

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, 126 Kentish Town Road,  
Kentish Town, LONDON, NW1 9QB

**Pharmacy reference:** 1040550

**Type of pharmacy:** Community

**Date of inspection:** 15/01/2020

## Pharmacy context

The pharmacy is located on the high street in a busy mixed residential and commercial area in north west London. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include emergency hormonal contraception, malaria prophylaxis, substance misuse and needle exchange. The pharmacy has healthy living status.

## 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	1.2	Good practice	The pharmacy team records and reviews its mistakes and can give examples of action taken to stop the same sort of mistakes happening again.
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy's team members are supported in keeping their skills and knowledge up to date through regular ongoing training.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	The pharmacy team manages and delivers services safely and effectively. It takes extra care with high risk medicines including valproate, warfarin and methotrexate and makes sure people take their medicines safely.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy manages risk well. It has written procedures to make sure the team works safely. The pharmacy keeps its records up to date so that medicines are supplied safely and legally. The pharmacy team members keep people's information safe. They understand how they can help to protect vulnerable people.

### Inspector's evidence

Near misses were recorded and reviewed and the results were collated into a monthly patient safety review (PSR) completed on PharmOutcomes. Key learning points and patient safety improvement points detailed taking care when dispensing generic inhalers with similar strengths. High-risk 'Lookalike, soundalike' (LASA) medicines had been separated into a dedicated area of a dispensary shelf to reduce picking errors. Three strengths of rivaroxaban had been placed on the LASA shelf to alert staff to take care when picking these medicines. The remaining stock was stored neatly in alphabetical order on the dispensary shelves with fast moving medicine lines being nearest the dispensing area to improve workflow. There were separate dispensing and checking areas. There was limited dispensary bench space but the dispensary was clean, neat and well organised. Controlled drug (CD) prescriptions were placed in the pink CD basket once completed to remind staff to enter the CD supply into the CD register and file the prescription.

Workflow: baskets were in use to separate prescriptions and medicines during the dispensing process. There were separate dispensing and checking areas. The pharmacist performed the clinical check of all prescriptions and the final check was completed by either the pharmacist or the accuracy checking technician (ACT). Prescriptions were endorsed by the pharmacist and stamped to indicate when they were suitable for ACT final check. The dispensing audit trail was completed by staff to identify who dispensed and checked the prescription. Interactions between medicines for the same patient were shown to the pharmacist. There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For 'manufacturer cannot supply' items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

Multi-compartment compliance aids were prepared on a rolling basis for a number of patients according to a matrix. The pharmacy managed prescription re-ordering on behalf of patients. The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a compliance aid. There was a folder of information relating to compliance aid patients for each week. Each patient's information was retained in a polythene sleeve and included a neatly printed backing sheet. The pharmacy noted which patients were in hospital and requested a discharge summary when they were discharged to manage any changes in medication. Labelling included a description to identify individual medicines and patient information leaflets were supplied with each set of compliance aids.

High-risk medicines such as alendronate were supplied separately from the compliance aid. CDs except for schedule 2 CDs were supplied in the compliance aids and the dates of CD prescriptions were managed to ensure supply within the 28-day validity of the prescription. Sodium valproate would not

be supplied in compliance aids. Levothyroxine was supplied in a compliance aid and instructions to ensure it was taken before other medication and 30 minutes before food were highlighted on the backing sheet.

The annual patient questionnaire was conducted. The standard operating procedures (SOPs) included responsible pharmacist, ACT final check, supplying high-risk medicines and complaints procedures. Staff training in recently updated SOPs was current. The staff member who served at the medicines counter said she would not give out a prescription or sell a P medicine if the pharmacist were not on the premises. Hydrocortisone cream would not be sold for use on the face. There was a sale of medicines protocol and a list of medicines requiring caution before a sale on display. These included medicines which were liable to abuse, for children or interacting when taken with other medicines. There was a complaints procedure on display 'Will you help us to help you' inviting feedback and complaints and details of how to contact head office. The locum guide was on display in the office area.

To protect patients receiving services, there was professional indemnity insurance in place provided by the NPA expiring 30 April 2020. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescriptions, emergency and special supplies were generally complete although some prescriber details were missing. The patient group directions (PGDs) were online and valid. PGDs included administration of medicines to treat erectile dysfunction, hair loss, sore throat and malaria prophylaxis. Flu vaccinations administered to patients were reported to the patient's doctor on Sonar online service.

The CD and methadone registers were electronic and complete. There was an audit trail to identify staff who made an entry into the registers. The date of issue of the prescription and expiry date of validity of the prescription was recorded. The balance of CDs was audited weekly in line with the SOP. A random check of the actual stock of MST 10mg and 5mg reconciled with the recorded balance in the CD registers. Uncollected methadone instalments were highlighted in the methadone register. FP10MDA prescriptions were endorsed at the time of supply. Patient returned CDs were recorded in the electronic destruction register for patient returned CDs.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). There was a privacy notice displayed and the Data Security and Protection toolkit had been completed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly. Staff had undertaken safeguarding and dementia friends training. The pharmacist and ACT were accredited at level 2 in safeguarding training. The safeguarding policy was retained in the clinical governance folder. There was a poster regarding dealing with difficult situations in the pharmacy including safeguarding concerns. A flow chart detailed what to do in a safeguarding emergency.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload and they work well together. The pharmacy team members are well trained and supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

### Inspector's evidence

Staff comprised: one full-time pharmacist, Day Lewis relief pharmacists to cover absence, one full-time ACT, one full-time dispenser and one full-time apprentice (Skills4). Staff had their own profiles on the Day Lewis online academy to access training modules including Health and Safety modules such as fire safety. Each staff member could access training relevant to their role. The pharmacist and ACT completed Pharmacy Quality Scheme (PQS) training including sepsis, safeguarding, reducing LASA errors and risk management. The pharmacist had trained to provide the NHS Community Pharmacist Consultation Service (CPCS).

Staff performance was monitored via annual appraisal which was documented. Staff were able to provide feedback and had suggested reviewing the repeat prescription ordering system. Previously staff had delivered paper requests for repeat prescriptions to the surgery. At the time of the visit, repeat requests were emailed to the surgery which resulted in a more robust audit trail of requested prescriptions and a more reliable service. Since the pharmacy had altered the opening hours, staff had to have allocated lunch hours which were agreed between them. The whistleblowing policy was in the clinical governance folder. Staff said targets and incentives were set but not in a way that affected patient safety and wellbeing.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are generally clean, secure and suitable for the provision of its services. The pharmacy prevents people accessing the premises when it is closed to keep information and medicines safe.

### Inspector's evidence

The pharmacy premises were narrow and extended back and up steps to an office and staff area. Although there were older fixtures and fittings, the pharmacy was clean and stock was well organised. There were three seats for waiting patients in the public area. The consultation room was signposted and labelled. The door was open and the chaperone policy was displayed. Although not demonstrated by staff, staff said that the consultation room was not well soundproofed. There were health related leaflets displayed. Lavatory facilities were hygienic and hand washing equipment was available. There was a basement storage area where sharps bins and other items were stored. There was sufficient lighting and air conditioning.

## Principle 4 - Services ✓ Standards met

### Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy provides its services in a safe and effective way. It gets its medicines from reputable sources to protect people from harm. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy team makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe to use. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines in the right way.

### Inspector's evidence

There was access to the pharmacy premises via a wide front door and a small step. Staff went to the door to assist people with mobility issues. Large font labels could be printed to assist visually impaired people. Staff could converse in Gujarati and Hindi to assist patients whose first language was not English. Patients were signposted to other local services such as the dentist, opticians and other local pharmacies. Information and directions were checked on Google. Emergency hormonal contraception was supplied via agreement with NHS Camden. People could access treatment for a range of minor ailments via the NHS Camden minor ailments scheme. A minor ailments passport was given to the person and up to ten supplies could be made via vouchers. Medicines included paracetamol and antihistamine. A copy of the voucher was retained by the pharmacy and submitted to the person's doctor's surgery at the end of the month. A new passport was issued when all the vouchers had been exchanged for medicines.

The pharmacist explained the procedure for supply of sodium valproate to people in the at-risk group. Information on the pregnancy prevention programme (PPP) would be explained. There was information to give to patients on PPP. The intervention was recorded on the PMR. The pharmacist explained the procedure for supply of isotretinoin to people in the at-risk group. Isotretinoin should be prescribed by a specialist. The prescriber would be contacted regarding prescriptions for more than 30 days' supply of a CD. CD prescriptions were highlighted with a sticker marked with the date to ensure supply within the 28-day validity period. Prescriptions for CDs were highlighted with stickers which could be endorsed with the expiry date of the 28-day validity. Interventions were recorded on the PMR.

Prescriptions for high-risk medicines were highlighted with a range of stickers including 'Speak to pharmacist', fridge item and 'Counselling' to prompt counselling to people in an at-risk group. The pharmacist said when supplying warfarin, people were asked for their record of INR along with blood test due dates. INR was recorded on the PMR. People had to supply the pharmacy evidence of the INR when requesting a repeat prescription. Advice was given about side effects of bruising and bleeding. Advice was given about over-the-counter medicines and diet containing green vegetables and cranberries which could affect INR. People taking methotrexate were reminded about the weekly dose, when to take folic acid and what to do if a dose of methotrexate was missed. People were advised to seek medical advice if they developed an unexplained fever.

There was a wall plan of audits to be conducted. An audit had been conducted to identify people for referral for prescription of a proton pump inhibitor for gastric protection while taking non-steroidal anti-inflammatory drugs (NSAID). Current audits included monitoring dates of last foot checks and

retinopathy screening for diabetic people, people in the at-risk group taking sodium valproate and lithium. Risk management training had been completed and the pharmacist had risk assessed sepsis by discussing symptoms with staff and displaying a poster in the consultation room. The current flu service had been risk assessed for updates to the service offered the previous season.

The healthy living health promotion displays increased public awareness and included NHS poster regarding vitamin D for children, mums and mums-to-be. There were posters for flu vaccination, 'Ask us at the pharmacy', referring to NHS 111 for less urgent illnesses and explaining medicines shortages in the NHS. Previous health promotional material included cervical screening, breast-feeding, quitting smoking, walking briskly and sepsis.

The pharmacy did not offer delivery of medicines as a service but when necessary a staff member would deliver medicines to a patient's home. There was a delivery book to record the delivery and a patient signature was recorded indicating a successful delivery. Medicines and medical devices were obtained from Alliance and AAH. Floor areas were clear, and stock was neatly stored on the dispensary shelves. Stock was date checked and recorded. Short-dated items were marked with a sticker. No date-expired medicines were found in a random check. Liquid medicines including methadone were marked with the date of opening and medicines were stored in original manufacturer's packaging. Cold chain items were stored in the medical fridge. Uncollected prescriptions were cleared from retrieval after two months. When repeat prescriptions were dispensed the patient was texted to say it was ready for collection. CD prescriptions were highlighted. Waste medicines were stored separate from other stock. Falsified medicines directive (FMD) hardware and software was not operational at the time of the visit. Drug alerts were received, printed, actioned and filed in the clinical governance folder.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities for the range of services it provides, and it uses these to keep people's information safe.

### Inspector's evidence

There were current reference sources including BNF and BNF for Children. The dispensary sink required treatment to remove some lime-scale. There were stamped measures to measure liquids including separate marked glass measures for methadone. The medical fridge was in working order. Minimum and maximum fridge temperatures were monitored daily and found to be within range two to eight Celsius. The CD cabinets were fixed with bolts. The blood pressure monitor was marked with a due date for re-calibration or replacement. The vaccination sharps bin was in the consultation room beyond the pharmacist's chair. The needle exchange sharps bin was located at the medicines counter. Swap packs of syringes were located in bins with colour-coded lids. Adrenaline ampoules for use to treat anaphylaxis were in date. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly.

### 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.