General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 6 Silver Street, BRADFORD-ON-AVON, Wiltshire, BA15 1JX

Pharmacy reference: 1038690

Type of pharmacy: Community

Date of inspection: 30/10/2019

Pharmacy context

This is a community pharmacy located on a parade of shops in the town of Bradford-on-Avon in Wiltshire. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccinations, drug misuse services and supplies medicines in multi-compartment medicine devices for people to use living in their own homes.

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 written procedures to help make sure the team works safely. Pharmacy team members are clear about their roles and responsibilities. Pharmacy team members record and review some mistakes that happen and use this information and learning to avoid future mistakes. But this approach could be more consistent so that learning opportunities are not missed. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy maintains the records that it must keep by law.

Inspector's evidence

There were processes in place for identifying and managing risks in the pharmacy. But staff admitted that near misses had not been logged recently due to staffing issues and a lack of a consistent pharmacist. This issue, however, had been recently resolved and a new pharmacy manager had been recruited. There was one example of a near miss recorded in September. The pharmacist reported that any incidents would be discussed with the members of staff involved. At the end of each month, the pharmacist intended to review these near misses and would endeavour to highlight any trends in a meeting with the team.

The pharmacy team reported all dispensing errors online using the electronic Day Lewis reporting system. The dispensing error process included a root cause analysis to elucidate why the error may have happened. Error reports were stored in the pharmacy and demonstrated to the inspector. There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

SOPs were in place for all the dispensary tasks and were reviewed on a two yearly basis by the company's head office. All staff were aware of their roles on questioning. Some staff had yet to sign the most recent SOPs and the pharmacist agreed to address this. A complaints procedure was in place within the SOPs and the staff were all aware of the complaints procedure. Feedback was gathered annually using Community Pharmacy Patient Questionnaires. Customer and patient satisfaction was also monitored using a tablet at the front of the medicines counter.

An indemnity insurance and public liability certificate from the NPA was held and was valid and in date until the end of April 2020. Electronic controlled drug records were retained. A balance of a random CD was checked and was found to be correct. The CD balance was generally checked weekly.

Staff reported that date checking was carried out regularly but records could not be demonstrated during the inspection. The pharmacist reported that he would address this. The fridge temperatures were recorded daily and were within the appropriate temperature range of two to eight degrees Celsius. The stock inside the fridge was laid out in an organised fashion. The responsible pharmacist (RP) record was seen to be completed electronically and the RP notice was displayed where patients could see it. The private prescription, emergency supply and specials records were retained and were in order.

An information governance policy was in place which the pharmacy team were required to read and sign. Confidential waste was shredded intermittently. The computer screens were all facing away from the public and access to patient confidential records was password protected. There was patient confidential information that had been left out in the consultation room but this was removed during the inspection. Going forward, the pharmacist planned to use lockable cabinets to store all patient confidential information.

There was a safeguarding children and vulnerable adults e-learning program on the company training website which all the members of staff were required to complete. Staff explained that they were confident of signs to look out for which may indicate safeguarding issues in both children and adults and would refer to the pharmacist as appropriate. Contact details were not immediately available for local safeguarding advice, referrals and support. The pharmacist agreed to address this.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

As well as the responsible pharmacist there was one accuracy checking technician, five dispensing assistants and one medicines counter assistant present during the inspection. Staff were all seen to be working well together and supporting each other.

The pharmacy manager reported that he had recently started in the pharmacy. He explained that there had been some staffing issues that had been raised with Day Lewis and a relief accuracy checking technician and relief dispensing assistant had been provided until further recruitment could take place. Despite this, staff were managing to keep up-to-date with their dispensing activity and service provisions. There was also a plan in place to provide the new pharmacy manager with a relief pharmacist cover whilst he undertook to adjust to his management responsibilities.

The staff reported they were required to complete online training modules when they became available. A dispensing assistant reported that she had recently completed a CPPE package on children's oral health and this had helped her better understand the issues around this topic. But staff felt that they did not always receive sufficient time to complete training recently due to staffing issues.

Staff meetings to discuss any important business or patient safety updates were held on an ad-hoc basis and monthly. Head office regularly released patient safety updates which were read and actioned by the pharmacy team. Staff were comfortable to raise concerns either with the pharmacy manager or the area manager if necessary. There were targets in place but the team explained that they did not feel pressurised to deliver the targets and would never compromise their professional judgement to do so.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. There were sinks available in the dispensary and consultation room with hot and cold running water with sanitiser to allow for hand washing. Medicines were stored on the shelves in a generic and alphabetical manner.

There was patient confidential information that had been left out in the consultation room but this was removed during the inspection. The consultation room was well soundproofed and was routinely kept locked when not in use. The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose. The pharmacy does not 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

Pharmacy services were displayed on leaflets and posters that could be found around the pharmacy area. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting.

The pharmacy team supplied multi-compartment compliance aids trays to around 300 patients for use in their own homes. Staff organised all their patients into a four-week cycle and maintained audit trails to prepare and deliver the compliance aids. These were dispensed in a back room to reduce distractions to staff. One compliance aid was examined and an audit trail to denote who dispensed and who checked the tray was complete. Descriptions were routinely provided for the medicines contained within the compliance aids. Staff reported that patient information leaflets were routinely supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were not available for use during dispensing valproate to all female patients at the time of the inspection. The pharmacy team reported that they would undertake to order these cards. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

There were destruction kits available for the destruction of controlled drugs and doop bins were available and being used for the disposal of medicines returned by patients. A bin for the disposal of hazardous waste was not available during the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

Medicines were obtained from the Day Lewis Warehouse, AAH and Alliance. Specials were obtained via Eaststone specials. Invoices were seen to demonstrate this. The pharmacy team were aware of the European Falsified Medicines Directive (FMD). The pharmacy team had the relevant hardware and software in place.

Medicines and medical devices were generally stored in an organised manner within their original manufacturer's packaging. Staff reported that Pharmaceutical stock was subject to date checks, but these were not documented. Short dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner.

MHRA alerts came to the pharmacy electronically through the company's internal email system and the pharmacist explained that these were actioned appropriately. Audit trails were not always kept to demonstrate that these had been actioned and the pharmacist agreed to address this.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for dispensing methadone. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources.

There were two fridges in the pharmacy used to store thermolabile medicines. Maximum and minimum temperatures were recorded daily and were seen to always be within the correct range.

Doop bins were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

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.