

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, 19 Market Place, Middleton-in-Teesdale, BARNARD CASTLE, County Durham, DL12 0QG

**Pharmacy reference:** 1086794

**Type of pharmacy:** Community

**Date of inspection:** 20/07/2023

## Pharmacy context

This is a community pharmacy in the town of Barnard Castle, County Durham. It dispenses NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs to people who need support in taking their medicine correctly.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy team follows a comprehensive set of documented procedures to help it manage the pharmacy's services. The pharmacy mostly keeps the records it needs to by law. It is suitably equipped to support the safeguarding of vulnerable adults and children and team members help protect people's private information. They record mistakes made during the dispensing process and they make changes to the way they work to help improve patient safety.

### Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). These were instructions designed to support the team in safely undertaking various processes. For example, the dispensing of prescriptions and complying with responsible pharmacist (RP) legislation. Team members were required to sign a sheet to confirm they had read and understood the SOPs which were relevant to their role. The pharmacy had recently provided the team with some newer, updated SOPs and team members were working through reading them. The SOPs were reviewed every two years to ensure they were up to date and accurately reflected the pharmacy's practices.

The pharmacy used a digital system to record details of mistakes made during the dispensing process but were spotted by the RP during the final checking stage. These mistakes were known as near misses. Team members recorded details such as the names of the medicines involved in the near miss and the date and time the near miss happened. However, team members did not record the specific details of what went wrong and so they found it difficult to spot trends or patterns. The RP completed a monthly patient safety report and held a meeting with all team members to discuss dispensing accuracy and how they could improve patient safety. They had recently identified medicines that had similar names or looked similar as being high risk and more likely to be dispensed in error. To mitigate this risk, the team had separated these medicines from each other and used a 'look alike, sound a like' (LASA) stamp to mark prescriptions which were for these medicines. The stamp acted as a prompt for team members to double check the medicines they had selected for dispensing to ensure they were correct. The team used a similar digital system to record details of dispensing incidents which had reached people. Team members explained they had not had to record any incidents recently and so there were no examples to be inspected. They described how they would respond in a hypothetical situation. This included completing an incident report form and reporting the incident to the pharmacy's superintendent pharmacist (SI).

The pharmacy had a formal complaints procedure which was outlined to people who used the pharmacy. Team members typically received verbal feedback from people who used the pharmacy. Team members explained how they would always look to resolve complaints themselves but if they were unable to do so, they would refer the complaint to the RP. The pharmacy encouraged people who used the pharmacy to give feedback on the services they received. There was a QR code printed on each carrier bag provided to people. Team members asked people to scan the QR code using a smartphone which directed them to an online feedback form to complete.

The pharmacy had professional indemnity insurance. At the start of the inspection the pharmacy was displaying two responsible pharmacist (RP) notices. This was rectified immediately. The RP record was generally completed correctly but, on some occasions, the RP had not recorded the time their RP duties

had ended. The importance of completing the record each day was discussed with the RP. The pharmacy kept controlled drug (CD) registers and they were completed correctly. It kept records of CD that people had returned to it for destruction. The pharmacy kept records of supplies of unlicensed medicines. Most of these records were completed in line with the requirements, but on some occasions the pharmacy had not recorded the prescriber's details.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team separated confidential waste from general waste, and it was periodically destroyed using a via a third-party contractor. Team members understood the importance of securing people's private information. The pharmacy had a documented procedure to help the team manage sensitive information. The team was aware of its responsibilities in raising safeguarding concerns about vulnerable adults and children. The RP and another team member had completed a training course on safeguarding via the Centre for Pharmacy Postgraduate Education. The pharmacy had a written procedure used to support team members to report concerns. Team members described some hypothetical situations that they would report.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team has the necessary skills and experience to safely manage the pharmacy's services. Pharmacy team members work well together and support each other to help provide the pharmacy's services. The pharmacy supports team members to update their knowledge and skills via protected training time.

### Inspector's evidence

The RP was the pharmacy's main pharmacist and manager and worked at the pharmacy for three days each week. During the inspection the RP was supported by a full-time pharmacy technician and a part-time qualified pharmacy assistant. The pharmacy employed another part-time pharmacy assistant who was not present during the inspection. Locum and company-employed relief pharmacists worked on the days that the RP did not. Team members covered each other's absences by working additional hours where possible. They agreed that the pharmacy generally had enough team members to manage the dispensing workload. Overall, the team was observed working well together and supporting each other to complete various tasks. Each team member had been working at the pharmacy for several years and demonstrated a good rapport with many people who used the pharmacy.

Team members used an online training portal to support them in updating their knowledge and skills. They had access to modules that they could choose and complete. The pharmacy's head office team periodically sent the team mandatory modules to complete. Team members received protected time to train. They also read various pharmacy related educational material that the pharmacy received. The pharmacy had a formal annual appraisal process to support team members to review their performance. They discussed which areas of their roles they enjoyed and where they could improve.

Team members explained they felt comfortable about giving feedback to each other to help improve the pharmacy's services. For example, the team had recently discussed scanning barcodes on prescriptions to ensure a full audit trail of the dispensing process was maintained. Team members explained they would raise any concerns with the RP or the pharmacy's area manager. They felt comfortable raising concerns and were confident that their concerns would be listened to and acted upon if appropriate. The team had access to a whistleblowing procedure to help them raise concerns anonymously. The team was set some targets to achieve. Team members felt the targets were generally achievable and they didn't feel under any significant pressure to achieve them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are suitable for the services it provides and they are clean and well organised. There is a private consultation room for people to use to have confidential conversations with a pharmacy team member.

### Inspector's evidence

The pharmacy premises were spread over two floors. They were hygienic and well maintained. The dispensary was small with limited room for team members to dispense medicines. Team members worked well with the space as dispensing benches were kept organised throughout the inspection. Floor spaces were mostly kept clear to prevent a trip hazard. The upper floor of the dispensary had an office, a staff area, and a space to store dispensed multi-compartment compliance packs. The pharmacy had a suitably sized, soundproofed, consultation room for people to use to have private conversations with team members.

The pharmacy had a sink for hand washing and for preparing medicines. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout most of the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy effectively manages a range of services that it makes accessible to people. It helps support people taking some higher-risk medicines. The pharmacy team undertakes regular checks of the expiry dates of its medicines to reduce the risk of out-of-date medicines being supplied to people. And the pharmacy stores its medicines correctly.

### Inspector's evidence

The pharmacy had level access from the street to the entrance door. This allowed easy access to the premises for people who used wheelchairs or had prams. The pharmacy had a small selection of healthcare-related information leaflets for people to take away with them. The pharmacy had a facility to supply large-print labels to people with a visual impairment. Team members explained how they communicated in writing with people who had a hearing impairment. Team members had knowledge of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew to apply dispensing labels to valproate packs in a way that prevented any written warnings being covered up and ensured they always supplied valproate in original packs. The team had completed an audit to check if any people who used the pharmacy regularly were eligible to be enrolled in the programme.

Team members used dispensing baskets to safely store medicines and prescriptions throughout the dispensing process. This helped manage the risk of medicines becoming mixed-up. Team members signed dispensing labels when they completed the dispensing and final checking processes to maintain an audit trail. Team members attached alert stickers to bags containing people's dispensed medicines. They used these as a prompt before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. The pharmacy supplied some people with their medicines dispensed into multi-compartment compliance packs. These packs were designed to help people take their medicines at the right times. There were 'master-sheets' which team members used to cross-reference with prescriptions to make sure prescriptions were accurate before the dispensing process began. If they spotted a discrepancy, for example, if a medicine was missing from the prescription, they made enquires with the prescriber. Team members recorded details of authorised changes to people's treatment on their electronic medical record. The packs were annotated with descriptions of the medicines supplied.

The pharmacy stored pharmacy medicines (P) directly behind the pharmacy counter. Team members were aware of higher-risk P medicines such as those containing codeine. Team members demonstrated the screening questions they would ask people who wished to purchase such medicines. Team members followed the pharmacy's process to check the expiry dates of its medicines every three months. They kept records of the completion of the process. Medicines that were short dated were highlighted. Team members kept a record of these medicines and used the records to remind them to remove these medicines from the dispensary before they expired. The pharmacy had a fridge to store medicines that required cold storage. And the team kept keep records of the fridge's minimum and maximum temperature ranges. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste. The pharmacy

received alerts about medicines and medical devices from the MHRA through email. The team actioned alerts and printed a copy for future reference. Team members recorded the action taken on the printed copy.



## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the correct equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

### Inspector's evidence

Team members had access to reference sources including electronic and hard copies of the British National Formulary (BNF) and the BNF for children. The pharmacy used a range of measuring cylinders. There were separate cylinders to be used only for dispensing water. This helped reduce the risk of contamination. The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.