finished her shift part way through the inspection. The team wore smart uniforms with name badges displaying their role. They worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed.

The dispenser appeared confident when speaking with people. She was aware of the restrictions on sales of pseudoephedrine containing products. And she confirmed that she would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care. Effective questioning techniques were used to establish whether the medicines were suitable for the person.

The pharmacy technician said that team members completed regular online training modules. She said that some were compulsory and others they could choose to complete if it interested them. Some team members could access the training modules at home. She said that she usually completed training in her lunch hour when needed. Certificates were issued when team members had completed a certain amount of training modules. The pharmacy technician said that she had completed continuing professional development entries as part of her revalidation process to keep registered with the GPhC.

The pharmacy technician said that the pharmacy had meetings when there was important information to pass on to all team members. But these were infrequent. She said that team members usually discussed any issues informally. She confirmed that she had a good working relationship with the regular pharmacist and felt confident to discuss any issues with her.

Targets were set for Medicine Use Reviews (MUR) and the New Medicine Service. The pharmacy technician said that the pharmacy met the MUR target for last year. Team members encouraged the locum pharmacists to carry out these services in the absence of the regular pharmacist. The pharmacist said that she carried out the services for the benefit of the people who used the pharmacy and not to meet the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises generally provide a safe, secure, and clean environment for the pharmacy's services.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean and tidy throughout; this presented a professional image. Pharmacy-only medicines were kept behind the counter. There was a clear view of the medicines counter from the dispensary. The pharmacist could hear conversations at the counter and could intervene when needed. Air-conditioning was available; the room temperature was suitable for storing medicines. There were four chairs in the shop area for people to use when needed. The shop area was large and well-presented.

The pharmacy's main consultation room was accessible to wheelchair users and was located in the shop area. It was suitably equipped, well-screened, and kept secure when not in use. Low level conversations in the consultation room could not be heard from the shop area.

A second room accessible from the shop area was also labelled as a consultation room. The MCA said that this room was not used as a consultation room but that it was used as a store room. It was not locked and there were pharmacy-only medicines found in this room. The MCA locked the room during the inspection and she said that she would ensure that it was kept locked when not in use.

Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available. The pharmacist said that people who worked in the opticians next door to the pharmacy used the kitchen and toilet facilities. Dispensed prescriptions were kept in the kitchen area and people who did not work in the pharmacy potentially had access to these. The pharmacy technician said that she would ensure that medicines and people's personal information were not kept in this room.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy generally manages its services well. It gets its medicines from reputable suppliers and stores most of them appropriately. And it responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe to use. But it does not always keep them in appropriately labelled containers or remove expired medicines promptly. This could increase the chances of people receiving medicines which are past their 'use-by' date.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance. The pharmacy team had a clear view of the main entrance from the medicines counter. A variety of health information leaflets were available. Services and opening times were clearly advertised. The provision of some services was temporarily on hold until the regular pharmacist returned.

Prescriptions for higher-risk medicines were not highlighted. So, opportunities to speak with these people when they collected their medicines might be missed. The pharmacy technician said that a record of any blood test results was not made. This could make it harder for the pharmacy to check that the person was having relevant tests done at appropriate intervals. Some prescriptions for Schedule 3 and 4 CDs were highlighted with the date that the medicine was not to be handed out after. This was not always carried out. The pharmacy technician said that the regular pharmacist would usually ensure that this was done on the days she worked. But some of the locum pharmacists had not been following this procedure. Dispensed fridge items were kept in clear plastic bags to aid identification. The pharmacy technician said that CDs and fridge items were checked with people when handing them out. The dispenser said that all female patients taking valproate medicines were provided with warning cards and patient information leaflets. There were currently no people who needed to be on the Pregnancy Prevention Programme.

Stock was stored in an organised manner in the dispensary. The dispenser said that expiry dates were checked every three months and this activity was recorded. Stock due to expire within the next six months was marked. The pharmacy technician said that short-dated stock lists were kept for items due to expire within the next six months. But she could not find the book during the inspection. There were several expired items found with dispensing stock. And several medicines had been decanted into plastic dispensing bottles which were kept with dispensing stock. Some bottles had been labelled with the contents but there was no evidence to show that these had been checked or when the medicines had been decanted. And some unlabelled bottles had been placed back in the original packaging.

Part-dispensed prescriptions were checked daily. 'Owings' notes were provided when prescriptions could not be dispensed in full and people were kept informed about supply issues. Prescriptions for alternate medicines were requested from prescribers where needed. Part-dispensed prescriptions were kept at the pharmacy until the remainder was dispensed. But these prescriptions were not always kept at the pharmacy until the medicines had been collected. The MCA said that uncollected prescriptions were checked monthly. She said that items uncollected after around three months were returned to dispensing stock. The pharmacy technician said that prescriptions were kept at the pharmacy until they had expired. There were a few expired prescription forms in the retrieval system. The bagged items for these prescriptions were still waiting collection. This could increase the chances of these items being

handed out when the prescription is no longer valid.

Prescriptions for people receiving their medicines in compliance packs were ordered in advance so that any issues could be addressed before they needed their medicines. Prescriptions for 'when required' medicines were not routinely requested; the dispenser said that the pharmacy routinely contacted people to see if they needed them. The pharmacy kept a record for each person which included any changes to their medication. They also kept hospital discharge letters for future reference. Packs were suitably labelled and there was an audit trail to show who had dispensed and checked each pack. Medication descriptions were put on the packs. Patient information leaflets were routinely supplied. Team members wore gloves when handling medicines that were placed in these packs.

CDs were stored in accordance with legal requirements. Denaturing kits were available for the safe destruction of CDs. CDs that people had returned, and expired CDs were clearly marked and segregated. Returned CDs were recorded in a register and destroyed with a witness; two signatures were recorded.

Deliveries were made by a delivery driver. The pharmacy obtained people's signatures for deliveries where possible; these were recorded in a way so that another person's information was protected. The driver said that he attempted to deliver fridge items at the start of his round. Licensed wholesalers were used for the supply of medicines and medical devices. Drug alerts and recalls were received from head office. Head office were informed about any action taken and this information was kept for future reference.

The dispenser said that team members had received some training on how to use the equipment for the EU Falsified Medicines Directive. He was using the scanner during the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely.

Inspector's evidence

Up-to-date reference sources were available in the pharmacy and online. Suitable equipment for measuring medicines was available. Triangle tablet counters were available; a separate counter was marked for cytotoxic use only. There was a layer of powder residue on the counters. The dispenser cleaned these during the inspection.

The phone in the dispensary was portable so could be taken to a more private area where needed. The shredder was in good working order. Fridge temperatures were checked daily; maximum and minimum temperatures were recorded. Records indicated that the temperatures were mainly within the recommended range. Reasons were recorded when the temperature was outside the range and the temperature was rechecked. The fridge was suitable for storing medicines and was not overstocked.

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.