

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 67 Front Street, Acomb,
YORK, North Yorkshire, YO24 3BR

Pharmacy reference: 1039032

Type of pharmacy: Community

Date of inspection: 14/08/2019

Pharmacy context

The pharmacy is a small community pharmacy, in Acomb, an area in York. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription collection service from local GP surgeries. And it delivers medicines to people's homes. It supplies medicines in multi-compartmental compliance packs. These help people remember to take their medicines. And it provides NHS services such as flu vaccinations, emergency hormonal contraception (EHC) and a substance misuse service.

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 suitable processes and written procedures to protect the safety and wellbeing of people who access its services. It keeps the records it must have by law. The pharmacy team members have adequate tools available to them to safeguard vulnerable adults and children. The pharmacy team members discuss and learn from any errors they make while dispensing. And they take some steps to make sure the errors are not repeated.

Inspector's evidence

The pharmacy was small with limited bench space available. The pharmacy team made the best use of the space available. The pharmacy had a set of standard operating procedures (SOPs). And they were held in a file. The SOPs covered various processes including error recording and dispensing. The team members were seen working in accordance with the SOPs. The superintendent pharmacist's office reviewed each SOP every two years. And they were last reviewed in May 2019. All the team members had read and signed the SOPs that were relevant to their role.

The pharmacy had a process to report and record near miss errors that were spotted during dispensing. The pharmacist typically spotted the error and then informed the dispenser that they had made an error. And they made a record of the error onto a near miss log. The records contained details such as the date of the error. But the possible causes and action taken sections were not completed in some cases. And so, they may have missed out on the opportunity to learn from the mistake and make appropriate improvements. The team members discussed the error when it happened. A monthly patient safety report was completed. The changes made were generic and did not always reflect the near misses recorded. For example, there had been an error when the wrong strength of warfarin was dispensed. There were no changes made or records of team discussions following this. The pharmacy had a process to record dispensing errors that had been given out to people. The reports included who was involved, what happened and why. An example of a recent incident involved the pharmacy supplying amitriptyline when atenolol was required. A root cause analysis had been completed. And changes had been made. There was a shelf edge warning on both items. And the similarity of the boxes was discussed with the pharmacy team.

The pharmacy advertised how the people who used the pharmacy could make comments, suggestions and complaints. The pharmacy collected feedback from people through an annual survey. The results of the latest annual survey were displayed in the retail area. People thought that offering a smoking cessation advice would be helpful. There was a plan to train a member of the pharmacy team to provide this service. This was planned for later in the year. The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist notice displayed the name and registration number of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept complete records of private prescription and emergency supplies. The pharmacy kept the certificates of conformity of special supplies. And a sample seen was completed correctly as required by the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacy kept controlled drugs (CDs) registers. They were in order including completed headers, and entries made in chronological order. The pharmacy team was required to check the running balances against physical stock each week. The pharmacy kept complete records of CDs returned by people to

the pharmacy.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bin to avoid a mix up with general waste. The confidential waste was destroyed periodically. The team members understood the importance of keeping people's information secure. And there was a SOP in place detailing requirements under the General Data Protection Regulations (GDPR). All members of the pharmacy team had signed this. And all had signed a confidentiality agreement in April 2019.

The team members had completed training on how to safeguard vulnerable adults and children. And gave several examples of symptoms that would raise their concerns. And they said they would discuss their concerns with the pharmacist on duty, at the earliest opportunity. The team members had the contact details of the local safeguarding teams displayed in the dispensary. And they said that they would contact the local safeguarding teams for advice if they had any concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the services it provides. The team members openly discuss how to improve ways of working. And they regularly talk together about why mistakes happen, and how they can make improvements. The team members complete training to refresh their skills and ensure their knowledge is up to date. And they feel comfortable to raise professional concerns when necessary.

Inspector's evidence

At the time of the inspection, the team members present were the pharmacist manager and two dispensers. In total the pharmacy employed one full time dispenser, two part time dispensers and one full time pharmacist. The pharmacy team thought they were adequately staffed and managed the workload.

The pharmacist on duty supervised the team members. And they involved the pharmacist in offering advice to people who were purchasing over-the-counter products for various minor ailments. They carried out tasks and managed their workload in a competent manner. And they asked appropriate questions when selling medicines that could only be sold under the supervision of a pharmacist. The team members were clear about the activities they could and could not do in the absence of a responsible pharmacist.

The pharmacy provided its team members with a structured process for them to keep their knowledge and skills up to date. And the team had recently completed training on fire safety, violence at work, and safeguarding. The pharmacy had a structured appraisal process designed to support its team members. The appraisals were an opportunity for the team members to discuss their roles and set objectives to help them achieve their goals. Team members has received an appraisal in May 2019.

The team usually had informal meetings on a Wednesday when most of the team were working. Near misses and company cascade information was discussed along with any other issues that people had to discuss.

The team members said they were able to discuss any professional concerns with the pharmacist. They were aware the company had a whistleblowing policy. The pharmacy asked the team to achieve targets for a range of services. The team members did not feel under pressure to achieve the targets, but they always strived to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and suitably maintained. It has a sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was clean and portrayed a professional image. The benches in the dispensary were kept tidy throughout the inspection. Floor spaces were clear with no trip hazards evident. There was a clean sink in the dispensary for medicines preparation and staff use. The pharmacy had a sound-proofed consultation room which contained a desk, computer and adequate seating facilities. The room was bright and professional in appearance. And there was a sink. The temperature was comfortable throughout the inspection. And there was air conditioning. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides an appropriate range of services to help people meet their health needs. It stores, sources and manages its medicines safely. The team members help people to safely take their high-risk medicines. And they give them extra advice when it is necessary. They generally manage well the risks of dispensing medicines in multi-compartmental compliance packs. And they manage this through using suitable processes.

Inspector's evidence

There was a small lip at the entrance to the pharmacy from the street. And wheelchair users could still access the pharmacy. The pharmacy advertised its services and opening hours in the retail area. Seating was provided for people waiting for prescriptions.

The team members regularly used various stickers during dispensing and they used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a controlled drug that needed handing out at the same time. The team members signed the dispensing labels to indicate who had dispensed and checked the medication. And so, a robust audit trail was in place. The dispensary was small, but the team members made best use of the space available. They used baskets to hold prescriptions and medicines. This helped the team members stop people's prescriptions from getting mixed up. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person. And one kept with the original prescription for reference when dispensing and checking the remaining quantity. The team attempted to complete the owing the next day. The pharmacy offered a service to deliver medicines to people's homes. The records included a signature of receipt. And so, there was an audit trail that could be used to solve any queries. There was a separate signature of receipt obtained when a CD was delivered.

The team members were aware of the risks associated with the supply of high-risk medicines such as warfarin. They were able to demonstrate how prescriptions for these medicines would be brought to the attention of the pharmacist using the "contains warfarin" sticker. And they were given additional verbal counselling by the pharmacist. But details of these conversations were not always recorded on people's medication records. So, the pharmacy could not demonstrate how often these checks took place. The pharmacy stored dispensed CD and fridge items in clear plastic bags to facilitate a further check of the product against the prescription by the pharmacist and the person as the item was handed out. The team members were aware about the requirements of the valproate pregnancy prevention programme. The team members had access to a support pack which contained warning stickers and leaflets which could be given to people. The team had completed a check to see if any of its regular patients were prescribed valproate and met the requirements of the programme. And there was a note on the white board to remind the team to refer any person who fitted the criteria to the pharmacist.

The pharmacy supplied medicines in multi-compartmental compliance packs for people living in their own homes. And the pharmacy supplied the packs to people on either a weekly or monthly basis. All members of the team were trained to prepare these. But one dispenser leads on this. The team members queried any discrepancies with the person's prescriber. The team members recorded details of any changes, such as dosage increases and decreases, on the master sheets. They dispensed the

packs on a bench to the rear. This was to make sure they weren't distracted while dispensing. The packs had backing sheets. And the sheets contained information to help people visually identify the medicines. The team did not routinely provide patient information leaflets with the packs. This was not in line with requirements.

Pharmacy only medicines were stored behind the pharmacy counter. The storage arrangement prevented people from self-selecting these medicines. The pharmacy had a date checking schedule to be completed every three months and it used stickers to highlight short-dated stock. It kept a record of the process. Some short-dated stickers were seen on the dispensary shelves. The team members recorded the date liquid medicines were opened on the pack. So, they could check they were in date and safe to supply. The team members were not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). There was no software or a SOP available to assist the team to comply with the directive. The team members had not received any training on how to follow the directive. But they were aware that there were some company pilot sites that were trailing the system. They were unsure of when they expected the pharmacy to be compliant.

Fridge temperatures were recorded daily using digital thermometers. A sample of the records were looked at. And the temperatures were found to be within the correct range. The pharmacy obtained medicines from several reputable sources. Drug alerts were received via email to the pharmacy and actioned. There was an online audit trail of the actions taken following alerts and recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is clean and safe to use. And the pharmacy generally protects people's confidentiality.

Inspector's evidence

References sources were in place. And the team had access to the internet as an additional resource. The resources included hard copies of the current issues of the British National Formulary (BNF) and the BNF for Children. The pharmacy used a range of CE quality marked measuring cylinders. The fridge used to store medicines was of an appropriate size. And the medicines inside were organised in an orderly manner. The electrical equipment appeared to be in good working order and well maintained.

Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't on view to the public. The computers were password protected. No confidential information was stored in the consultation room.

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.