

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 45 Elmfield Way,
Sanderstead, SOUTH CROYDON, Surrey, CR2 0EJ

Pharmacy reference: 1036745

Type of pharmacy: Community

Date of inspection: 25/02/2020

Pharmacy context

A community pharmacy set on a small parade of shops in a residential area of Sanderstead. The pharmacy opens six days a week. And most people who use it live close by. The pharmacy sells a range of over-the-counter (OTC) medicines and some health and beauty products. It dispenses NHS and private prescriptions. It provides multi-compartment compliance packs (compliance packs) to help people take their medicines. And it delivers medicines to people who can't attend its premises in person. The pharmacy offers winter influenza (flu) vaccinations. And its team can check people's blood pressure (BP) too.

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 | 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 has procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has insurance to protect people if things do go wrong. It mostly keeps all the records it needs to by law. And it asks people using its services for their views. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They identify and manage risks appropriately. And they try to stop mistakes happening. They understand their role in protecting vulnerable people. And they generally keep people's private information safe.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services it provided. And these were reviewed every two years by the pharmacy's head office. The pharmacy's team members were required to read and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions tried to keep the dispensing workstations tidy. They highlighted some look-alike and sound-alike drugs to help reduce the risks of them picking the wrong medicine from the dispensary shelves. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors, near misses and patient safety incidents. Members of the pharmacy team recorded their mistakes. And they discussed and reviewed them periodically with their colleagues to learn from them. They didn't always record the learning points from their reviews. But they tried to stop mistakes happening again. For example, they separated and highlighted different strengths and formulations of gabapentinoids following a few mistakes when the wrong product was selected.

The pharmacy displayed a notice that identified the RP on duty. Staff were required to wear name badges which identified their roles within the pharmacy. And their roles and responsibilities were described within the SOPs. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. The dispensing assistant explained that she wouldn't hand out prescriptions or sell medicines if a pharmacist wasn't present. And she would refer repeated requests for products liable to overuse, misuse or abuse to the pharmacist. A complaints procedure was in place and patient satisfaction surveys were undertaken each year. The results of last year's survey were available online. The pharmacy's practice leaflet and a notice displayed next to the counter told people how they could provide feedback about the pharmacy. The pharmacy team asked people for their views. People's feedback led to the pharmacy trying to keep people's preferred makes of prescription-medicines in stock.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). The pharmacy's electronic controlled drug (CD) register was adequately maintained. And the CD register's running balance was checked regularly. The nature of the emergency within the pharmacy's records for emergency supplies made at the request of patients sometimes didn't provide enough detail for why a supply was made. The pharmacy's RP records were generally kept in order. The prescriber's details were occasionally incomplete or wrongly entered into the pharmacy's private prescription records. The date an unlicensed medicinal product

was obtained wasn't included in the pharmacy's 'specials' records.

The pharmacy's 'Data, Security and Protection' policy couldn't be found during the inspection. But a privacy notice was displayed next to the counter to tell people how their personal information was gathered, used and shared by the pharmacy and its team. The pharmacy team was required to complete General Data Protection Regulation training. The pharmacy had arrangements to make sure its confidential waste was collected and then sent to a centralised point for secure destruction. Its team stored prescriptions in such a way so people's names and addresses couldn't be seen by someone who shouldn't see them. But people's details weren't always obliterated or removed from patient-returned pharmaceutical waste before being disposed of. The pharmacy had safeguarding procedures and a list of key contacts if its team needed to raise a safeguarding concern. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just enough team members to deliver safe and effective care. Members of the pharmacy team don't always have time set aside so they can train while they're at work. But they use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 41½ hours a week. It dispensed about 4,000 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time dispensing assistant, a part-time counter assistant and a part-time delivery driver. The pharmacy was managed by the RP. The pharmacy had a vacancy for a full-time medicines counter assistant which the company had struggled to fill. The RP and the dispensing assistant were working at the time of the inspection. The pharmacy relied upon team members from one of the company's other pharmacies to cover people's holidays, sick leave or other absences. But there was little contingency to cover the current full-time vacancy. So, members of the pharmacy team found it challenging to do all the things they were expected to do. And they rarely got time to train while they were at work as they were often too busy serving people or managing the pharmacy's workload. But they didn't feel their professional judgement or patient safety were affected by company targets or their current workload. And, for example, Medicines Use Reviews and New Medicine Service consultations were only provided by a suitably qualified pharmacist when it was clinically appropriate to do so and when the workload allowed.

The pharmacy's team members needed to complete accredited training relevant to their roles after completing a probationary period. They worked well together and supported each other. So, prescriptions were processed quickly, but safely, and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team followed. The dispensing assistant described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist. For example, requests for treatments for infants or children, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions. The pharmacy's team members discussed their performance and development needs throughout the year with their line manager. Team meetings were held to update staff and share learning from mistakes or concerns. The pharmacy had a whistleblowing policy in place. Its team felt comfortable about making suggestions on how to improve the pharmacy and its services. Staff knew how to raise a concern if they had one. Their feedback identified a need to review the amount of stock held at the pharmacy and led to improvements to the pharmacy's tidiness.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate and a clean environment for people to receive healthcare. It has a room where people can have private conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was air-conditioned, bright, clean and appropriately presented. It had the workbench and storage space it needed for its current workload. But its dispensary was narrow making it difficult for people to pass by each other easily. And some baskets, containing assembled prescriptions that needed to be checked, were stored on its floor. The pharmacy had a consultation room for the services it offered and if people needed to speak to a team member in private. But the consultation room couldn't be locked. So, the pharmacy team needed to make sure its contents were kept secure when it wasn't being used. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. The pharmacy had several sinks. And it had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff too.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services people can access. Its working practices are generally safe and effective. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources and it stores them appropriately and securely. Members of the pharmacy team dispose of people's waste medicines properly. And they mostly carry out the checks they need to. So, people get medicines or devices which are safe.

Inspector's evidence

The pharmacy didn't have any automated doors. And its entrance wasn't level with the outside pavement. So, its team needed to make reasonable adjustments to help some people with mobility difficulties, such as wheelchair users, access its services. The pharmacy's services were advertised in-store and were included in the practice leaflet. Members of the pharmacy team were helpful and provided advice to people on how to take their medicines safely. They knew what services were offered from the pharmacy and where to signpost patients to if a service was not available. The pharmacy offered a delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery. And people were asked to sign a delivery record to say they had received their medicines.

The pharmacy had a valid, and up-to-date, patient group direction and appropriate anaphylaxis resources in place for its flu vaccination service. And the RP was trained to vaccinate people. The pharmacy kept a record for each vaccination it made. And this included the details of the person vaccinated and their consent, an audit trail of who vaccinated them and the details of the vaccine used. But the RP didn't always get another team member to check that the vaccine she selected was the correct one before administering it. And the sharps bin wasn't always kept securely when not in use. The pharmacy used a disposable and tamper-evident system for people who received their medicines in compliance packs. Members of the pharmacy team checked whether a medicine was suitable to be repackaged. But they sometimes assembled compliance packs before receiving people's prescriptions. The pharmacy generally provided a brief description of each medicine contained within a compliance pack. It kept an audit trail of the person who assembled and checked each prescription. But patient information leaflets were provided once every four weeks and not with each supply. And cautionary and advisory warnings about the medicines contained within the compliance packs weren't included on the backing sheets. So, sometimes people didn't have all the information they needed to make sure they took their medicines safely. Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. But prescriptions for CDs weren't always marked with the date the 28-day legal limit would be reached to help the team make sure supplies were made lawfully. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. It kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks and short-dated products were marked. The pharmacy stored its CDs, which

were not exempt from safe custody requirements, securely. The pharmacy team was required to keep patient-returned and out-of-date CDs separate from in-date stock. But these have been allowed to build up and needed to be destroyed. Members of the pharmacy team were aware of the Falsified Medicines Directive (FMD). But they weren't decommissioning stock despite the pharmacy having the appropriate equipment to do so. The SOPs needed to be revised to reflect the changes FMD would bring to the pharmacy's processes. The pharmacy team didn't know when the pharmacy would become FMD compliant. The pharmacy had procedures for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. The pharmacy had suitable waste receptacles for the disposal of hazardous and non-hazardous waste. The pharmacy had a process in place for dealing with alerts and recalls about medicines and medical devices. But the pharmacy team didn't always record the actions it took when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. Its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had some glass measures. It had equipment for counting loose tablets and capsules too. Members of the pharmacy team made sure the equipment they used to measure or count medicines was clean before using it. The pharmacy team had access to up-to-date reference sources. And it could contact its head office or the NPA to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. The pharmacy provided BP checks on request. And the BP monitor was calibrated last year. Access to the pharmacy's computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

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. |