

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 10 Freshwater Square,
Hamlands Estate, Willingdon, EASTBOURNE, East Sussex, BN22 0PS

Pharmacy reference: 1036175

Type of pharmacy: Community

Date of inspection: 30/05/2019

Pharmacy context

This Healthy Living Pharmacy (HLP) is located in a parade of shops in Willingdon, a residential suburb of Eastbourne. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy offers flu vaccinations in the autumn and winter seasons, a smoking cessation service and home deliveries. It also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing their medicines.

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	Records of errors and near misses are regularly reviewed and records are kept showing what has been learned and what has been done.
		1.4	Good practice	The pharmacy proactively encourages feedback from service users, and can demonstrate how it has used this feedback to improve the safety and quality of its services.
2. Staff	Standards met	2.2	Good practice	Planned learning and development is actively encouraged, and records show that staff complete regular ongoing training relevant to their roles, to help keep their skills and knowledge up to date.
		2.4	Good practice	Members of the team are comfortable talking about their own mistakes, and can explain why it is important to share learning.
		2.5	Good practice	Regular team meetings are held and minutes are recorded and shared. Members of the pharmacy team have regular appraisals and one to one meetings with their line manager.
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

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards, identifying and managing most risks effectively. The pharmacy logs the mistakes it makes during the dispensing process. The pharmacist reviews them with the team every month so that they can learn from them and avoid problems being repeated. The pharmacy also makes it easy for people to let them know what they think of its services. The pharmacy keeps most of the records it needs to by law. But it doesn't always record all the details, which may make it difficult for team members to resolve queries or correct things in future. The pharmacy manages and protects confidential information well, and it lets people know how their private information will be used. The team members understand how they can help to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

Inspector's evidence

There were Standard Operating Procedures (SOPs) in place to underpin all professional standards, seen to be signed and read by staff. They were last reviewed in May 2017 and due for review May 2019. There was also a summary at the front of the file highlighting the most recent changes to the SOPs. This summary was undated.

Errors and near misses were seen to be regularly recorded on a monthly form. Details were then transferred onto the Pharmoutcomes online platform. The pharmacist reviewed and discussed them with the team at each monthly team meeting. As a result they separated Omeprazole 10mg and 20mg capsules, Vesicare 5mg and 10mg tablets to reduce the risk of them being mixed up. They had also separated a number of other "Look Alike Sound Alike" (LASA) drugs to help avoid picking errors. There was a copy of the Day Lewis Group monthly patient safety newsletter available, with an analysis of Pharmoutcomes reports from all of their pharmacies and highlighting where to take particular care.

Roles and responsibilities of staff were clearly documented in the SOP folder. People who work in the pharmacy could clearly explain what they do, what they were responsible for and when they might seek help.

Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. They outlined their roles within the pharmacy and where responsibility lay for different activities. All dispensing labels were signed by two people to indicate who had dispensed the item and who had checked it. The responsible pharmacist notice was clearly displayed for patients to see and the RP record on the computer was complete and correct.

Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were on nhs.uk website for patients to see and a copy was also in the HLP folder. The pharmacy complaints procedure was set out in the practice leaflets, which were on display in the pharmacy. There was also a prominent notice headed "will you help us to help you?" encouraging comments, suggestions or complaints, and a wifi tablet on the counter for people to use for instant feedback.

A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) was on display for patients to see. Private prescription records were maintained on

the PMR system. Most of those checked were complete but several dental prescription records were missing the prescriber's details, and simply recording them as 'dentist'.

The controlled drug (CD) register was seen to be correctly maintained, with running balances checked weekly in accordance with the SOP. Balances of MST 15mg and 60mg tablets were checked and found to be correct. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed "specials" were seen to be mostly complete with just the odd one missing prescriber details.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. Completed prescriptions in the prescription retrieval system were turned so that personal information was not visible to patients waiting at the counter. Confidential waste was kept separate from general waste and currently shredded onsite. The annual Data Security and Protection (DSP) toolkit had been completed by their Head Office. There was privacy notice on display for people to see, and also leaflets on 'how we safeguard your personal information'.

There were safeguarding procedures in place and contact details of local referring agencies were on the dispensary wall and in the clinical governance folder together with safeguarding SOP signed by all staff. All registrants have been trained to level 2 and other staff members had level 1 training. All staff were dementia friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are well-trained and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There was one pharmacist, and one dispensing assistant on duty during the inspection. The size of the team appeared to be appropriate for the current workload and they were working well together. At the time of the inspection one full time dispenser was off sick and the part time counter assistant was on holiday. Some help was being provided by relief and locum staff to provide extra cover. Staff qualifications and training were available online to show the levels of training completed. Everyone gained points for each completed course and can achieve bronze, silver or gold awards. Ongoing training modules were sent online from Head Office. There was a Level 2 award certificate in 'understanding health improvement' for the health champion in the HLP folder and also a leadership training certificate.

The monthly team meeting agenda and minutes were recorded and filed in the HLP file. Staff annual reviews were also in the HLP folder and on the company intranet. The next round of reviews were due to be carried out by the end of June.

Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. Both members of staff were seen to serve customers and asking appropriate questions when responding to requests or selling medicines. The pharmacist and dispenser both confirmed that they are comfortable with making decisions and did not feel pressurised to compromise their professional judgement.

Team members were involved in open discussions about their mistakes and learning from them. They felt that their "no blame culture" made it easier for them to report things. Team members said that they could raise concerns and that there was a whistleblowing policy available for them if needed. There were targets in place but the pharmacist felt that they didn't impact upon his professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a safe, secure and professional environment for people to receive its services.

Inspector's evidence

The pharmacy premises are clean, tidy and in a good state of repair. There is sufficient space to work safely and effectively, and the layout is suitable for the activities undertaken. There is a consultation room for confidential conversations, consultations and the provision of services. The door was usually kept locked when the room was not in use. There was a computer terminal which was password protected.

The dispensary sink had hot and cold running water and there were disinfectant wipes available for cleaning work surfaces. The sinks and toilet areas were reasonably clean and well maintained. Room temperatures were appropriately maintained by a combined heating and air-conditioning unit, keeping staff comfortable and suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It identifies people supplied with high-risk medicines, but doesn't always record the checks that it makes so that they can be given extra information they need to take their medicines safely. And it doesn't always let people know if their prescriptions are sent away to be dispensed by someone else before being returned to the pharmacy. The pharmacy responds well to drug alerts or product recalls to ensure that people only get medicines or devices which are safe. It keeps a record of the checks it makes to keep people safe. But, the pharmacy doesn't 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

The pharmacy provided a range of services including a smoking cessation service, and Emergency Hormonal Contraception (EHC). Seasonal flu vaccinations were also available during the autumn and winter. Controls were seen to be in place to reduce the risk of picking errors, such as the use of baskets to keep individual prescriptions separate. Prescription labels were initialled to show who had dispensed and checked them.

Owings tickets were in use when medicines could not be supplied in their entirety. If the medicine was difficult to obtain, staff would call other local pharmacies to see whether they had any stock and if their delivery driver could collect it. If they were still unable to obtain the medicine, patients were either advised to contact their GP for an alternative or the pharmacy would phone the GP on their behalf.

Prescriptions for CDs or fridge lines in retrieval awaiting collection were highlighted with a sticker so that the CD or fridge lines could be collected from fridge or CD cupboard when the patient called back. Schedule 4 CDs such as zopiclone were highlighted via a daily online report to ensure that they were not handed out after their 28-day validity.

Monitored Dosage System (MDS) trays were dispensed towards the back of the pharmacy, away from distractions. Each patient had an individual record sheet showing their current medicines and dosage times. The trays were seen to be labelled complete with product descriptions and patient information leaflets (PILs) provided to some but not all patients.

Staff were aware of the risks involved in dispensing valproates to people who may become pregnant, and all such patients would be counselled and provided with leaflets and cards highlighting the importance of having effective contraception. The valproate audit did not identify any female patients under 60. Patients on warfarin were not routinely asked for their INR records, and/or yellow book. The pharmacist did however ask if they have had their INR checked, and stressed the importance of having regular checks.

Valid up-to-date Patient Group Directions (PGDs) were seen to be in place for champix (smoking cessation), and EHC. Copies were also on the Day Lewis PGD hub. The PGD for the flu vaccination service was present and had expired in March 2019 at the end of the season.

Medicines were obtained from licensed wholesalers including AAH, Alliance, Phoenix and Day Lewis' own warehouse. Unlicensed "specials" were obtained from Eastone Specials. The pharmacy had FMD scanners and software in place but the staff were not yet trained in their use. The pharmacy used the NWOS agency scheme for dressings and appliances but there was no procedure in place for obtaining patient consent to send their prescriptions elsewhere to be dispensed. There was also no notice in the pharmacy to inform patients of this arrangement.

Routine quarterly date checks were seen to be in place and recorded on a matrix. Any items with a shelf-life of less than three months was disposed of. There were no medicines being stored in plain white cartons but there were some mixed batches of perindopril tablets. There were some open bottles of liquid medicines, most of which had been annotated with the date of opening. There was an open bottle of baclofen oral solution with no annotation, so the pharmacist immediately disposed of it.

Fridge temperatures were recorded daily and seen to be within the 2°C to 8°C range. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines. Patient-returned medicines were screened to ensure that any CDs are appropriately recorded, and that there were no sharps present. There was no list of hazardous medicines or purple-lidded hazardous waste container. Patients with sharps were signposted to the local council for disposal. DOOP containers were seen for the safe disposal of CDs.

The pharmacy received drug alerts and recalls from the MHRA, which were seen on the Day Lewis intranet. Paper copies were also seen in the clinical governance file. Each alert was annotated with any actions taken, the date and initials of those involved. There was also evidence of patients being contacted if they may have received some of these medicines. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers. The team knew what to do if a patient reported unexpected side-effects and they explained the yellow card system.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is properly maintained. The pharmacy generally keeps people's private information safe.

Inspector's evidence

There was a range of crown stamped measuring equipment, counting triangles (including a separate one for cytotoxics), reference sources including the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source.

The Blood Pressure meter was a year old and would be replaced in a years time. Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public

Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. They were not left on the premises overnight. Confidential information was kept secure and items awaiting collection were not visible from retail 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.