

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 37 Rochelle Court, Market Place, Market Lavington, DEVIZES, Wiltshire, SN10 4AT

Pharmacy reference: 1038708

Type of pharmacy: Community

Date of inspection: 27/07/2022

Pharmacy context

This is a community pharmacy which is based on the high street in the village of Market Lavington in Wiltshire. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccinations and supplies medicines in multi-compartment compliance packs for people to use living in their own homes.

Overall inspection outcome

✓ **Standards met**

Required Action: Improvement Action Plan

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	1.8	Good practice	The pharmacy team have robust safeguarding procedures in place and use these to safeguard vulnerable adults and children.
2. Staff	Good practice	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive time to complete it.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
		2.5	Good practice	The pharmacy team were comfortable raising concerns when necessary and kept an intervention log to demonstrate this.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy team increase the accessibility of high blood pressure detection services to their local population.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. 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.

Inspector's evidence

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. Risk assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. People were encouraged to wear face masks when attending the pharmacy. The majority of the pharmacy team were wearing face masks while at work. The pharmacy team had all received three COVID-19 vaccinations.

Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. Examples of near miss error logs were seen from previous months displayed in the dispensary. 'Sound alike' and 'look alike' medicines such as amitriptyline and amlodipine had been separated on the dispensary shelves.

Dispensing incidents were recorded electronically and this included a root cause analysis as part of the error investigation. Every month, a review was carried out by the pharmacist looking for trends as well as any changes that need to be made to reduce the risk of errors. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of. These reviews were regularly completed by the pharmacy team and accessible in the dispensary. These review meetings were generally completed twice a month to ensure that all of the pharmacy team could attend them.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and these were reviewed every two years. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team had not recently completed a Community Pharmacy Patient Questionnaire (CPPQ) but intended to start these again in the future. The pharmacy staff encouraged people to leave 'Google reviews' and these were highly positive. A certificate of public liability and indemnity insurance was held and was valid and in date.

Records of controlled drugs (CD) and patient-returned controlled drugs were kept. The CD balances

were checked twice monthly. There were patient returned CDs that had been separated from regular CD stock and labelled appropriately. A patient returned CD record was kept.

A responsible pharmacist (RP) record was kept, and the RP notice was displayed in pharmacy where people could see it. Some entries omitted the time that the RP had signed out. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year and records of this were seen to be completed appropriately. Short-dated stock was marked for with stickers which had the month of expiry written on them. The private prescription records were kept electronically but some entries omitted the prescriber's details. The emergency supply and specials records were retained and were in order.

Confidential waste was collected in confidential waste bags and this was removed by the company for destruction. An information governance policy (IG) was in place and the healthcare team was required to complete an e-learning programme on IG. Staff had all completed a training package on the General Data Protection Regulation (GDPR).

The pharmacy team had completed safeguarding children and vulnerable adults training. The pharmacist had completed the CPPE level 2 safeguarding package. Staff were aware of the signs to look out for that may indicate safeguarding concerns. Staff could locate local contact details to raise safeguarding concerns or ask for advice about them.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy's team members 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

There was one pharmacist, one accuracy checking technician, two dispensing assistants and one medicines counter assistant present during the inspection. There was sufficient staff for the services provided during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles or were on a training course.

Staff performance was monitored and reviewed formally annually where key performance indicators were discussed. In these reviews, a development plan would be introduced to help further develop and train the members of staff. Staff would also get the opportunity to give feedback about the place that they work.

The staff reported they were required to complete online training modules when they became available. Staff received adequate time to complete required training. A dispensing assistant gave an example of completing training on 'look alike' and 'sound alike' medicines and reported that this had helped her understand the issues around common mistakes in the dispensing process. A trainee technician explained how she was well supported whilst undergoing her training modules. This included regular scheduled learning time with her tutors who were both pharmacists. The pharmacy team had access to third party materials, such as pharmacy magazines, to help keep their knowledge up-to-date about new medicinal products.

Staff meetings to discuss any important business or patient safety updates were held twice a month. Head office regularly released patient safety updates which were read and actioned by the pharmacy team. The pharmacy team felt comfortable to exercise their professional judgement to raise concerns when necessary. The pharmacy team demonstrated how they had queried a dose of digoxin when the patient thought that it may have been incorrect. The pharmacy team liaised with the patient's GP about this issue. This was noted on the patient's medical record.

Staff were aware of the whistleblowing policy and felt comfortable to use this 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 protects people's private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was clean, bright, and presented in a professional manner. The dispensary areas were separated from the retail area by a counter to allow for the preparation of prescriptions in private. There were two rooms that were used for dispensing medicines. One room was used for walk-in prescriptions and a second, larger room was used to dispense repeat prescriptions and multi-compartment compliance aids. There were plastic screens separating the retail area from the dispensary. The pharmacy team reported that extra cleaning had been implemented in response to the COVID-19 pandemic.

There was a sink available in the pharmacy with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised in a generic and alphabetical manner. There was a consultation room in use at the pharmacy and patient information was stored securely. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Information about the services provided was detailed in posters and leaflets around the pharmacy. Access to the pharmacy was via a small step but a step ramp was available for wheelchair users if required. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users.

The pharmacy team had been participating in the hypertension case-finding service. This was aimed at identifying people with high blood pressure who were over 40 years old. There was a board advertising it to people in the retail area of the pharmacy. On average, they completed around two to three blood pressure checks per week. If the patient's initial blood pressure reading was elevated, they would be offered 24-hour ambulatory blood pressure monitoring (ABPM). The pharmacy had access to an ambulatory blood pressure monitor and this was appropriately validated. The pharmacist gave an example of having completed ABPM on a patient who initially had a high blood pressure reading in the pharmacy. The ABPM subsequently revealed that his blood pressure was within normal range.

The pharmacy team dispensed multi-compartment compliance packs for approximately 40 patients in their own homes. These were organised using four-weekly cycle and audit trails were kept to show where each tray was in the dispensing process. Information sheets were kept on each patient so the pharmacy team could accurately record any changes to their medicines. One compliance pack was examined and an audit trail to demonstrate who dispensed and checked the compliance pack was complete. Descriptions were routinely provided for the medicines contained within the compliance pack. Patient information leaflets (PILs) were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to female patients. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they were aware of these and query if they had effective contraception in place.

The pharmacy used recognised wholesalers such as Day Lewis warehouse, AAH and Alliance Healthcare to obtain medicines and medical devices. Specials were ordered via Eaststone specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. Two boxes of gabapentin 100mg capsules, a schedule 3 controlled drug, was found in the regular designated waste bin rather than in a CD cabinet awaiting destruction. This was removed by staff and placed into the CD cupboard for destruction during the inspection. A bin for the disposal of hazardous waste was also available. Waste was collected regularly and the pharmacy team explained they would contact the contractors if they required more frequent waste collection.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. 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 and the pharmacist explained that these were actioned appropriately. Records were kept to verify this and these contained audit trails.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities needed to provide the services it offers. 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 crown stamped measures were used for methadone dispensing. Amber medicines bottles were capped when stored. A counting triangle and a capsule counter were 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 in the dispensary and the consultation room, including a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There were two fridges in use which were in good working order. The maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store 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.