

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, 52 - 52A Claypit Lane,  
Rawmarsh, ROTHERHAM, South Yorkshire, S62 5HD

**Pharmacy reference:** 1039208

**Type of pharmacy:** Community

**Date of inspection:** 30/01/2020

## Pharmacy context

This community pharmacy is in a residential area on the outskirts of Rotherham in South Yorkshire. The pharmacy sells over-the-counter medicines and it dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It supplies some people with their medicines in multi-compartment compliance packs, designed to help them to remember to take their medicines. And it provides a medicines delivery service to people's 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
<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 identifies and manages the risks associated with its services. It keeps people's private information secure. And it generally maintains all its records as required by law. The pharmacy clearly advertises how people can provide feedback about it or its services. And it manages the feedback it receives appropriately. It has systems to help its team members look after the safety and wellbeing of people using its services. And pharmacy team members know how to report a safeguarding concern. They act openly and honestly by sharing information when mistakes happen. And they makes changes to their practice to improve patient safety.

### Inspector's evidence

The pharmacy had an up-to-date set of standard operating procedures (SOPs). These had been updated by the superintendent pharmacist's team in 2019. SOPs included the roles and responsibilities of pharmacy team members. And the team members had signed training records confirming they had read and understood them. They were observed working in accordance with dispensing SOPs during the inspection. And bringing requests for Pharmacy (P) medicines to the attention of the responsible pharmacist (RP) prior to selling the medicine. A member of the team discussed what tasks could and could not take place if the RP took absence from the pharmacy. The RP on the day of inspection was a locum pharmacist. He explained how he was able to access the company's SOPs in order to keep his knowledge and understanding of the pharmacy's processes up to date.

Pharmacy team members managed workflow well. There was clearly designated areas for labelling, assembly and accuracy checking acute prescriptions and repeat prescriptions in the front room of the dispensary. And there was protected space for managing tasks associated with the multi-compartment compliance pack service in the back room of the dispensary. The RP was observed working at a designated work bench in a quiet area of the pharmacy when pre-assembling substance misuse medication due to be dispensed on the day of inspection. He confirmed these medicines were assembled against prescriptions at the beginning of the working day. This reduced workload pressure if the pharmacy was busy when a person attended the pharmacy for supervised consumption or collection.

The pharmacy had a near-miss error reporting procedure. Reporting figures were consistent up until 20 January 2020. But since this date no near misses had been recorded. Team members explained this was due to the manager leaving and locum pharmacists using more informal methods of feedback to pharmacy team members. A discussion took place about the importance of using the record to help inform risk management in the pharmacy. And the record was observed being used towards the end of the inspection to record a near miss. The pharmacy reported its dispensing incidents through an electronic system. Incident reports were printed and available for inspection. And the RP explained clearly how he would manage and report an incident. Pharmacy team members discussed incidents as they happened. And they had a follow-up discussion about any further actions or learning follow an incident during the monthly patient safety review. Pharmacy team members could provide some examples of how they applied risk reduction actions following the teams monthly patient safety review. For example, they had completed learning associated with 'look-alike and sound-alike' (LASA) medicines. And they separated different strengths and formulations of the same medicines clearly on

the dispensary shelves. These actions helped prompt additional checks during the dispensing process.

The pharmacy advertised its complaints procedure in its practice leaflet. And on a notice in the public area. Pharmacy team members could explain how they would manage and escalate details of a concern if required. The pharmacy had responded to feedback about some of the retail products it had stocked by adapting its product range. It also provided people with the opportunity to leave feedback through an electronic scoring device at the medicine counter. And pharmacy team members demonstrated how the team could review feedback left in this way through the company's intranet.

The pharmacy had up-to-date indemnity insurance arrangements in place through the NPA. The RP notice displayed contained the correct details of the RP on duty. The sample of the RP record examined was compliant with legal requirements. The pharmacy maintained running balances of controlled drugs (CDs) within its CD register. The register was kept electronically and in accordance with legal requirements. The pharmacy completed full balance checks every one-two weeks. Physical balance check of Shortec 5mg capsules and MST Continus 5mg tablets complied with the balances within the CD register. The pharmacy maintained a patient returned CD register. And pharmacy team members wrote returns into the register on the date of receipt. The pharmacy kept records associated with the supply of unlicensed medicines in accordance with the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA). And it kept records in the Prescription Only Medicine (POM) register up to date. But some details within the POM register were not recorded accurately. For example, the incorrect prescribers details were recorded within one entry. And another entry for an unsigned prescription had been made despite the prescription not being legally valid. The prescription was brought to the attention of the RP. And it was confirmed it was from a local prescriber who could be contacted.

The pharmacy displayed a privacy notice. And it had a leaflet available to people explaining how it used their personal information. It had procedures relating to information governance and compliance with data protection requirements. And pharmacy team members had completed e-learning on the subject. They demonstrated how they maintained confidentiality through their working practices. The pharmacy stored all personal identifiable information in staff only areas of the pharmacy. And it had secure processes for destroying its confidential waste.

The pharmacy had procedures and information relating to safeguarding vulnerable adults and children. And the pharmacy had contact information for safeguarding agencies. Pharmacy team members could discuss how they would recognise and report a safeguarding concern. And they were confident at demonstrating some processes which helped protect vulnerable people. For example, monitoring the collection of prescriptions and contacting people regularly who had not collected. The RP had completed level two safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE).

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy employs knowledgeable and skilled people to provide its services. Pharmacy team members take part in regular conversations relating to risk management and safety. They have access to the required learning to support them in their roles. And they engage well in completing this continual learning. They are provided with positive feedback about the way they work together as a team. And they are aware of how they can raise and escalate a concern about the pharmacy if needed.

### Inspector's evidence

On duty during the inspection was the RP, a qualified dispenser and a trainee dispenser. The pharmacy's manager had left recently. Locum pharmacists were covering the opening hours of the pharmacy. And it was actively recruiting for a new manager. Two company employed delivery drivers provided the medication delivery service. A pharmacy technician and another qualified dispenser also worked at the pharmacy. Pharmacy team members worked set days each week, this meant some members of the team did not regularly work together. But there was some flexibility to change shifts to cover leave if required.

The trainee dispenser discussed the good level of support she had received from her previous manager. She explained the manager had taken time to contact the training provider prior to her leaving the pharmacy. And had left a handover of her training needs for the next manager. The trainee knew how to raise concerns about her learning if required. And explained it had been put on hold during periods without a manager. Each member of the pharmacy team received an annual appraisal to support their learning and development. And they had access to e-learning through the 'Day Lewis Academy'. There was an incentive for completing this ongoing learning as team members were awarded for reaching bronze, silver, gold and platinum status. They engaged well by completing learning associated with their roles. Time in work could be taken to support team members in their learning. But most team members completed learning at home. Pharmacy team members also shared opportunities to attend an annual company conference. And a team member explained how the conference had provided further learning opportunities through interacting with people at all levels of the company. Learning was also supported through training magazines and newsletters.

The pharmacy had some targets associated with its service. Pictorial progress charts were used to promote progress with the flu vaccination and Medicines Use Review (MUR) targets. And team members explained how they supported pharmacists by identifying eligible people for services during the dispensing process. The RP on duty confirmed he was able to apply his professional judgement when delivering services. The pharmacy had a whistleblowing policy. And pharmacy team members confirmed they knew how to escalate a concern about the pharmacy if required. They provided examples of how the team had been recognised for its hard work. For example, it had received certificates for going above and beyond and for achieving pharmacy team of the week.

Pharmacy team members on duty were observed working well together. They shared information through discussion as required. There was no formal handover between shifts. And due to team members working different days to each other this did potentially mean information could be missed on occasion. This had not been an issue when the pharmacy had a full-time manager. Information

relating to patient safety and risk was discussed in monthly team briefings, the manager had led these. And previous meetings had been well documented. This provided team members not on duty with the opportunity to read and ask questions about any of the matters discussed. Team members were unsure of the interim arrangements for completing these meetings whilst they did not have a manager. But they explained they were receiving regular support from their regional support manager. There was some information relating to LASA medicines and risk awareness in the dispensary. But team members were not sure when this had last been updated.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and secure. It offers a professional environment for delivering healthcare services. People using the pharmacy can speak with a member of the pharmacy team in confidence in a private consultation room.

### Inspector's evidence

The pharmacy was secure and sufficiently maintained. Pharmacy team members reported maintenance concerns to their head office. There were no outstanding concerns on the date of inspection. There were a few minor cosmetic issues in the staff area of the premises. For example, damaged paintwork. The pharmacy was clean and lighting throughout was adequate. It had appropriate heating arrangements. Antibacterial hand wash and towels were available at designated hand washing sinks.

The dispensary was split between two rooms. Work benches in both rooms were clear of non-work-related clutter. And there was enough space for managing dispensing and administration tasks. The company had installed an additional computer at a workstation in the back room of the dispensary. Pharmacy team members used this workbench to complete labelling tasks associated with the multi-compartment compliance pack service. And with tasks associated with wholesale dealing. Off the back of this area was a store room and staff facilities.

The public area was fitted with wide spaced aisles with seating provided for people waiting for a prescription or service. The pharmacy had two enclosed consultation areas. One area provided access to a hatch which led into the back room of the dispensary. And the second room was clearly sign-posted as a consultation room and it was professional in appearance.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy advertises its services and it makes them accessible to people. It obtains its medicines from reputable sources. And it has systems to ensure it stores its medicines safely and securely. Pharmacy team members follow written procedures to help them deliver pharmacy services effectively. And they provide the necessary information and support to people to help them take their medicines safely.

### Inspector's evidence

The pharmacy's external signage was professional and clear. And the pharmacy advertised its opening times and services. Access into the pharmacy was a simple push/pull door up a very small step from street level. Pharmacy team members explained people using wheelchairs and pushchairs could negotiate the step without any concern. And team members were available to assist people requiring assistance with access if required. Several prominent displays relating to national health campaigns and healthy living were set out in the public area of the pharmacy. Pharmacy team members reported that people took the promotional literature for the campaigns. But the displays did not always prompt conversations with people about their health and wellbeing.

The pharmacy offered free blood pressure checks to people. And a team member provided a recent example of a person changing their medication due to a referral from the pharmacy to their GP as their blood pressure had been elevated. The pharmacy's seasonal flu vaccination service had been delivered by the pharmacy manager up until January 2020. It was currently being delivered by locum pharmacists who had completed the necessary training to administer the vaccinations. A team member explained how she would check with the company's other pharmacy within the town and signpost people to this pharmacy should they request the service on a day when it was not being provided. And the pharmacy had up-to-date and legally valid patient group directions (PGDs) to support pharmacists delivering this service.

Pharmacy team members could demonstrate how monitoring checks associated with high-risk medicines were recorded on patient medication records. The team generally highlighted prescriptions for these medicines to prompt additional counselling and if monitoring records were available they recorded these checks. There was also some engagement in medication safety audits associated with the NHS Pharmacy Quality Scheme (PQS). Team members were aware of the requirement to refer a valproate prescription directly to the attention of the pharmacist, if the person was in the high-risk group. And the RP discussed the need to ensure appropriate counselling and warning cards were issued to these people when supplying valproate as per the requirements of the valproate pregnancy prevention programme (PPP).

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped inform workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. They also completed an audit grid on prescription forms. The grid was used to identify who had printed or taken in the prescription, labelled it, assembled it and checked it. The pharmacy team kept original prescriptions for medicines owing to people. And it used the prescription throughout the dispensing

process when the medicine was later supplied. It kept audit trails for its prescription delivery service. And people were required to sign for receipt of their medicines through this service.

Tasks associated with the multi-compartment compliance pack service were completed at the beginning of the working week. The pharmacy appropriately monitored the receipt of prescriptions for people using this service, to ensure they were received in good time. The team used a schedule to help inform management of the service. Patient profile sheets were in place for each person. And the team recorded changes to medication regimens clearly. A sample of assembled packs contained some dispensing audit trails. But the dispensed by box had not been completed on one set of four packs waiting to be collected. The audit grid on prescription forms was routinely completed to provide the details of who had labelled and assembled each pack. The pharmacy provided some descriptions of the medicines inside the packs to help people identify them. But there were some blank spaces observed on backing sheets when descriptions for some of the medicines inside were not provided. For example, one pack examined provided descriptions for all medicines except for mirtazapine tablets. Packs were highlighted with details of start dates. And the pharmacy supplied patient information leaflets at the beginning of each four-week cycle of packs.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members explained they had received information about the Falsified Medicines Directive (FMD) through their regional support manager. And were aware of the need to check tamper proof seals when receiving medicines. A notice issued in June 2019 provided details of FMD pilot sites throughout the company. Team members were not aware of any date for implementing a compliant system locally.

The pharmacy stored P medicines behind the medicine counter and in Perspex units in the public area. The units were clearly identifiable and signage on them informed people the medicines inside were not for self-selection. These storage arrangements meant the RP had supervision of sales taking place and was able to intervene if necessary. The pharmacy stored medicines in the dispensary and back area of the pharmacy in an organised manner and within their original packaging. There was an area in the back of the dispensary for storing bulk stock. And stock in this area was stored in an orderly manner.

The pharmacy held CDs in a secure cabinet. Medicine storage inside the cabinet was orderly. There was designated space for storing patient returned, and out-of-date CDs. The pharmacy had a designated fridge for storing its cold chain medicines. Stock inside was well organised. There was separate trays for identifying assembled cold chain medicines waiting to be checked. Assembled medicines waiting for collection were clearly identifiable and held in clear bags. The pharmacy team monitored fridge temperatures. And records confirmed the fridge was operating between two and eight degrees Celsius as required.

The pharmacy team followed a date checking rota to help manage stock. Short-dated medicines were identified and the team annotated details of opening dates on bottles of liquid medicines. An out-of-date appliance was found during random checks of dispensary stock. This was segregated for destruction by a team member. And no other out-of-date medicines or appliances were found. Medical waste bins, sharps bins and CD denaturing kits were available to support the team in managing pharmaceutical waste. The team received details of drug recalls and medicine alerts through email. This was checked regularly and alerts were actioned to date.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. It monitors its equipment to help provide assurance that it is in safe working order. Pharmacy team members manage and use equipment in a way which protects people's confidentiality.

### Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for children. Pharmacy team members could access additional resources through the intranet and internet. The pharmacy's computer system was password protected. And information on computer monitors was protected from unauthorised view through the layout of the premises. Pharmacy team members on duty had working NHS smart cards. The pharmacy stored assembled bags of medicines in the back area of the dispensary. This protected information on bag labels and prescription forms from unauthorised view. Pharmacy team members used cordless telephone handsets. This meant they could move out of ear-shot of the public area when having confidential telephone conversations.

The pharmacy had a sufficient range of crown stamped measuring cylinders for measuring liquid medicines, including separate cylinders for use solely with methadone. It also had clean counting equipment for tablets and capsules. A separate triangle for use when counting cytotoxic medicines was available. Some equipment was stored in the consultation room. For example, adrenaline supplies and a sharps bin to support the flu vaccination service. Stickers on the pharmacy's electrical equipment indicated portable appliance checks had last been completed in October 2019.

### 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.