

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, Unit 5, Abbey Manor Village Centre, Abbey Manor Park, YEOVIL, Somerset, BA21 3TL

Pharmacy reference: 1036383

Type of pharmacy: Community

Date of inspection: 27/02/2020

Pharmacy context

The pharmacy is located in Yeovil. It sells over-the-counter medicines and dispenses NHS and private prescriptions. It supplies medicines in multi-compartment compliance aids to people living in their own homes. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicine Service (NMS), a minor ailments scheme, the supply of emergency hormonal contraception and flu vaccinations. The pharmacy also provides services for drug misusers.

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	N/A	N/A	N/A
2. Staff	Standards met	2.2	Good practice	The pharmacy encourages and supports its team members to develop their skills and knowledge. Team members receive time in work to learn. Those who are completing training courses are well supported by other members of the team.
		2.4	Good practice	Pharmacy team members are open and honest with each other. They give regular constructive feedback to each other and discuss how they can do better.
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 identifies and manages its risks appropriately. Team members record their errors and review them to identify the cause of errors. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. The pharmacy asks people for their views and acts appropriately on the feedback. The pharmacy has adequate insurance to cover its services. And it keeps all of the records required by law. It keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had appropriate processes in place to monitor and reduce its risks. Near misses were routinely recorded on a paper log and were then transferred to Pharmoutcomes. Pharmacy team members recorded them as soon as the error was identified. Dispensing incidents were recorded on an internal online reporting system and included a more detailed analysis of the cause. When errors were identified, they were discussed as a team to identify the potential contributing factors. Errors were reviewed in a monthly patient safety report completed by the pharmacist manager and actions were generated to try to prevent a reoccurrence of errors. The patient safety report was discussed both in a huddle and individually. The most recent action plan had led the pharmacist manager to provide a training session for the pharmacy team on new insulin preparations and formulations.

Pharmacy team members proactively highlighted drugs which had similar livery or unusual quantities to try and prevent errors. The pharmacy had created a 'risky shelf' where drugs identified as being at high risk of errors were stored. This included 'look-alike, sound-alike' drugs, and those that had been the subject of near misses. Members of the pharmacy team checked the 'risky shelf' each week to ensure no other stock had been incorrectly stored there.

The pharmacy team received and reviewed a monthly patient safety newsletter from the company head office. This alerted the team to details of incidents and errors that had occurred in other branches of the chain. The team also worked together to review the case studies it contained to allow them to reflect on the impact it would have on their pharmacy.

Standard operating procedures (SOPs) were in place and had been recently reviewed. SOPs were signed by team members to confirm that they had read and understood them. A team member could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Staff had clear lines of accountabilities, were clear on their job role and wore name badges. The pharmacy had a business continuity plan in place.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 100% of respondents had rated the service provided by the pharmacy as very good or excellent overall. Following comments about the comfort and convenience of the waiting area, the pharmacy team had relocated the chairs to a different area that provided more space. A health promotion zone was positioned directly opposite the seats so that people could read information about healthy lifestyles and local and national health campaigns whilst they waited. The number of chairs was also increased. A complaints procedure was in place and was displayed in the retail area.

Professional indemnity and public liability insurance were provided by the NPA with an expiry date of 30 April 2020. Records of the RP were maintained appropriately and the correct RP certificate was displayed. Controlled drug (CD) registers were maintained as required by law using an electronic register. Balance checks were completed weekly. A random stock balance check was found to be accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions and emergency supplies were held on the patient medication record (PMR) system and were in order. Records of unlicensed (specials) medicines were retained and the certificates of conformity contained all legally required details.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. The remaining staff completed yearly safeguarding training. Local contacts for the escalation of concerns were easily accessible and were stored in a folder. The pharmacy team gave several examples of when they had escalated concerns about people using the pharmacy to protect their welfare.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. The pharmacy encourages and supports its team members to develop their skills and knowledge. Team members receive time in work to complete training for their roles. Team members who are completing training courses are well supported by other members of the team. They are confident to suggest and make changes to the way they work to improve their services. They communicate well and give each other feedback on their performance.

Inspector's evidence

Staffing levels were adequate on the day of the inspection. In addition to the pharmacist manager, there were two NVQ2 trained dispensers and a medicines counter assistant who was currently completing a dispensing course. There was also an apprentice, who was also registered on a dispensing course. Those completing training were allocated one hour each day of protected time to learn. A trained dispenser was allocated as a mentor for the apprentice and was seen to guide her and offer advice and support. The dispenser said that acting as a mentor had encouraged her to focus on how she carried out tasks to ensure that she was working in the most safe and effective way before training someone else. All pharmacy team members were able to access training resources during work time. These included compulsory SOPs, CPPE packages and optional advanced learning on the company eLearning portal. Team members worked well together. They were seen to offer each other encouragement and feedback. A dispenser said that the pharmacist manager took time to give constructive feedback at the end of each day. She said that this helped her to reflect on what had gone well and what she could do better the next day. Team members had clearly defined roles and accountabilities, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours.

Team members were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist manager when additional information was required.

The staff felt able to raise concerns and give feedback to the manager, who they found to be receptive to ideas and suggestions. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place. The regional pharmacy manager visited the pharmacy during the inspection. He said that he visited at least once a month to provide support and guidance. The pharmacy team said that they were not set formal targets. The manager felt able to use his professional judgement to make decisions. He would only undertake services such as MURs that were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy was located in a row of shops on the outskirts of Yeovil. A large retail space with a waiting area led to the healthcare counter and dispensary. A large consultation room was available which presented a professional image and had health-related posters and information displayed. The room was not locked when not in use. No confidential information was stored in the consultation room.

The dispensary was large and had plenty of bench space. The pharmacy had recently undergone a refurbishment and the dispensary had been extended. A room had been created which was solely used for the administration activities associated with the preparation of multi-compartment compliance aids. Pharmacy team members said that having this space allowed them to focus on the tasks of ordering and labelling prescriptions, without disruption.

The dispensary stock was well organised and tidy. The stock was stored on shelves. Prescriptions awaiting collection were stored in a retrieval system in the dispensary to prevent confidential information being viewed by people waiting in the pharmacy.

Cleaning was undertaken each day and a cleaning rota was maintained. Cleaning products were available, as was hot and cold running water. The pharmacy appeared to be well maintained. The lighting and temperature were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers a range of additional services and the pharmacy team delivers these services safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy supplies medicines in multi-compartment compliance aids to a large number of people in an organised and effective way. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy and the consultation room were wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy. The two regular pharmacists were both accredited to provide all of the promoted services. Team members described that if a patient requested a service not offered by the pharmacy at that time, they would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online. Records of signposting referrals were made on the patient medication record (PMR).

Dispensing baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedules 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. Stickers were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. The manager said that he routinely checked the doses and blood results of people receiving high-risk medicines. He made records of conversations on the PMR. Details of significant interventions were also recorded on the PMR. Substance misuse services were provided for two people. The RP described that he liaised with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

The pharmacy offered a range of additional services including flu vaccinations, a minor ailments scheme and the supply of emergency contraception. The pharmacy operated a walk-in service as the two regular pharmacists were able to provide the service. The patient group directions covering these services were seen and each had been signed by the pharmacists providing the service. The declaration of competence for all pharmacists administering flu vaccinations were seen. The pharmacist manager had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was an accredited healthy living pharmacy. It had an eye-catching health promotion zone located opposite the waiting area. They were leaflets and posters showing current local and national campaigns.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had the stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. The pharmacy also had the information booklets and cards to be given to eligible women.

Multi-compartment compliance aids were prepared by the pharmacy for 245 people based in the community. As described in principle 3, a separate room was reserved for the administration activities involved in the preparation of the compliance packs. The pharmacy worked with the GP practice to decide if a compliance aid was the most appropriate solution for a person requesting it. Reminder charts and medication administration record sheets could be provided as an alternative. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were not always supplied each month. 'When required' medicines were dispensed in boxes and a pharmacy advisor was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the clinical checking process.

The pharmacy delivered medicines to people living in their own homes. It kept appropriate records of any deliveries made. People were required to sign on receipt of their medicines. Confidentiality was maintained when obtaining these signatures.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was usually undertaken regularly and recorded on a matrix. Spot checks revealed no date expired medicines or mixed batches. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AAH. Specials were obtained from East Stone. Invoices were seen to this effect. Records of recalls and alerts were received by email and were annotated with the outcome and the date actioned.

The pharmacy had the hardware and software to be compliant with the Falsified Medicines Directive. But the pharmacy was not currently scanning FMD compliant products. Team members were making visual checks. A number of stores in the company were piloting scanning products but the full roll-out had not yet happened.

The fridges in the dispensary were clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed in the presence of a witness with both signatures recorded.

Patient returned medication was dealt with appropriately, although a hazardous waste bin was not seen. Patient details were removed from returned medicines to protect people's confidentiality.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It ensures its equipment is well-maintained. The pharmacy uses its equipment in a way that protects people's private information.

Inspector's evidence

Crown-stamped measures were available for liquids, with a separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible. The pharmacy sinks were clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves in the dispensary so no details were visible to people waiting.

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.