

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, Station Approach,
BRADFORD-ON-AVON, Wiltshire, BA15 1DQ

Pharmacy reference: 1074093

Type of pharmacy: Community

Date of inspection: 05/02/2020

Pharmacy context

This is a community pharmacy which is based inside of a GP surgery adjacent to the train station in the town of Bradford-on-Avon in Wiltshire. It serves its local population which is mostly elderly. The pharmacy opens five days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, drug misuse services and supplies medicines in multi-compartment medicine devices for people to use living in their own 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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Good practice	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive protected time to complete it.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
		2.5	Good practice	The pharmacy team are empowered to raise concerns about their service provision and these are responded to appropriately.
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 the team works safely. Pharmacy team members record and review some mistakes that happen and use this information and learning to avoid future mistakes. But a more robust approach to investigating dispensing errors could be taken so that learning opportunities are not missed. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information well and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy generally maintains the records that it must keep by law.

Inspector's evidence

There were processes in place for identifying and managing risks in the pharmacy. Near misses were logged when they occurred and the incidents would be discussed with the members of staff involved. The near miss log was displayed in the pharmacy and examples were seen as being recorded by the pharmacy team. At the end of each month, the pharmacist would review the near misses and errors and would highlight any trends in a meeting with the team. Based on previous incidents, gabapentin and pregabalin had been highlighted on the dispensary shelves in order to reduce selection errors. The pharmacy team reported all dispensing errors online using the Day Lewis reporting system. But the dispensing error records examined did not always contain a robust a root cause analysis to elucidate why the error may have happened.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for all the dispensary tasks and were reviewed on a two yearly basis by the company's head office. All staff were aware of their roles on questioning. Staff were in the process of signing some updated SOPs. A complaints procedure was in place within the SOPs and the staff were of this. Feedback was gathered annually using Community Pharmacy Patient Questionnaires (CPPQs).

An indemnity insurance and public liability certificate from the NPA was held and was valid and in date until the end of April 2020. Electronic controlled drug records were retained. A balance of a random CD was checked and was found to be correct at the time of the inspection. The CD balance was checked weekly. Patient returned and expired CDs were stored separately from stock CDs and these were labelled appropriately.

Staff reported that date checking was carried out regularly but records could not be demonstrated during the inspection. The pharmacy team reported that they would address this. The fridge temperatures were recorded electronically daily and these were within the appropriate temperature range of two to eight degrees Celsius. The stock inside of the fridges was laid out in an organised fashion. The responsible pharmacist (RP) record was seen to be completed electronically and the RP notice was displayed where patients could see it. The private prescription records were retained but entries occasionally omitted the prescriber's name and address. The pharmacy did not often do

emergency supplies and so these records were not demonstrated. The specials records were retained and were in order.

An information governance policy was in place which the pharmacy team were required to read and sign. Confidential waste was collected separately to normal waste and removed appropriately. The computer screens were all facing away from the public and access to patient confidential records was password protected. The consultation room was kept locked and public access and patient confidential information was safeguarded.

There was a safeguarding children and vulnerable adults e-learning program on the company training website which all the members of staff were required to complete. Staff explained that they were confident of signs to look out for which may indicate safeguarding issues in both children and adults and would refer to the pharmacist as appropriate. Contact details were available in the dispensary for local safeguarding advice, referrals and support.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There were two pharmacists, six dispensing assistants and one medicines counter assistant present during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had either completed or were undertaking appropriate training courses for their roles. At the time of the inspection, there was a vacancy for one full time and one part time dispensing assistant.

Staff performance was monitored and reviewed formally annually where key performance indicators were discussed. In these reviews, a development plan would be introduced to help further develop and train the members of staff. Staff would also get the opportunity to give feedback about the place that they work.

The staff reported they were required to complete online training modules when they became available. Staff received adequate time to complete required training. A dispensing assistant gave an example of completing training on the General Data Protection Regulation (GDPR) and reported that this had helped her understand the issues around information governance and data protection.

Staff meetings to discuss any important business or patient safety updates were held on an ad-hoc basis and monthly. Head office regularly released patient safety updates which were read and actioned by the pharmacy team. A whiteboard was used to communicate information to staff between shifts. Staff were comfortable to raise concerns either with the pharmacy manager or the area manager if necessary. The pharmacist had raised concerns about workload concerns on some days which were particularly busy. In response, pharmacist double cover was being considered on allocated days.

Staff were also aware of the whistleblowing policy and felt comfortable to use this if necessary. There were targets in place but the team explained that they did not feel pressurised to deliver the targets and would never compromise their professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. Fixtures and fittings were modern and the pharmacy was clean, tidy and presented in a professional manner. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing. Medicines were stored on the shelves in a generic and alphabetical manner.

The pharmacy team reported that the building was old and had some maintenance issues such leaks in the roof and water damage to the door at the front of the pharmacy. The GP practice owned the building and so the problems had been reported to them accordingly.

The consultation room was well soundproofed and was routinely kept locked when not in use. Patient confidential information was stored securely. The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Pharmacy services were displayed on leaflets and posters that could be found around the pharmacy area. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting.

The pharmacy team supplied multi-compartment compliance pack to around 10 patients for use in their own homes. Staff organised all their patients into a four-week cycle and maintained audit trails to prepare and deliver the compliance packs. One compliance pack was examined and an audit trail to denote who dispensed and who checked the pack was complete. Descriptions were routinely provided for the medicines contained within the compliance packs. Staff reported that patient information leaflets were routinely supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during dispensing valproate to all female patients at the time of the inspection. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing medicinal waste were available and being used for the disposal of medicines returned by patients. A bin for the disposal of hazardous waste was also available. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

Medicines were obtained from the Day Lewis Warehouse, AAH and Alliance. Specials were obtained via Eaststone specials. Invoices were seen to demonstrate this. The pharmacy team were aware of the European Falsified Medicines Directive (FMD). The pharmacy team had the relevant hardware and software in place.

Medicines and medical devices were generally stored in an organised manner within their original manufacturer's packaging. Staff reported that Pharmaceutical stock was subject to date checks, but these were not documented. Short dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner.

MHRA alerts came to the pharmacy electronically through the company's internal email system and the pharmacist explained that these were actioned appropriately. Audit trails were kept to demonstrate that these had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for dispensing CDs. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources.

There were three fridges in use which were in good working order and the maximum and minimum temperatures were recorded daily and were seen to be within the correct range.

Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

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.