General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, 1 The Loddon Vale Centre, Hurricane Way, Woodley, READING, Berkshire, RG5 4UX

**Pharmacy reference:** 1086893

**Type of pharmacy:** Community

**Date of inspection:** 08/04/2019

## Pharmacy context

This is a community pharmacy located within a small shopping centre, next to a GP surgery and in a suburb of Reading in Berkshire. A range of people use the pharmacy's services. The pharmacy dispenses NHS prescriptions and some private prescriptions. It also offers a flu 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 some risks appropriately. Pharmacy team members deal with mistakes that occur during the dispensing process responsibly. But, they may not be recording all the details. This could mean that opportunities to spot patterns or trends are missed. The pharmacy encourages people to provide it with feedback and uses this to improve its services. But, some team members don't understand how they can help to protect the welfare of vulnerable people. So, they may not know how to respond to concerns appropriately. Some of the pharmacy's records are not always kept in accordance with the law. This means that the team may not have all the information needed if problems or queries arise.

### Inspector's evidence

A range of documented Standard Operating Procedures (SOPs) were available to support the services provided. This included an SOP to cover the process undertaken by the Accuracy Checking Technician (ACT). Staff had read and signed the SOPs. These were last reviewed in 2017.

This was a busy pharmacy. The main dispensary was initially cluttered but this was cleared as staff worked. Both the Responsible Pharmacist (RP) and ACT carried out the final accuracy check of assembled prescriptions in segregated areas. This helped minimise distractions and the likelihood of errors occurring.

Prescriptions for people who were waiting and for those calling-back, were processed on the front bench and dispensed straight away. The pre-registration pharmacist was managing this section with assistance provided by others when needed. The pharmacy's workload was manageable.

Staff described separating medicines with different strengths that were packaged similarly (such as bisoprolol). There were caution stickers placed in front of some medicines as an additional visual alert. Trends with mistakes were described as mixing gabapentin and pregabalin as well as tablets with capsules for some medicines.To help reduce the chance of this reoccurring, team members explained that they highlighted relevant details on prescriptions using a marker pen.

There was information available to inform people about the pharmacy's complaints procedure. Staff obtained feedback from people about their services, annually through surveys and used a noticeboard to help with this. In response to people stating that they were having to queue to hand in their repeat slips, a lockable box on the counter was subsequently implemented. This helped people to bypass the queue and place their repeat prescription requests here.

A documented complaints process was present and details of previous incidents were seen recorded. Near misses were routinely recorded. The pre-registration pharmacist was described as conducting the last review over the past few months.This had been previously carried out by the last regular pharmacist. However, there were details that were consistently missing within the near miss log.This included possible causes, the action taken in response and whether a discussion with staff occurred.

Documented details of reviews were seen.This also included the last annual patient safety report (January 2019) where key learning points and the action taken was recorded. These identified look-alike

and sound alike (LASA) medicines as well as the action taken in response to trends or patterns (as described above). The latter also documented that different strengths of atorvastatin were placed into baskets. However, on checking the shelves, these were not stored in baskets at the inspection.

A notice was on display to inform people about how their privacy was maintained. Confidential waste was segregated prior to being disposed of via company means. A shredder was also available. Sensitive details on bagged prescriptions awaiting collection were not visible from the retail area. Staff had completed relevant training online on recent changes in data protection law. The team were occasionally placing confidential material in baskets on a ledge in the dispensary.This overlooked the retail space. People were regularly seen approaching this area to speak to the RP and staff. Ensuring no further confidential material was placed here in order to protect people's private information, was discussed at the time.

Not all staff could readily identify groups of vulnerable people or signs of concern to safeguard them. This included the apprentice as well as some trained dispensing staff. Some members of the team were trained on this. They referred to the RP in the first instance.The RP, pre-registration pharmacist and ACT were trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE).Relevant local contact details were available as well as the company's documented policy. Staff were unaware of where to locate the former.

An incorrect RP notice was initially on display. This was changed at the start of the inspection. The CD returns register was maintained as a full audit trail of receipt and destruction. Daily records to demonstrate the minimum and maximum temperatures for the pharmacy fridge were maintained. This helped verify that medicines were stored here appropriately.

A sample of registers seen for Controlled Drugs (CDs) were mostly compliant with the Regulations. Odd headers were seen incomplete within these. Balances for CDs were checked and documented every week.

There were issues with some of the pharmacy's other records.This included odd missing entries within the electronic RP record where pharmacists had not recorded the time that their responsibility ceased. Records of emergency supplies did not include the nature of the emergency but instead were documented as "to follow". There were missing details within records of unlicensed medicines such as prescriber details, the date of supply and to whom the supply was made. There were several missing prescriber details within the electronic private prescription register. Some prescriber details were incorrect and some were simply recorded as "private, private" or "hospital".

Professional indemnity insurance to cover the services provided were in place through the National Pharmacy Association (NPA).

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Team members generally have a solid understanding about their roles and responsibilities. And, the pharmacy provides resources to help encourage its team members to keep their skills and knowledge up to date.

### Inspector's evidence

The pharmacy dispensed approximately 12,000 prescription items every month, with 80 people receiving their medicines inside Monitored Dosage Systems (MDS) and four people with instalment prescriptions.

The pharmacy's team members included a regular pharmacist who had very recently joined the branch, a pre-registration pharmacist, an ACT, a pharmacy technician, three trained dispensing assistants, one of whom was trained to NVQ level 3 and another in training for the NVQ level 3 in dispensing, a trainee dispensing assistant, an apprentice, a trained Medicines Counter Assistant (MCA) and two delivery drivers.

Name badges were worn by staff. Some of the staff's qualifications obtained were seen. In the absence of the RP, team members knew which activities were permissible and the process involved if the pharmacist failed to arrive. Before selling over-the-counter (OTC) medicines, staff asked a range of questions to determine suitability.They referred to the RP when unsure or when required. Staff in training held some knowledge of OTC medicines. The knowledge of trained staff was sufficiently demonstrated when questioned about certain products.

Staff in training, including the apprentice and the pre-registration pharmacist were provided with protected time every week to study.The latter's tutor had changed in-between the placement and the pre-registration pharmacist was left previously for two weeks without a tutor. She explained that this had not affected her training.

To assist with training needs, staff described completing online training and receiving updates through the internal system. They were provided time at the pharmacy to complete the former. Team meetings were held every month and staff discussed details with one another. There were also noticeboards to provide them with relevant information. Formal appraisals were held for staff annually.

Outside of the Essential Services, the pharmacy offered Medicine Use Reviews (MURs), the New Medicines service (NMS) and last season, they provided influenza vaccinations under a private and the NHS Patient Group Direction (PGD). The pharmacist explained that several of the company's private PGDs for services were due to commence in the branch. The RP had not been set any formal targets to achieve services at the point of inspection.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The premises provide an appropriate environment for the delivery of pharmacy services.

### Inspector's evidence

The premises consisted of a spacious retail area and a raised dispensary located to one side of the front counter. There was also another segregated dispensary behind this, where MDS trays were prepared.

The pharmacy was well ventilated, sufficiently lit and in the main, was professional in appearance. However, some ceiling tiles in the retail area were stained. Most areas were relatively clean. This also included the staff WC.

Pharmacy only (P) medicines were stored behind the front counter.There was a barrier present to prevent these medicines being accessible by self-selection and staff were always within the vicinity.

A signposted consultation room was available to provide services and private conversations. This was located to one side of the front counter and just inside the walkway to the dispensary. The door was unlocked but kept closed when not in use. The space was of a suitable size for the services provided. There was no confidential information accessible within the vicinity and a curtain was available to cover the presence of folders/information that were present inside the room.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy tries to ensure its services are accessible to everyone. It sources, stores and manages most medicines safely. But, the pharmacy doesn't always keep records of the checks it makes in response to safety recalls. So, team members may not be able to show that they have taken the right steps to keep people safe in the event of a future query. Pharmacy services are generally provided safely and effectively. But, members of the pharmacy team don't always highlight prescriptions that require extra advice or record information when people receive some medicines. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied. And, they are not removing date-expired prescriptions in time. This increases the chance of these medicines being supplied unlawfully.

### Inspector's evidence

People could enter the pharmacy at street level and through an automatic front door. The retail space was made up of clear, open space and wide aisles. This meant people with mobility issues could easily access the pharmacy's services. There were six seats available for people waiting for prescriptions and car parking spaces available outside. Staff described speaking clearly, slowly and faced people who were partially deaf. They verbally provided details for people who were partially sighted and/or used representatives if needed.

The pharmacy's opening hours were on display on the front door.There were also noticeboards available in the retail space to provide people with relevant information. This included a zone to inform people about healthier living.

The team used baskets to hold prescriptions and medicines once assembled. This assisted in preventing any inadvertent transfer of items. Colour co-ordinated baskets highlighted people who were waiting for prescriptions and different types of prescriptions (such as those due for delivery).

Staff involvement in dispensing processes was apparent through a dispensing audit trail. This was via a facility on generated labels.A quad stamp was also annotated onto prescriptions. This was used by the ACT to identify when the RP had carried out a clinical check of prescriptions.

Staff were aware of risks associated with valproate and patients who may become pregnant. One female in the at risk group supplied this medicine was previously identified. The previous regular pharmacist had spoken to this individual according to staff, but they were unaware of the outcome.

Staff stated that people receiving MDS trays, prescribed higher risk medicines were asked about relevant parameters. This included the International Normalised Ratio (INR) level for people prescribed warfarin. There were no details recorded to verify this. Prescriptions seen within the retrieval system for these medicines were not identified or flagged in any way to ensure relevant safety checks were made.

MDS trays were initiated through people's GP's. The pharmacy ordered prescriptions on behalf of people and once these were received, staff cross-checked details on prescriptions against individual records. This helped to identify changes or missing items.If changes were identified, staff confirmed

with the prescriber.  Details were documented on records as an audit trail. Trays were not left unsealed overnight. All medicines were de-blistered into trays with none left within their outer packaging. The pharmacy provided descriptions of medicines that were supplied inside trays. Patient Information Leaflets (PILs) were routinely provided. Mid-cycle changes involved trays being retrieved and new trays supplied.

There were records in place to verify when, where and to whom medicines were delivered. CDs or fridge items were highlighted and checked prior to delivery. Signatures from people were obtained upon receipt. Failed deliveries were mostly brought back to the pharmacy with notes left to inform people. Staff explained that medicines were occasionally left unattended. This did not include fridge or CD items, it only occurred once the pharmacy had received consent from people to do this and assessed suitability by checking whether any pets or children were present. The team also placed notes on records to help demonstrate this. A stock-take was occurring at the pharmacy during the inspection.

The pharmacy obtained medicines and medical devices from licensed wholesalers such as AAH, Day Lewis, Alliance Healthcare, Phoenix and Colorama. Unlicensed medicines were obtained from Colorama, Quantum and Eaststone Specials.

Some members of the team were roughly aware of the European Falsified Medicines Directive (FMD).The inspector was told that there were no processes currently in place at the pharmacy to comply with this. Staff had received some details through an internal bulletin. There was no guidance information seen.

Medicines were mostly stored in an organised manner and were date-checked for expiry every three months. There were no mixed batches or date-expired medicines seen. Short dated medicines were identified with stickers. Liquid medicines were marked with the date that they were opened. This helped determine suitability for future dispensing.

CDs were stored under safe custody. Keys to the cabinet was maintained in a way that prevented unauthorised access during the day and overnight. Prescriptions requiring collection were stored within an alphabetical retrieval system. Fridge items and CDs (Schedules 2-3) were identified with stickers. Staff described removing uncollected prescriptions every few months.

Schedule 4 CDs were not routinely identified. The date on one prescription for diazepam tablets was highlighted using a marker pen. Other prescriptions for Schedule 4 CDs were not marked in any way to indicate their 28-day prescription expiry and not all staff could recognise these. Date expired prescriptions were present in the retrieval system. This included a prescription for temazepam tablets dated 4 March 2019, Tostran gel dated 11 March 2019 and methylphenidate dated 8 March 2019.

Medicines returned by the public, that required disposal were accepted, stored in designated containers and removed via the pharmacy's contractual arrangement. Staff identified hazardous and cytotoxic medicines through an available list. People requesting sharps to be disposed of, were referred to the local council. People returning CDs were brought to the attention of the RP and relevant details recorded. See Principle 1 regarding the audit trail of receipt and destruction.

Staff described receiving drug alerts by email, checking stock and acting as necessary. The last safety alert was on display. However, there was no audit trail or records of previous safety alerts and staff were unable to bring up details on the email system.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely.

### Inspector's evidence

The pharmacy was equipped with current versions of reference sources and staff could use online sources. The dispensary sink used to reconstitute medicines was relatively clean. Hot and cold running water was available with antibacterial hand wash present.

The team could use a range of clean, crown stamped, conical measures for liquid medicines. There were also designated measures available for methadone. The CD cabinets were secured in line with legal requirements.

Medicines requiring cold storage were stored at appropriate temperatures within a medical fridge. Staff could use a machine to help them to remove medicines from their blister packaging.This was used when assembling MDS trays.

Computer terminals were positioned in a manner that prevented unauthorised access. There were cordless phones available to help private conversations to occur away from the retail space. The team used their own NHS smart cards to access electronic prescriptions. These were taken home overnight.

## 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. |