

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, 35 Yarburgh Way, Badger Hill,  
YORK, North Yorkshire, YO10 5HD

**Pharmacy reference:** 1039073

**Type of pharmacy:** Community

**Date of inspection:** 22/09/2022

## Pharmacy context

The pharmacy is in a parade of shops in a residential area in the suburbs of York. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They provide medicines to people in multi-compartment compliance packs to help them take their medicines safely. And they deliver medicines to people's homes. The pharmacy provides seasonal flu vaccinations for people.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally identifies and manages risks to its services. And it has the documented procedures it needs to help pharmacy team members manage risks effectively. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's confidential information. Team members appropriately learn from errors and make some changes to improve the safety of their services. But as their analysis of errors is basic this means they may miss out on opportunities to reflect and learn from their mistakes.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks to its services. The company had reviewed the SOPs in 2021. And they intended to review them again in 2023. Pharmacy team members had signed to confirm they had read and understood the procedures since the latest review. The pharmacy was providing NHS and private flu vaccinations to people during the current 2022-2023 season. The pharmacy manager had completed and documented a risk assessment to help them minimise the risks of delivering the service to people. They had used a template risk assessment to do this that had been provided by the company's head office. The risk assessment had considered the general risks of providing a vaccination service. But there were some risks that were specific to the pharmacy that had not been considered. One example included minimising the risks to people if someone fainted in the consultation room. The pharmacist manager explained this had been discussed but it had not been documented. They gave a clear explanation about how they would handle an emergency in the consultation room during a vaccination. The pharmacy had up-to-date patient group direction (PGD) documents available for both the NHS and private service. And the pharmacist had signed both documents to confirm they formed the legal basis for providing the service. The pharmacy received a patient safety newsletter from the company's head office each month. The newsletter provided team members with information about patient safety incidents and best practice from around the organisation to help them learn and proactively improve their own services. Examples of changes they had made based on these bulletins included segregating Xarelto from all other medicines to prevent it from being supplied by mistake. And separation and relocation of olanzapine in the pharmacy to prevent it being dispensed instead of omeprazole.

Pharmacy team members highlighted and recorded near miss and dispensing errors they made when dispensing. There were documented procedures to help them do this effectively. They discussed their errors and why they might have happened. And they used this information to make changes to help prevent the same or similar mistakes from happening again. One example of changes they had made was separating look-alike and sound-alike (LASA) medicines, such as different forms of omeprazole, to help prevent the wrong medicines being selected. Pharmacy team members highlighted prescriptions containing a LASA medicine with a stamp to alert people of the risks when dispensing the medicine. They also highlighted other risks they identified on prescriptions. One example was prescriptions for two people with the same name that lived at different houses on the same street. This meant there was a significant risk of dispensing medicines to the wrong person. Team members explained that highlighting the prescriptions made them aware of the risks and to carefully check the person's identity before supplying the medicines. The records available of near miss and dispensing errors that had been given out to people contained little about why mistakes had been made. Or the changes team members had made to prevent them happening again. The manager analysed the data collected for patterns and

they discussed the patterns they found with the team. Team members explained that the patterns tended to be the same each month. They could not give any examples of changes they had made recently in response to identifying a pattern. This meant team members might miss out on opportunities to learn and make improvements to the pharmacy's services.

The pharmacy had a documented procedure to deal with complaints handling and reporting. And it advertised the procedure to people using the pharmacy. It collected feedback from people verbally and did not have any records of any feedback received. The pharmacy had up-to-date professional indemnity insurance in place. It maintained a responsible pharmacist record which was complete. The pharmacy kept controlled drug (CD) registers electronically, that were complete and in order. It kept running balances in all registers. These were audited against the physical stock quantity weekly. The inspector checked the running balances against the physical stock for three products. And these were correct. The pharmacy also had a register of CDs returned by people for destruction, which was also complete and up to date. The pharmacy kept private prescription and emergency supply records. And these were complete.

The pharmacy kept sensitive information and materials in restricted areas. It shredded confidential waste. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information. Pharmacy team members explained how important it was to protect people's privacy and how they would protect confidentiality. A pharmacy team member gave some examples of symptoms that would raise their concerns about vulnerable children and adults. They explained how they would refer to the pharmacist. The pharmacy had a documented procedure for dealing with concerns about children and vulnerable adults. Pharmacy team members completed mandatory training about how to properly handle a safeguarding concern each year.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete appropriate training regularly to help keep their knowledge up to date. Pharmacy team members feel comfortable discussing ideas and issues. And they feel well supported in their roles.

### Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist manager, a pharmacy technician and two dispensers. They managed the workload well. But they described how they were experiencing some delays in receiving prescriptions from a local surgery, and how this put additional pressure on the team. These pressures included dispensing prescriptions with little notice and taking time to explain to people when their prescriptions were not ready. They described the difficulties in handling the frustration people felt by this and the impact this was having on the team.

Pharmacy team members completed training regularly by completing mandatory online e-learning modules. Some recent examples had been modules about health and safety, data protection and safeguarding. Team members explained they tried to complete training during working hours, but this was sometimes difficult to fit in around their workload. The pharmacy had an appraisal process for team members. Team members met with their manager each year to discuss various areas of their work, including and learning and development opportunities. A recent example of an objective set was for the team to complete some group learning on topics that interested them. The manager had written some training about antihistamines. But the team had not had the opportunity to meet and complete their planned learning. They explained it was their intention to help deliver bite size training to team members where possible about seasonal topics. Team members also raised learning needs informally with the pharmacist or colleagues. They discussed topics and the pharmacist signposted them to appropriate resources.

Pharmacy team members felt comfortable sharing ideas to improve the pharmacy's services. They had recently discussed and introduced a new rota for team members to attend to queries at the pharmacy counter. This meant they were able to distribute the workload more fairly and help prevent people feeling overwhelmed by the kinds of queries being received. It also helped team members to remain multi skilled and to practice responding to people's queries. Pharmacy team members explained they would raise professional concerns with the pharmacist, the area manager, or the company's head office. Team members felt comfortable raising concerns and confident that concerns would be considered, and changes would be made where possible. The pharmacy had a whistleblowing policy in place, and team members knew how to access the procedure.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services provided. The pharmacy has a suitable room where people can speak to pharmacy team members privately.

### Inspector's evidence

The pharmacy was clean and well maintained, and it was tidy and well organised. The floors and passageways were generally free from clutter and obstruction. Pharmacy team members kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room available. Pharmacy team members used the room to deliver services and have private conversations with people. There was a clean, well-maintained sink in the dispensary used for medicines preparation. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy maintained heat and light to acceptable levels. Its overall appearance was professional, including the pharmacy's exterior which portrayed a professional healthcare setting. The pharmacy's professional areas were well defined by the layout and were well signposted from the retail area. Pharmacy team members prevented public access to the restricted areas of the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people, including people using a wheelchair. The pharmacy has systems in place to help provide its services safely and effectively. It sources its medicines appropriately. And pharmacy team members store and manage these medicines properly. And they provide people with the necessary information to help them take their medicines safely.

### Inspector's evidence

The pharmacy had level access from the street. People knocked on the door to attract attention if they needed help. Pharmacy team members could use the patient medication records (PMR) system to produce large-print labels to help people with visual impairment. They explained how they would use written communication to help communicate with people with hearing impairment. And they would use an online translation tool to help communicate with people who did not speak English.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing. This was to maintain an audit trail of the people involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacist counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They also checked if the person was on a pregnancy prevention programme and if they were taking regular contraception. The pharmacy had a stock of printed information material to give to people to help them understand and manage the risks of taking valproate. The pharmacy supplied medicines to people in multi-compartment compliance packs when requested to help them take their medicines correctly. It attached backing sheets to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. They provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet, which was a record of all their medicines and where they were placed in the packs. The pharmacy delivered medicines to people, and it recorded the deliveries it made using an electronic system. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy. The delivery driver explained they were now careful to confirm someone's identity when they delivered medicines. This was after an incident where they had delivered a prescription to the wrong address. They had discussed the incident with the pharmacy manager and reflected on the correct procedure to follow to make sure medicines were supplied to people safely.

The pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves, and it kept all stock in restricted areas of the premises where necessary. The pharmacy had disposal facilities available for unwanted medicines, including CDs. Pharmacy team members monitored the minimum and maximum temperatures daily in three fridges where medicines were stored, and they recorded their findings. The temperature records seen were within acceptable limits. They had recently dealt with one fridge that had reached 37 degrees Celsius overnight. Their regular monitoring had enabled them to respond quickly and determine how best to deal with the medicines in the fridge. On this occasion, the medicines were disposed of immediately after the pharmacist had contacted various manufacturers for advice. The fridge had been replaced. And team members now spread medicines

across three fridges to help minimise the impact and loss of medicines in the event of another breakdown. Pharmacy team members checked medicine expiry dates every three months, and up-to-date records were seen. They highlighted any short-dated at least six months before their expiry date. And team members removed these items during the check before their expiry.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

### Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had a set of clean, well-maintained measures available for medicines preparation. It had facilities to destroy confidential waste. It kept its password-protected computer terminals in the secure areas of the pharmacy, away from public view.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.