General Pharmaceutical Council

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: 21/06/2023

Pharmacy context

The pharmacy is in northwest London on a busy high street with a large residential population nearby. It dispenses NHS and private prescriptions and provides health advice. It dispensed medicines in multi-compartment compliance packs for people who had difficulty managing their medicines. Services include delivery, supervised consumption, blood pressure monitoring service, emergency hormonal contraception and flu vaccinations.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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	2.2	Good practice	The pharmacy actively supports its team members with their learning and development
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’s working practices are safe and effective. Members of the team follow suitable written instructions to help them manage risks and work safely. The pharmacy's team members record their mistakes to learn from them and take appropriate action to stop the same mistakes happening again. The pharmacy keeps the records it needs to by law and these show that medicines are supplied safely and legally. The pharmacy team members keep people’s private information safe and understand how they can safeguard the welfare of vulnerable people.

Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses. Members of the pharmacy kept a record of near misses and they discussed the mistakes they made to learn from them and take action to reduce the chances of them happening again. The responsible pharmacist (RP) explained that medicines involved in incidents, or were similar in some way, such as amlodipine 5mg and 10mg tablets and omeprazole tablets and capsules were generally separated from one another to minimise picking errors. The pharmacy team members placed these medicines which looked alike or sounded alike (LASA) on a designated shelf in the dispensary. The regular pharmacist collated the records to produce a safety report. The pharmacy had a clinical governance folder where it kept information such as near miss reports and date checking records.

Members of the pharmacy team responsible for making up people’s prescriptions used baskets to separate each person’s medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products and showed the pharmacist interactions between medicines prescribed for the same person. If the pharmacist contacted the prescriber, the intervention was recorded on PharmOutcomes and the patient medication record (PMR) for future reference. The pharmacy team had a form to complete recording and reporting prescribing errors identified during the clinical check of prescriptions. Team members initialled dispensing labels to identify who dispensed and checked prescriptions. Assembled prescriptions were not handed out until they were checked by the RP. Team members were trained to check details such as date of birth to help make sure the medicines were given to the correct person.

The pharmacy had standard operating procedures (SOPs) for most of the services it provided. And these had been reviewed since the last visit. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. And their roles and responsibilities were described in the SOPs. A team member explained that they would not hand out prescriptions or sell medicines if a pharmacist was not present. A team member described the sales protocol for selling over-the-counter (OTC) medicines. And when they would refer repeated requests for the same or similar products, such as medicines liable to abuse, to a pharmacist. The pharmacy had a complaints procedure and displayed details of how to leave feedback or comment on the pharmacy. And it asked people for their views and suggestions on how it could do things better. People who visited the pharmacy could scan a QR code and leave feedback. The pharmacy had completed a risk assessment for a new person taking up employment to help make sure it was a safe place to work. It had undertaken a health and safety audit and clinical audits of people who took high-risk medicines such as a valproate and lithium.

The pharmacy displayed a notice that told people who the RP was and kept a record to show which

pharmacist was the RP and when. The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy maintained an electronic controlled drug (CD) register with an audit trail identifying who made each entry. And team members audited the stock levels of each CD every week. A random check of the recorded amount of one CD in the CD register matched the actual stock in the CD cabinet. The pharmacy kept records for the supplies of the unlicensed medicinal products it made. The pharmacy recorded the emergency supplies it made and the private prescriptions it dispensed electronically. And these generally were in order.

The pharmacy was registered with the Information Commissioner's Office. It displayed a notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. Its team tried to make sure people's personal information could not be seen by other people and was disposed of securely. Members of the team used their own NHS smartcards. The pharmacy had a safeguarding SOP. And the RP had completed a level 3 safeguarding training course. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. People who experienced domestic abuse could access a safe space in the pharmacy's consultation room and there was an 'ANI' poster on display. Team members were signposted to the NHS Safeguarding App.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy actively supports its team members in developing their skills and knowledge. They work well together to manage the workload. And they know what to do if the pharmacist does not arrive for work. They feel comfortable about providing feedback and are involved in improving the pharmacy's services.

Inspector's evidence

During the visit, the pharmacy team consisted of a locum pharmacist (the RP), a full-time trainee pharmacist, two full-time dispensing assistants and a part-time delivery driver. The pharmacy team members generally relied on other team members to cover absences. A student from a local school was on a placement for work experience in the pharmacy. The student was able to help with some of workload. The pharmacy had a process to follow if the locum pharmacist did not arrive at the pharmacy.

Members of the pharmacy team completed accredited training relevant to their roles. The pharmacy's head office provided training via the intranet such as equality, diversity and inclusion, fire safety and general data protection regulation. Team members undertook training via the e-Learning for Healthcare (elfh) portal. And they had met the training requirements for the pharmacy quality scheme (PQS) regarding cancer awareness, domestic abuse, weight management and antimicrobial stewardship. The trainee pharmacist had weekly protected learning time to study and prepare for the final assessment. The training programme had included an induction and regular study days away from the pharmacy. The team was signposted to the GPhC Knowledge Hub.

The pharmacy team members had annual appraisals to monitor performance and regular meetings when they discussed the patient safety review and read their company newsletter. Team members worked well together. So, people were served quickly, and their prescriptions were processed safely. The RP supervised and oversaw the supply of medicines and advice given by the pharmacy team. The pharmacy had an OTC sales and self-care SOP which its team needed to follow. This described the questions the team members were required to ask people when making OTC recommendations. And when they should refer requests to a pharmacist. They were comfortable about making suggestions on how to improve the pharmacy and its services. For instance, placing LASA medicines in a designated place in the dispensary. The team members knew who they should raise a concern with if they had one.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises are secure and suitable for the provision of healthcare. The pharmacy protects people’s private information and keep the pharmacy’s medicines stock safe.

Inspector's evidence

The registered pharmacy premises were bright and secure and there was air-conditioning to make sure the pharmacy and its team did not get too hot. The pharmacy had a retail area, a counter, and steps up to a ‘galley’ shaped dispensary and storerooms. The pharmacy had a consulting room which was signposted so people could have a private conversation with a team member. The chaperone policy was displayed. It was a bit cluttered. The dispensary had workbenches along both sides and there was storage available beyond the dispensary. Members of the pharmacy team were responsible for keeping the pharmacy’s premises clean and tidy. And they maintained cleaning records.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy tries to make sure its services are easily accessible to people with different needs. Its working practices are safe and effective. The pharmacy team members highlight prescriptions for high-risk medicines so they can make sure people use them properly. And the pharmacy obtains its medicines from reputable sources so they are fit for purpose. The pharmacy stores medicines securely and at the right temperature. And it keeps records of regular checks to show medicines are safe to use. The team know what to do if any medicines or devices need to be returned to the suppliers.

Inspector's evidence

The pharmacy did not have an automated door. And its entrance was not level with the outside pavement. This made it harder for people who used a wheelchair, to enter the building. But the pharmacy team tried to make sure these people could use the pharmacy services. So they texted people when their prescriptions were ready and went to the door to serve them. The pharmacy had a notice that told people when it was open. And other notices in its window told people about some of the other services the pharmacy provided and that it offered a safe space for people experiencing domestic abuse. The pharmacy team members could speak or understand Turkish, Bengali, Somali, Swahili and Yoruba to help people whose first language was not English. The pharmacy had seating for people to use if they wanted to wait. Members of the pharmacy team were helpful, and they signposted people to another provider if a service was not available at the pharmacy.

The pharmacy provided a delivery service to people who could not attend its premises in person. And it kept an audit trail for the deliveries it made to show that the right medicine was delivered to the right person. The pharmacy used a disposable pack for people who received their medicines in compliance packs. The pharmacy team checked whether a medicine was suitable to be re-packaged. It provided a brief description of each medicine contained within the compliance packs and people accessed the patient information leaflets by scanning the QR code on the pack. So, people had the information they needed to help make sure they took their medicines safely. Some compliance packs were prepared at a central hub after the pharmacist had completed the clinical check of prescriptions and packs were returned to the pharmacy with labels which had a scale image of the tablet or capsule.

Members of the pharmacy team initialled dispensing labels so people could identify which of them prepared a prescription. And they marked prescriptions containing high-risk medicines to highlight when a pharmacist needed to speak to the person about the medication they were collecting. They were aware of the valproate pregnancy prevention programme. And they knew that girls or women in the at-risk group who were prescribed a valproate needed to be counselled on its contraindications. The pharmacy had the valproate educational materials it needed. There was a process for supplying outstanding medicines. The pharmacy provided medicines through the community pharmacy consultation service via Sonar. And eligible people could ask the pharmacist for emergency hormonal contraception via a patient group direction on PharmOutcomes. The pharmacy team could explain the blood pressure monitoring and case finding service to refer people not previously identified as having elevated blood pressure.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices within their original manufacturer’s packaging. The dispensary was

reasonably tidy and organised. The pharmacy team checked the expiry dates of medicines according to a matrix a few times a year. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it stored its CDs securely in line with safe custody requirements. The pharmacy had procedures for handling the unwanted medicines people returned to it. Waste medicines were placed in one of its pharmaceutical waste bins. The pharmacy had a procedure for dealing with alerts and recalls about medicines and medical devices. And the RP described the actions they took and records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy had hand sanitisers for people to use if they wanted to. And it had the personal protective equipment its team members needed. The pharmacy had a few glass measures for use with liquids, and some were used only with certain liquids. The pharmacy team had access to up-to-date reference sources. The pharmacy had a refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked the maximum and minimum temperatures of the refrigerator. The pharmacy collected confidential wastepaper for shredding. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members were using their own NHS smartcards.

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.