

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 3 Stompits Road, Holyport,
MAIDENHEAD, Berkshire, SL6 2LA

Pharmacy reference: 1086892

Type of pharmacy: Community

Date of inspection: 08/04/2019

Pharmacy context

This is a community pharmacy situated in a semi-rural village alongside other local shops, and the village GP surgery is nearby. Most people who use the pharmacy are villagers or from the surrounding area. The pharmacy mainly dispenses NHS prescriptions and provides a few other NHS funded services. It offers home deliveries and supplies some medicines in weekly packs, so people don't forget to take them. And it sells a small range of counter medicines.

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's working practices are generally safe and effective. It protects people's private information and the pharmacy team members act if they have concerns about vulnerable people. They aim to identify and manage risks associated with the services. But they do not always complete reviews of errors as effectively as they could do, so they may miss out on some learning opportunities.

Inspector's evidence

A range of company standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. Team members were aware of these but not all of them had signed to confirm they had read and understood those relevant to their role, though procedures appeared to reflect what happened in practice.

Team members could explain their role and worked within their limitations. They suitably referred to pharmacist throughout the inspection. Staff wore uniforms and badges, so they were identifiable. A responsible pharmacist (RP) notice was displayed. It bore the wrong pharmacist's details initially, but this was rectified during the inspection.

The pharmacy had some systems in place to identify and manage risk. Baskets were used to segregate prescriptions during the assembly process and different areas were allocated to different activities. The team recorded and analysed dispensing errors and near misses, and some examples were seen. The dispensing assistant explained that each incident was discussed at the time, and they sometimes separated medicines with similar names or packaging to prevent further picking errors, or used shelf stickers to highlight these. Near misses were collated but it was unclear if these were regularly reviewed for trends. Head office circulated occasional patient safety bulletins.

A formal complaints procedure was in place and information about how to make a complaint was included on a poster displayed in the retail area. No formal complaints had been received recently. The pharmacy received regular customer feedback from annual patient satisfaction surveys; the results of the most recent survey were mostly positive and staff said they often received ad-hoc compliments about the service. An electronic push traffic light system on the counter enabled patients to provide instant feedback. The dispenser said children sometimes played with this so the results were not always reliable, and it was unclear how often they collated this.

The pharmacy used a recognised patient medication record system (PMR) to record supplies of prescription medicines. The team kept all the relevant records including RP, private prescription, specials procurement and controlled Drug (CD) records. A random check of records found these were generally in order. However, prescribers' details were not always properly captured on the electronic private register. The pharmacist correctly explained the circumstances and how they recorded emergency supplies. But they could not produce the associated electronic records, so they were not able to fully demonstrate that supplies were appropriate.

Team members confirmed they had completed data protection training, and they understood the importance of maintaining patient confidentiality. There was an NHS leaflet covering data protection

available in the retail area. Obsolete confidential paperwork was segregated for disposal by a contractor.

The pharmacist had undertaken level 2 safeguarding training. Team members had completed company safeguarding training and SOPs were available, although these had not been annotated with local safeguarding contacts. The dispenser said they had recently raised a compliance issue about an elderly confused patient with their GP. A current certificate of professional indemnity insurance was on display.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team has the skills and knowledge to deliver the services it offers. The company provides ongoing training so team members can keep their skills and knowledge up to date. But the team sometimes struggles to manage the workload, so people may not receive their medication on time. And the frequent changes in pharmacists in recent months, means team members have not always felt supported.

Inspector's evidence

At the time of the inspection, a company relief pharmacist was working with a dispenser and an assistant on the counter. Usually a third team member would be working in the dispensary, but she was on leave. So, they were short staffed and there was a backlog of work from the weekend, as there was also no dispensing support on Saturdays. During the inspection, the team managed the steady customer flow without any major issues, although occasionally people were required to wait whilst the team resolved queries.

The pharmacy had experienced some staffing issues, including sickness and changes of pharmacist. A regular pharmacist was now working three days a week, but they were reliant on relief or locum pharmacists for the remainder of the week. Currently the pharmacy employed five team members; two full-time dispensers, two part-time counter assistants, and a pharmacy undergraduate who worked on Saturdays. All team members had completed or were undertaking accredited training relevant to their role.

One of the dispensers was experienced and acted as assistant manager. She had previously been enrolled on an NVQ3 technician course but not managed to complete it. This was partially due to the frequent changes of pharmacist who acted as tutor, but also because it was difficult to have protected training time during work hours, as they were always busy.

The counter assistant said she completed training on the company's online system or 'hub'. Individual training records showed what each team member had done. The relief pharmacist showed training accreditation record to enable him to supply a range of private patient group directions (PGDs). He was also accredited to provide medicine use reviews (MURs).

The team could contact their regional support manager or head office for support. They received regular feedback about the pharmacy's performance. The pharmacist said he was targeted to complete two MURS a day, but he did not feel under pressure to achieve this and felt able to exercise his professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is a suitable place to provide healthcare. But some areas are cluttered and not very tidy, which may increase the likelihood of things going wrong.

Inspector's evidence

The pharmacy had been refitted within the last two years. It was bright and well-presented.

There was a small retail area and open-plan dispensing area. A room at the back provided additional dispensing and storage space, and was used to assemble weekly packs. A consultation room could be accessed from the retail area and there was a small patient seating area. The counter was small and there was some potential for conversation to be overheard when more than one person was waiting.

Behind the premises there was lean-to and external staff toilet facilities. There was no dedicated staff rest area. All areas were reasonably clean and tidy although there was some clutter in the rear dispensing area. And the dispensary sink was stained with hard water deposits.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people. They are suitably managed, so people receive their medicines safely. It sources its medicines appropriately. And the team carries out some checks to ensure they are in good condition. But fridge temperature records may be unreliable. And the team does not always store or manage its obsolete medicines as carefully as it should do. This means the pharmacy may not always be able to show that it manages its stock properly.

Inspector's evidence

There were non-automated double doors at the entrance and a level threshold. Team members could offer assistance if needed. A home delivery service was available. Opening times were displayed and there was accurate information about the pharmacy on NHS UK and the company website. The pharmacy has healthy living status and some health promotion material was available. There was a practice leaflet.

The staff reported a good relationship with the local surgery. The surgery referred patients initiating new medicines to the pharmacy's New Medicines Service (NMS) and around 28 had been completed last month. Pharmacists completed regular MURS and the pharmacy had met the target of 400 in the last year to April 2019. A delivery service was offered on Monday to Friday by a company driver. Records of deliveries included signatures. The team managed repeat prescriptions for some patients, and there were audit trails in place so these could be tracked.

Dispensed medicines were appropriately labelled and package information leaflets were provided routinely. Clear plastic bags were used to store assembled fridge lines so a visual check could be done with the patient when these were handed out. The pharmacist understood the risks of taking valproate during pregnancy; patient information leaflets and cards were available. The relief pharmacist did not have access to summary care records.

Around 40 patients received their medication in weekly packs and these were prepared according to weekly cycles. Packs were being prepared a couple of days in advance. Brief medication descriptions were included on the pack labels. Charts were kept for each patient showing current medication and any changes or special instructions. The pharmacy offered a winter flu service for both NHS and private patients. Pharmacists could supply a small range of prescription medicines under private in-house PGDs which had recently been introduced.

Medicines were sourced from licensed suppliers and stored in a reasonably orderly fashion. Pharmacy only medicines were stored out of reach of the public. There was a date checking system in place and a spot check of the shelves found no expired items. Split packs were marked. Obsolete medicines were transferred to designated bins pending collection by specialised waste contractors. These had accumulated and there was limited space to store these safely.

Appropriate arrangements were in place for storing CDs. A couple of balances checked were found to be accurate. The pharmacy had air conditioning and the room temperature was monitored and recorded. Cold chain medicines were stored in the fridge and temperatures were monitored. But the

fridge thermometer was not routinely re-set, so recorded maximum and minimum temperatures was not an accurate reflection of that day.

Drug recalls and safety alerts were received by email and the most recent alerts had been received and actioned. Head office actively monitored compliance with this process. Associated audit trails were in place. The site had a Wholesale Dealers License and a small area in the rear dispensary was dedicated to this. Wholesale stock was kept separately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services it offers.

Inspector's evidence

Crown stamped measures were available and the pharmacy had counting equipment for loose tablets and capsules. Medicine containers were stored appropriately. There was a dispensary sink. A small CD cabinet, and two medical fridges were used for storing medicines.

The pharmacy had up-to-date copies of the BNF, BNF for children and Drug Tariff, as well as access to the internet and NPA advisory service. There were computer terminals in the dispensary, on the counter and in the consultation room. Screens were suitably located or locked out when not in use. The PMR system was password protected. There was a mobile handset so telephone calls could be taken out of earshot of the counter. All equipment appeared to be in good working order.

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.