General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, Bronshill Road, TORQUAY, Devon, TQ1 3HD

**Pharmacy reference:** 1074453

**Type of pharmacy:** Community

**Date of inspection:** 28/06/2019

## Pharmacy context

The pharmacy is located next to a GP practice on the outskirts of Torquay. The pharmacy dispenses NHS and private prescriptions. It also supplies multi-compartment compliance aids for people to use in their own homes. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also offers flu vaccinations, a minor ailments scheme and supplies emergency hormonal contraception.

## 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 identifies and manages risk appropriately. Team members usually record their errors and review them. They learn from their mistakes and make changes to stop them from happening again. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and acts suitably on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy generally keeps the records required by law. But it could do more to ensure records are made within the required time frame. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had processes in place to manage and reduce risk. Near misses were recorded on a paper log then transferred on to PharmOutcomes, although reporting had been sporadic in previous months. Records contained details of the error and a brief reflection as to the cause. Following near miss incidents, the pharmacy team had taken steps to reduce selection errors, such as highlighting different formulations of medicines on the shelf edges. Dispensing incidents were reported on the company intranet system and contained a more detailed analysis of the cause. Errors were discussed with all staff as they occurred.

A monthly review of errors was completed, but these were not seen during the inspection. The assistant manager said that the team had a monthly meeting to discuss patient safety issues and to alert each other to errors. They also used the monthly meetings to discuss any errors that they were aware of from other branches of the chain.

Standard operating procedures (SOPs) were held in paper format and were overdue for review. The review date on the copies held in the pharmacy was May 2019. Staff had read and signed the relevant SOPs which reflected current practice. The assistant manager said that competence was assessed through verbal quizzes.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey. Feedback around long waiting times had been addressed by the implementation of a process whereby people called the pharmacy 48 hours before their repeat dispensing prescription was due. This had reduced queuing and waiting times for these people. A complaints procedure was in place and was displayed in the retail area.

Professional indemnity and public liability insurance were provided by the NPA with an expiry date of 30 April 2020. RP records were appropriately maintained and the correct RP certificate was conspicuously displayed. Records of emergency supplies and private prescriptions were held on the patient medication record system (PMR), Proscript Connect, and were in order. Records of specials were kept and contained the details of what had been supplied, when and to whom.

Controlled drug (CD) records were maintained as required by law. Balance checks were usually completed every two weeks but had not been completed in the previous four weeks. A random stock balance check of one CD identified that the record of receipt of 28 tablets had not been made. Further checks showed several inaccuracies. The assistant manager contacted the cluster manager, who was a

pharmacist, who then arranged to complete a complete audit and balance check. The assistant manager confirmed that this had been completed when the inspector contacted her the following week. It had been identified that one locum pharmacist had been delayed in making entries. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and the General Data Protection Regulation and had signed the associated policies. Patient data and confidential waste was dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed, and a record of access was made on the patient medication record (PMR).

All staff were trained to an appropriate level on safeguarding. The RP and the pharmacy technician had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training, and the remaining staff had completed level 1. A safeguarding policy was in place and signed by staff and local contacts were available. Staff were aware of signs of concerns requiring escalation. Local contacts for referrals were displayed prominently by the telephone.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy has enough staff. Team members are well trained for their roles and they keep their skills and knowledge up to date. Team members suggest and makes changes to improve their services. They communicate well with each other.

### Inspector's evidence

Staffing was adequate on the day of the inspection consisted of the RP, a pharmacy technician and three NVQ2 dispensers, one of whom was a trainee. A fourth dispenser had been sent home sick earlier in the day.

The team clearly had a good rapport and felt they could usually comfortably manage the workload with no undue stress and pressure, despite being one team member short. The staff had clearly defined roles and accountabilities and tasks were allocated to individuals daily.

Staff worked regular days and hours. Absences were usually covered rearranging shifts, or by part-time staff increasing their hours. In an emergency, the manager would call on support from another local branch.

Staff completed training packages on the company e-Learning system. Training records were seen and were up to date. Copies of certificates of completion of relevant training courses were kept for each member of staff. Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed.

Staff were set yearly development plans and the team gave each other regular ad hoc feedback. There was a clear culture of openness and honesty. The staff felt empowered to raise concerns and give feedback to the assistant manager and the field support team, who they found to be receptive to ideas and suggestions. Staff reported that they were able to make suggestions for change to improve efficiency and safety.

Staff were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP said the targets set were manageable and that they did not impede her professional judgement. She described that all services undertaken were clinically appropriate.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

### Inspector's evidence

The pharmacy was located on the outskirts of Torquay, adjacent to a GP practice. A healthcare counter led to a spacious dispensary. An adequately sized consultation room was available which presented a professional image and had health-related posters and information displayed. It could be accessed from both the retail area and the dispensary. The door to the retail area room was locked when not in use. No confidential information was stored in the room.

A room to the rear of the dispensary was used as an office and also for the preparation of multi-compartment compliance aids. Space was limited. There was also a lavatory to the rear of the building. There was no rear access.

The dispensary stock was well organised and tidy. Most of stock was stored on shelves. Fast moving lines, larger items, creams and liquids were stored separately. No stock or prescriptions were stored on the floor, and there were dedicated areas for dispensing and checking. Prescriptions awaiting collection were stored in a retrieval system.

Cleaning was undertaken each day by dispensary staff and the pharmacy was clean on the day of the inspection. Cleaning products were available, as was hot and cold running water. The lighting and temperature of the pharmacy were appropriate for the storage and preparation of medicines.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy is accessible and advertises its services well. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. It usually makes a record of this to show that this advice has been given. The pharmacy obtains its medicines from reputable suppliers. They are stored securely and regularly checked that they are still suitable for supply. The pharmacy deals with medicines returned by people appropriately.

### Inspector's evidence

The pharmacy was wheelchair accessible, as was the consultation room. Services provided by the pharmacy were advertised on the wall of the consultation room. The pharmacy could make adjustments for those with disabilities including printing large print labels. A hearing loop was available.

The pharmacy technician explained that if a person requested a service not available at the pharmacy, she would refer them to a nearby pharmacy, phoning ahead to ensure it could be provided there. A range of leaflets advertising company and local services were available, as was a folder containing details of local organisations offering health-related services.

Baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and owings. The labels of dispensed items were initialled when dispensed and checked.

Coloured labels were used to highlight fridge items and CDs including those in schedule 3 and 4. Prescriptions were also labelled if they contained items that may require additional advice from the RP, such as high-risk medicines. Each high-risk medicine, such as warfarin, lithium and methotrexate, had an SOP to cover the handout process. Blood levels and dosages were checked and additional counselling and support materials were offered to the patient. Records of these conversations were generally made on the PMR.

An audit had been completed to identify patients who may become pregnant receiving sodium valproate as part of the Valproate Pregnancy Prevention Programme. No patients had been identified. Stickers were available for staff to highlight this to patients at risk receiving prescriptions for valproate. Information booklets and information cards were given to eligible patients.

Prescriptions containing owings were appropriately managed, and the prescription was kept with the balance until it was collected.

The patient group directions covering the locally commissioned minor ailments scheme were found to be in date and had been signed by the relevant pharmacists.

The pharmacy currently delivered medicines to people in their homes. Appropriate records were kept. The delivery service was to cease in the near future and arrangements had been made to dispense medicines for people requiring delivery at an alternative branch.

Stock was obtained from reputable sources including Alliance, and AAH. Specials were obtained from both Alliance Specials and AAH Specials.

The dispensary shelves were tidy and organised. The stock was arranged alphabetically and was date checked each week and the entire dispensary would be checked every three months and recorded on a matrix. Spot checks revealed no date expired medicines or mixed batches.

The fridge in the dispensary was clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. Staff were aware of the steps taken if the fridge temperature was found to be out of range, which was to monitor every 30 minutes until back in range.

The process for the dispensing of multi-compartment compliance aids provided for approximately 100 patients in the community was acceptable. Each compliance aid had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets were supplied at each dispensing, or with the first compliance aid of four in the case of weekly supply. When required medicines were dispensed in boxes and the dispenser was aware of what could and could not be placed in compliance aids. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the checking process. Plans were in place for approximately one quarter of multi-compartment compliance aids to be dispensed and delivered to people from a nearby branch so that they could still be delivered.

CDs were stored in accordance with legal requirements. Date expired CDs were clearly marked and stored separately for stock. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded.

Patient-returned medication was dealt with appropriately, and a hazardous waste bin was in use. Patient details were removed from returned medicines to protect people’s confidentiality.

The pharmacy had the hardware, software and amended SOPs to be compliant with the Falsified Medicines Directive. Drug recalls were dealt with promptly and were annotated with details of the person actioning and the outcome.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and well maintained.

### Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. Reference sources were available and the pharmacy could also access up-to-date information on the internet.

All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible and were in date. The dispensary sink was clean and in good working order. Dispensed prescriptions were stored on shelves, out of sight of customers. Computers were positioned so that no information could be seen by customers, and phone calls were taken away from public areas.

## 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. |