

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, 21 High Street, OAKHAM,  
Leicestershire, LE15 6AH

**Pharmacy reference:** 1034231

**Type of pharmacy:** Community

**Date of inspection:** 05/08/2019

## Pharmacy context

The community pharmacy is situated on the main road through the town centre. Most of its activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own home. Other services the pharmacy provides includes prescription deliveries to people's homes, Medicines Use Reviews (MUR), New Medicine Service (NMS) checks, seasonal flu vaccinations and a travel clinic.

## 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>	Standards met	N/A	N/A	N/A
<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 identifies and manages the risks associated with the provision of its services. The pharmacy adequately manages people's personal information. It knows how to protect vulnerable people. The pharmacy has adequate procedures to learn from its mistakes. But it doesn't routinely review its near misses. So, it could be missing opportunities to improve the safety and quality of its services.

### Inspector's evidence

The Responsible Pharmacist (RP) notice showing the name and registration number of the pharmacist in charge of the pharmacy was clearly displayed. The pharmacy had recently received a new set of standard operating procedures (SOPs). Staff were in the process of reading and signing the new SOPs. The amendments to the SOPs were recorded in a chart at the front of the SOP folder which made it easy for staff to see the changes. During the inspection there was a locum pharmacy technician working at the pharmacy; she had been working at the pharmacy for a couple of weeks. She mainly assembled multi-compartment compliance packs and had just received the company SOP on dispensing compliance packs to read.

Staff present understood what they could and couldn't do. The counter assistant was aware that she couldn't work in the dispensary. She explained that when the pharmacist was absent a notice was displayed, and no over-the-counter medicines were sold, or prescriptions handed out. She knew most of the questions to ask when selling a medicine to ensure it was safe for the person to use. The pharmacy had stickers for controlled drugs (CDs); fridge items and pharmacist interventions. The counter assistant knew that most prescriptions had a six-month expiry date and was aware that CD prescriptions were valid for 28 days from the date on the prescription. The counter assistant explained that the purple sticker was for CDs in the CD cabinet and that other CDs were highlighted with a marker pen. She could recall some but not all of the CDs with a 28-day validity that were not stored in the cupboard. When the prescriptions waiting to be collected were checked there was a prescription that had not been highlighted. The pharmacist said that when he signed on to the electronic patient medication record (PMR) in the morning any prescriptions (including CDs) that were nearing expiry were flagged up.

An audit trail was created through the use of dispensed by and checked by boxes on the medicine label. The final check was carried out by the RP. The pharmacist said that the pharmacist was the only person in the pharmacy qualified to dispense and check medicines for several days a week. He was aware of the increased risk of an error if only one person was involved in dispensing and checking medicines and said that he took a mental break between the two processes and signed both boxes on the medicine label.

The pharmacy kept records of near misses, errors and incidents. The near miss was returned to the dispenser to review and then discussed. Near misses were recorded in the near miss log. The last review of near misses had been completed in January 2019. The pharmacist said that the two regular pharmacists were aware that they were behind in reviewing near misses and had split the reviews between them to try and catch up. In addition, the pharmacy received a regular monthly update from the Superintendent. The update provided a range of clinical governance including highlighting errors

made across the company and other concerns such as MHRA alerts.

Records to support the safe and effective delivery of pharmacy services were legally compliant. These included the RP log, private prescription records, specials and the CD register.

The travel clinic was carried out in conjunction with MASTA, a specialist travel health company, who carried out the initial consultation. The pharmacist explained that the patient group directions (PGDs), for all the services which included malaria, cholera, hepatitis, rabies and meningococcal vaccinations were held on-line. The pharmacist was unable to access to his training records during the inspection but subsequently provided his training records to the inspector via email.

There was a complaints procedure in place. There was information about how to complain in the pharmacy leaflet. And there were posters asking for feedback in the pharmacy. The pharmacy had its latest satisfaction survey displayed on NHS UK. All of the people who had responded to the survey rated the pharmacy as excellent or very good. Public liability and professional indemnity insurance were in place until April 2020.

Computer terminals were positioned so that the screens couldn't be seen by people visiting the pharmacy. Access to the PMR was password protected. Confidential paper work was stored securely. Confidential waste was shredded. There was an information governance protocol in place.

CDs were stored in accordance with legislation. A random check of the recorded running balance of a CD matched the actual stock in the CD cabinet. Out-of-date stock were clearly separated and awaited destruction. CDs were audited weekly. There was a patient-returned CD register with Schedule 3 CDs recorded. Dispensed CD medicines waiting collection were all in date. Dispensed CDs and insulin were stored in clear bags. This allowed the pharmacist to easily check the medicine on supply and confirm it with the person collecting it.

The pharmacist was aware of safeguarding requirements; there was guidance which had been read by all staff with local contact details available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members are suitably trained for the roles they undertake. Team members work well together. They are able to share ideas to improve how the pharmacy operates. And they can raise concerns if needed. The team members receive support in keeping their skills and knowledge up to date.

### Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. The RP record showed who the RP in charge of the pharmacy had been. During the inspection the pharmacy team worked well together and were able to manage the workload of the pharmacy. During the inspection there was a pharmacist, a locum pharmacy technician and one trained counter assistant. The regular full-time dispenser was on long term absence, so the pharmacy had a locum dispenser for three days a week. The pharmacist said that it was harder to provide the services on the days there wasn't a locum dispenser.

All team members had completed the required accredited training for their roles. There was an annual review which gave staff a chance to feedback any concerns or issues. The counter assistant said that they worked together as a team and they had changed their hours to cover the pharmacy due to staff absence. Staff were able to give suggestions on how to improve the service when necessary. There was a whistleblowing procedure in place. This had contact details for external organisations.

The pharmacy had a range of electronic training through the Day Lewis academy. The team said that there was usually training every month. Recent training had been on data protection and headaches. Staff said they were given time during work to complete training. The pharmacist said that there were targets set but that the focus of these was on providing the best service for patients.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. The pharmacy protects personal information.

### Inspector's evidence

The pharmacy was clean and maintained to a suitable standard throughout. The pharmacy had air conditioning to provide appropriate temperature for the storage of medicines. The dispensary was a reasonable size for the services provided, with an adequate dispensing bench available for the assembly of medicines and reasonable space for the storing of medicines. The dispensary was clean and tidy; there was a sink with hot and cold water. There was a separate room for the assembly of multi-compartment compliance packs.

An adequate size sound-proof secure consultation room was available to ensure people could have confidential conversations with pharmacy staff. The room was locked when not in use. Computer screens were set back from and faced away from the counter. Access to the electronic patient medication record (PMR) was password protected. Unauthorised access to the pharmacy was prevented during working hours and when closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy mainly provides its services safely. The pharmacist is helpful and supportive to people who use the pharmacy. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely. And it takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing.

### Inspector's evidence

The pharmacy was on the main high street through the town. There was an automatic door and flat access to provide easy access for a wheelchair or those with a physical disability. The shop window displayed services provided and opening hours. There was a pharmacy practice leaflet which also advertised the opening hours and services provided. There was a clear route to the dispensary counter. There were a range of posters and leaflets available. There was sufficient seating for people waiting for their medicines.

The pharmacy used a dispensing audit trail which included signing the dispensed by and checked by boxes on the dispensing label. This helped identify who had done each task. The pharmacy also used baskets during the dispensing process to reduce the risk of error. There were separate areas for the assembling and checking of prescriptions.

The pharmacist used local knowledge to signpost people to other healthcare providers when required. The pharmacist was easily accessible and was seen counselling people visiting the pharmacy. The pharmacist said that he particularly gave advice on areas such as new medicines, change of dose, anti-inflammatory medicines and children's medicines. He said that higher-risk medicines such as methotrexate, lithium and warfarin should have a pharmacist intervention sticker and the aim was to provide counselling every time. Dispensed prescriptions seen for warfarin and methotrexate didn't have a sticker and the record checked hadn't had an INR recorded this year. This might mean that some people including those who receive higher-risk medicines may not be getting all the information they need to take their medicines safely. He said that he didn't have anybody in the at-risk group taking sodium valproate and he knew the current advice about pregnancy prevention. But couldn't find any of the recent information leaflets. He said he would contact the manufacturer to order some.

The pharmacy delivered medicines to people. The person who received the medicine signed to confirm they had received it to provide a record of delivery.

Each person who received their medicines in a multi-compartment compliance pack had a chart so that any changes or missing medicines could be easily managed. The charts listed their medicines and when they were taken. The charts were a little messy with changes in medicines recorded by crossing out or using correctional fluid. This could make the charts harder to read. Labels on the compliance pack recorded the shape and colour of the medicine to allow easy identification. Patient Information Leaflets were sent each month. Dispensed packs were kept on a separate shelf. There were eight and on one occasion ten dispensed compliance packs for a single person on the shelf. The pharmacist said that if the surgery sent a prescription covering eight-weeks then eight compliance packs were dispensed at the same time. The SOP said that the front of the compliance pack should have a dispensing label showing when the compliance pack was dispensed and checked but this wasn't being done. The medicine label

on the compliance packs of the person with ten packs had a date of 01 July 2019 and the packs were going to be used up to the week beginning 07 October 2019. Leaving a medicine in a multi-compartment compliance pack for an extended period of time could affect the quality of the medicine.

Fridge medicines were stored correctly between 2 and 8 degrees Celsius. Fridge temperatures were recorded daily. Medicines were stored tidily in their original containers on the shelf. CDs were stored safely. Date checking was carried out every three months with records kept in the dispensary. Short-dated stock had a sticker with the expiry date. Out-of-date medicines were put in waste bins; a patient returned CD register was in place. The pharmacy recorded the date of opening on all liquid medicines to ensure that they were still appropriate to be supplied. Only recognised wholesalers were used for the supply of medicines.

The pharmacy had scanners for the Falsified Medicine Directive, but the pharmacist had not yet had any training. The pharmacist was aware of the procedure for drug alerts. The alert was printed off and signed to provide an audit trail.



## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services that it offers. It maintains its equipment and facilities adequately.

### Inspector's evidence

The pharmacy used crown marked measures for measuring liquids. The pharmacy had up-to-date to reference sources. The blood pressure monitor had been calibrated in July 2019. It was calibrated every two years. The pharmacy's electrical equipment's last safety test was in June 2018.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.