

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 123 Lavender Hill, Battersea,
LONDON, SW11 5QL

Pharmacy reference: 1041115

Type of pharmacy: Community

Date of inspection: 07/11/2019

Pharmacy context

This is a community pharmacy set within a parade of shops next to a busy road in Battersea. The pharmacy opens six days a week and most people who use it live or work close by. The pharmacy sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides multi-compartment compliance packs (blister packs) to help people take their medicines. And it delivers medicines to people who can't attend its premises in person. It also offers winter influenza (flu) vaccinations and a substance misuse treatment 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 written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It mostly keeps all the records it needs to by law. And it asks people using its services for their views. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They identify and manage risks appropriately. They record the mistakes they make and learn from them to try and stop them happening again. They understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). It had written standard operating procedures (SOPs) for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions tried to keep the dispensing workstations tidy. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors and near misses. Members of the pharmacy team discussed and recorded individual learning points when they identified a mistake. They also reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again; for example, they had separated some look-alike and sound-alike drugs to help reduce the risks of them picking the wrong product from the dispensary shelves.

The pharmacy displayed a notice that identified the RP on duty. Members of the pharmacy team explained what they could and couldn't do and when they might seek help; for example, they would refer repeated requests for the same or similar products to the pharmacist. Staff roles and responsibilities were described within the pharmacy's SOPs. A complaints procedure was in place and patient satisfaction surveys were undertaken annually. And the pharmacy team asked people for their views. The results of a recent patient satisfaction survey were available online. The pharmacy's practice leaflet told people how they could provide feedback about the pharmacy or its services. An additional controlled drug (CD) cabinet was installed at the pharmacy following feedback from the pharmacy's last inspection.

The pharmacy's electronic CD register and its records for the supply of unlicensed medicinal products were adequately maintained. The CD register's running balance was checked regularly as required by the pharmacy's SOPs. The nature of the emergency within the records for emergency supplies made at the request of patients didn't always provide enough detail for why a supply was made. The date of prescribing and the prescriber's details were sometimes incorrect within the pharmacy's private prescription records. The time at which a pharmacist stopped being the RP was occasionally omitted from the pharmacy's RP records.

An information governance policy was in place. Staff were required to read and sign a confidentiality

agreement. Arrangements were in place for confidential waste to be destroyed securely onsite. People's details were routinely removed or obliterated from patient-returned pharmaceutical waste before being disposed of. And prescriptions awaiting collection were stored in such a way to prevent people's names and addresses being visible to the public. Safeguarding procedures and a list of key contacts for safeguarding concerns were available at the pharmacy. The pharmacy had safeguarding procedures and a list of key contacts if its team needed to raise a safeguarding concern. Pharmacy professionals were required to complete level 2 safeguarding training. Members of the pharmacy team could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide safe and effective care. The pharmacy's team members are encouraged to keep their skills up to date. Staff are comfortable about giving feedback to improve the pharmacy's services. They use their judgement to make decisions about what is right for the people they care for. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 52½ hours a week. It dispensed about 5,200 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time pre-registration pharmacy technician trainee, a part-time dispensing assistant, a full-time assistant and a part-time delivery driver. The RP managed the pharmacy and its team. The pre-registration pharmacy technician trainee and the assistant have only joined the pharmacy team in the last week. The pharmacy relied upon its team, relief staff and team members from one of the company's other branches to cover absences. The RP, the pre-registration pharmacy technician trainee and the assistant were working at the time of the inspection.

Staff supported each other so prescriptions were processed in a timely manner and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team needed to follow. A member of staff described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist; for example, requests for treatments for infants, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions.

The pharmacy had an induction training programme for its team. Its team members needed to complete mandatory training during their employment. And they were required to undertake accredited training relevant to their roles after completing a probationary period. The pharmacy's team members discussed their performance and development needs with their line manager throughout the year and at colleague reviews. They were encouraged to ask questions, familiarise themselves with new products and read company's newsletters. They were also encouraged to complete online training to make sure their knowledge was up to date. Staff could train while they were at work when the pharmacy wasn't busy or during their own time. Team meetings were held to update staff and share learning from mistakes or concerns. The pharmacy had a whistleblowing policy in place. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. And they knew how to raise a concern if they had one. Their feedback led to changes to the way they used different coloured baskets in the dispensing process.

Staff didn't feel their professional judgement or patient safety were affected by company targets. Medicines Use Reviews and New Medicine Service consultations were provided by suitably qualified pharmacists when it was clinically appropriate to do so and when the workload allowed. People provided their written consent when recruited for these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an adequate environment for people to receive healthcare. It has a room where people can have private conversations with staff. And its team keeps the premises clean and tidy.

Inspector's evidence

The pharmacy was organised, adequately lit and appropriately presented. The pharmacy's dispensary had been enlarged since the last inspection. And a larger consultation room had been installed too. But the pharmacy's refurbishment wasn't complete. And some matters, such as remediation works to its ceiling and some loose wiring, the partitioning of a dispensing workstation and the installation of a dispensing island, were still outstanding. The pharmacy now had the workbench and storage space it needed for its current workload. But it wasn't air-conditioned. So, staff relied upon fans to keep the premises and themselves cool during hot weather. The consultation room was available if people needed to speak to a team member in private. And it was locked when it was not being used to make sure its contents were kept secure. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. The pharmacy's sink was clean. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacy helps people access its services. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources and it stores them appropriately and securely. The pharmacy's team members check stocks of medicines to make sure they are fit for purpose. And they usually dispose of people's waste medicines safely too.

Inspector's evidence

The pharmacy didn't have a step-free entrance. So, its team needed to make reasonable adjustments to help some people, such as wheelchair users, access the pharmacy's services. The pharmacy advertised its services in its practice leaflet. Staff knew what services the pharmacy offered. They were helpful and knew where to signpost people to if a service couldn't be provided. The pharmacy offered a delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery. And people were asked to sign a delivery record to say they had received their medicines.

The pharmacy provided a winter flu vaccination service. It also offered a range of medicines for specific conditions without a prescription, such as the morning-after pill, erectile dysfunction treatments and malaria prevention medicines, through its paid-for patient group directions (PGDs). The pharmacy had valid, and up-to-date, PGDs and appropriate anaphylaxis resources in place for these services. It kept a record for each flu vaccination. This included the details of the person vaccinated and their written consent, an audit trail of who vaccinated them and the details of the vaccine used. The pharmacy team made sure the sharps bin was kept securely when not in use. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service. People didn't need to make an appointment for a flu vaccination. So, sometimes people, including substance misuse treatment clients, needed to wait a little longer for their prescriptions to be made up when the pharmacist was busy vaccinating people or delivering a PGD service. The pharmacy used a disposable and tamper-evident system for people who received their medicines in blister packs. The pharmacy team checked whether a medicine was suitable to be repackaged into a blister pack. And it had a process to assess if a person was eligible for the service. The pharmacy kept an audit trail of the person who had checked each blister pack. But it didn't always keep an audit trail of who had assembled it. The pharmacy team provided a brief description of each medicine contained within the blister packs. But patient information leaflets weren't always supplied. And cautionary and advisory warnings about the medicines contained within the blister packs weren't always included on the backing sheets. So, sometimes people didn't have all the information they needed to make sure they took their medicines safely. Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers, such as AAH, Alliance Healthcare and Day Lewis Medical Ltd., to obtain its pharmaceutical stock. It kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks, which were documented, and short-dated products were marked. The pharmacy stored its stock, which needed to

be refrigerated, appropriately between two and eight degrees Celsius. And it also stored its CDs, which were not exempt from safe custody requirements, securely. The pharmacy team was required to keep patient-returned and out-of-date CDs separate from in-date stock. Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't decommissioning stock despite the pharmacy having the appropriate equipment to do so. The pharmacy's SOPs needed to be revised to reflect the changes FMD would bring to the pharmacy's processes. The pharmacy was scheduled to be FMD compliant by the beginning of next year. Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. But the pharmacy didn't have a receptacle for the disposal of hazardous waste, such as cytostatic and cytotoxic products. The pharmacy had a process in place for dealing with alerts and recalls about medicines and medical devices. And staff described the actions they would take and the records they would make when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. And, its team makes sure its equipment is kept clean.

Inspector's evidence

The pharmacy had a range of clean glass measures. It also had equipment for counting loose tablets and capsules too. And this equipment was routinely cleaned after each use. The pharmacy team had access to up-to-date reference sources. And it could contact the NPA or the superintendent pharmacist's office to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. The pharmacy provided blood pressure (BP) checks on request. And the pharmacy team needed to replace the BP monitor regularly. Access to the pharmacy computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

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.