General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, Millway Health Centre, Venture House;, Hartley Avenue, LONDON, NW7 2HX

Pharmacy reference: 1084745

Type of pharmacy: Community

Date of inspection: 31/08/2022

Pharmacy context

This pharmacy is situated next door to a health centre. As well as dispensing NHS prescriptions and administering flu vaccinations, the pharmacy provides a range of private services including a travel vaccination 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 identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It protects people's personal information well and team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. Team members had signed to say that they had read them. SOPs were regularly reviewed and updated by the head office team. Any changes or updates were highlighted at the beginning of the SOPs and team members were also made aware of these. Team members were allocated SOPs depending on their job roles.

The pharmacy consistently recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Near misses were logged on a sheet displayed in the dispensary and electronically. The electronic system then had the ability to analyse the data from the near misses and show trends and patterns and these were discussed with the team. Head office had issued all branches with a list of medicines which sounded alike. The team added additional medicines to this list as they identified them during reviews. Warning labels were used on the shelves to highlight picking errors made in the past. Dispensing errors were investigated and reported on the intranet to head office. The team also received a monthly patient safety newsletter from head office via email and a number of hard copies were also sent.

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and it displayed a notice informing people about the procedure. Complaints were dealt with by the pharmacy manager. Where the matter could not be resolved in store it was referred to head office.

Records about private prescriptions, emergency supplies, unlicensed medicines dispensed, controlled drugs (CDs) and RP were generally well maintained. Some prescriber details in private prescription records were not accurate. CDs that people had returned were recorded in a register as they were received. CD registers were kept electronically. CD balance checks were carried out regularly.

Assembled prescriptions were stored behind the counter and people's private information was not visible to others using the pharmacy. The pharmacy had an information governance policy available. Relevant team members who accessed NHS systems had smartcards. Pharmacists had access to Summary Care Records (SCR); consent to access these was gained verbally. Confidential waste was kept in a designated bag and collected by a contractor for secure destruction. All team members had also completed online training about confidentiality.

Team members had completed safeguarding training. Details were available for the local safeguarding boards. The company also had a safeguarding officer at head office who team members could contact.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members for the services it provides. And the pharmacy supports its team members by giving them time at work to do ongoing training to help keep their knowledge and skills up to date. They do the right training for their roles. And they work effectively together and are supportive of one another.

Inspector's evidence

At the time of the inspection, the pharmacy team comprised of a pharmacist locum and two trained technicians, one of whom was an accuracy checker. There was also a pharmacy student, who had just completed their third year, and a pharmacy apprentice, who had started the week before the inspection. The pharmacist manager was on holiday. Team members worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. Team members counselled people about the use of over-the-counter medicines and asked appropriate questions before recommending treatment.

The staff said that they were able to make suggestions about how the pharmacy was run. Recently they had suggested changing where the gabapentin and pregabalin were stored and this had reduced picking errors. Individual performance and development was monitored by the pharmacy manager. Appraisal meetings were held annually with an interim review. Team members were also given on-the-spot feedback. Team members had personal access to a training site which helped them keep up to date. Online eLearning was also completed on the 'Day Lewis Academy' which had a range of mandatory modules (such as safeguarding and risk management) and other optional ones. Team members said there was a monthly module to complete, and they were set deadlines by when certain modules needed to be completed. Team members' training was monitored by head office.

The pharmacy team held monthly meetings. Some agenda points to be discussed were set by head-office and the team added additional points which were relevant to this pharmacy. Team members felt able to feedback concerns and suggestions. Targets were in place for services provided although there was no pressure to meet these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy premises were modern, large, bright, clean, and organised. The dispensary was spacious; there was ample workspace which was clutter-free and clean Workbenches were also allocated for certain tasks. A sink was available for preparing medicines. Hand sanitiser was also available for team members to use. Cleaning was carried out by team members in accordance with a rota. A consultation room was available. The room allowed a conversation at a normal level of volume to take place inside without being overheard. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy generally provides its services safely. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

There was a flight of steps to access to the pharmacy. But there was also a bell to press if people could not use these. Team members helped people who needed to come into the pharmacy and if people preferred, their medicines were brought out to them. Team members used the internet to find details about other local services to help people.

The pharmacy had an established workflow. Colour-coded baskets were used as part of the dispensing process to separate prescriptions. Dispensed and checked-by boxes on labels were initialled by members of the team to create an audit trail for the dispensing and checking processes. The accuracy checking technician only checked items he had not been involved in dispensing. The pharmacy had a delivery driver; delivery records were kept. In the event that a person was not home, a note was left by the driver and the medicines were returned to the pharmacy.

Warning stickers were attached to some of the prescriptions by the RP during the checking process. Stickers were used if a person needed to be counselled by a pharmacist or if there was a fridge line or CD dispensed. However, their use was not consistent, and some prescriptions which should have had applicable stickers on did not. The RP and team members were aware of the guidance for dispensing sodium valproate. Posters were displayed in the dispensary and the team had discussed dispensing sodium valproate at the previous meeting. Where possible, sodium valproate was dispensed in its original packaging. Placement of the dispensing label on the container so as not to obscure important information was discussed with the team. The pharmacy did not often dispense warfarin. But, in the event that someone presented to collect a prescription for warfarin, they were asked for their yellow book. And it was confirmed that the person was having their INR checked routinely. Additional checks were carried out when people collected medicines which required ongoing monitoring, when the prescription was appropriately stickered.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. To help organise and manage the service people were allocated to different weeks. Each week was colour-coded. The intranet showed which colour was to be processed each week and the electronic system also notified team members of the prescriptions which needed to be ordered. Team members contacted the surgery with any queries if the GP had not informed them about prescription changes. All records were kept electronically. Any notes or communication was also recorded on people's individual electronic record. Clinical checks were completed in store by the pharmacist. A backing sheet was then prepared. This was also checked as this was sent to head office and used to prepare the packs offsite. Packs were prepared by a robot at head office and checked there by an accuracy checking technician (ACT). Prepared packs were sent back to the pharmacy in sealed clear bags and they were re-checked by the pharmacist in store. Assembled packs were labelled with product descriptions and mandatory warnings. Where available a photograph of the medication was included. But no patient information leaflets (PILs) were supplied, meaning that people could not easily access the information provided by the manufacturer about their

medicines. The staff said that they would look into how this could be managed in the future.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; the records showed these were within the required range for storing temperature-sensitive medicines. CDs were held securely. Expiry date checks were carried out by one of the dispensers. Short-dated stock was highlighted with a sticker. A date-checking matrix was in place. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were separated from stock and then collected by licensed waste collectors.

Drug recalls were received on the company's intranet. The team printed these and checked against stock. If the affected batches were found these were quarantined and action was taken following instructions received from head office. The pharmacy was required to report the action taken to head office. If the system was not updated, someone would call to check. There was a local WhatsApp group to remind people to action the alerts.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Equipment was mainly clean and ready for use. A separate tablet-counting triangle was used for cytotoxic medicines to avoid contamination. Two fridges of adequate size were available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.