

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, Unit 4 Mollison Square, WALLINGTON, Surrey, SM6 9DA

Pharmacy reference: 1087892

Type of pharmacy: Community

Date of inspection: 17/01/2020

Pharmacy context

This Healthy Living Pharmacy (HLP) is in a parade of shops in a residential area of Wallington, Surrey. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy offers flu vaccinations in the autumn and winter seasons, a smoking cessation service and home deliveries. It also dispenses some medicines in multi-compartment compliance aids for those who may have difficulty managing their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.2	Good practice	Most members of the team are fully trained and experienced, newer members of staff are fully supported while undergoing training. Planned learning and development is actively encouraged and there are records to that training is regularly undertaken.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	When medicines are supplied, appropriate checks are made and patients suitably counselled. The pharmacist ensures that supplies of antibiotics are not delayed in order to minimise the risks of sepsis, and signposts patients to other pharmacies if he is unable to supply them immediately.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings


The pharmacy provides its services in line with clear, up-to-date processes and procedures which are being followed by its team members. They are clear about their roles and responsibilities. And they work to professional standards, identifying and managing risks appropriately. The pharmacy keeps satisfactory records of the mistakes it makes during the dispensing process. The pharmacy manager regularly reviews them with members of the team so that they can learn from them and avoid problems being repeated. The pharmacy manages and protects confidential information well and tells people how their private information will be used. Team members understand their role in helping to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

Inspector's evidence

There were Standard Operating Procedures (SOPs) in place to underpin all professional standards, seen to be signed and read by staff. There was a signature sheet at the front of the file with signatures from each member of staff confirming that they had signed the individual SOPs. There was also a summary sheet detailing recent changes to the SOPs dated May 2019.

Errors and near misses were seen to be regularly recorded on a monthly form. Details were then transferred onto the Pharmoutcomes online platform. The pharmacist reviewed and discussed them with the team at each monthly team meeting. As a result they separated ropirinole and risperidone, escitalopram and enalapril to reduce the risk of them being mixed up. They had also put those items in clearly marked baskets. They had separated a number of other "Look Alike Sound Alike" (LASA) drugs to help avoid picking errors. There was a copy of the Day Lewis Group monthly patient safety newsletter available, with an analysis of Pharmoutcomes reports from all of their pharmacies and highlighting where to take particular care.

Roles and responsibilities of staff were clearly documented in the SOP folder. People who work in the pharmacy could clearly explain what they do, what they were responsible for and when they might seek help. Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. They outlined their roles within the pharmacy and where responsibility lay for different activities. All dispensing labels were signed by two people to indicate who had dispensed the item and who had checked it. The responsible pharmacist notice was clearly displayed for patients to see and the RP record on the computer was complete and correct.



Results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were on nhs.uk website for patients to see and a copy was also in the HLP folder. There was also a prominent notice headed “will you help us to help you?” encouraging comments, suggestions or complaints, and a wifi tablet was available for people to use for instant feedback. A certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) was on display in the dispensary.

Private prescription records were maintained on the PMR system. Most of those checked were complete but there were some entries with the incorrect prescriber’s details. Records of emergency supplies were generally found to be complete, although several did not record the reason for supply in sufficient detail. The RP reflected upon both of these points and agreed to brief the team so that future records would be complete.

The electronic controlled drug (CD) register was seen to be correctly maintained, with running balances checked weekly in accordance with the SOP. Frequently used CDs were checked more often. Records of CDs returned by patients were to be made upon receipt using the PMR system and subsequent destruction documented and witnessed. Records of unlicensed “specials” were seen to be complete.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. Completed prescriptions in the prescription retrieval system were turned so that personal information was not visible to patients waiting at the counter. Confidential waste was kept separate from general waste and collected for shredding by a licensed contractor. The annual Data Security and Protection (DSP) toolkit had been completed by their Head Office. There was a privacy notice on display for people to see, and leaflets in the consultation room explaining how personal data is used.

There were safeguarding procedures in place and contact details of local referring agencies were on the dispensary wall and in the clinical governance folder together with safeguarding SOP signed by all staff. All registrants have been trained to level 2 and other staff members had the equivalent of level 1 training provided by Day Lewis. All staff were dementia friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are well-trained and have a good understanding of their roles and responsibilities. They support each other and can make suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There was one pharmacist, and two dispensing assistants one trainee dispenser and a pre-registration pharmacy graduate (Pre-Reg, who was also a registered technician) on duty during the inspection. The size of the team appeared to be appropriate for the current workload and they were working well together. Staff qualifications and training were available online to show the levels of training completed, and there were certificates on display for people to see. Everyone gained points for each completed course and can achieve bronze, silver or gold awards. Ongoing training modules were sent online from Head Office. The Pre-Reg attended regular training meetings organised by their head office. He showed the inspector his monthly online training records and described his experience to date in very positive terms. Staff annual reviews were on the company intranet. The next round of reviews were due to be carried out by the end of April May. Staff were also able to provide feedback on the manager as part of this process.

Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. All members of staff were seen to serve customers and asking appropriate questions when responding to requests or selling medicines. The pharmacist confirmed that he was comfortable with making decisions and did not feel pressurised to compromise his professional judgement.

Team members were involved in open discussions about their mistakes and learning from them. They felt that their “no blame culture” made it easier for them to report things. Team members said that they could raise concerns and that there was a whistleblowing policy available for them if needed. There were targets in place but the pharmacist felt that they didn’t impact upon his professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a safe, secure and professional environment for people to receive its services. The premises include a private room which the team uses for some of its services and for private conversations.

Inspector's evidence

The pharmacy premises were clean, tidy and in a good state of repair. There was sufficient space to work safely and effectively, and the layout was suitable for the activities undertaken.

There was a consultation room for confidential conversations, consultations and the provision of services. The door was usually kept locked when the room was not in use. There was a computer terminal which was password protected.

The dispensary sink had hot and cold running water and there were disinfectant wipes available for cleaning work surfaces. The sinks and toilet areas were reasonably clean and well maintained. Room temperatures were appropriately maintained by a combined heating and air-conditioning unit, keeping staff comfortable and suitable for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds satisfactorily to drug alerts or product recalls so that people only get medicines or devices which are safe for them to take. It identifies people supplied with high-risk medicines and records most of the checks that it makes so that they can be given extra information they may need to take their medicines safely.


Inspector's evidence

The pharmacy provided a range of services including a smoking cessation service, and Emergency Hormonal Contraception (EHC) and substance misuse services. Seasonal flu vaccinations were also available during the autumn and winter.

Controls were seen to be in place to reduce the risk of picking errors, such as the use of baskets to keep individual prescriptions separate. Prescription labels were initialled to show who had dispensed and checked them. The pharmacist also made use of a "child" stamp as a prompt to ensure that any medicines for children were checked against the relevant entries in the British National Formulary (BNF) before they were handed out. He explained how he made sure that if presented with a prescription for antibiotics he would only take it if he had the item in stock, rather than offering to obtain it later. If he didn't have that particular antibiotic in stock, then he would signpost them to the nearest pharmacy that had some in order to minimise any delay for the patient. He explained how he was particularly aware of the danger of sepsis, and that a recently published report and associated publicity had served to reinforce his own approach to antibiotic supplies.

Owings tickets were in use when medicines could not be supplied in their entirety. If the medicine was difficult to obtain, staff would call other local pharmacies to see whether they had any stock and if their delivery driver could collect it. If they were still unable to obtain the medicine, patients were either advised to contact their GP for an alternative or the pharmacy would contact the GP on their behalf.

Prescriptions for schedule 2 CDs and fridge lines awaiting collection were not assembled until the patients called back to collect them. The dispensing assistants all confirmed that they would not hand them out after the 28-day expiry. The bags were then highlighted with a CD sticker once they had been checked by the pharmacist. CDs in schedules 3 and 4 were assembled straight away and again the CD sticker applied by the pharmacist once he had completed the final check.



Monitored Dosage System (MDS) trays were dispensed towards the back of the pharmacy, away from distractions. Each patient had an individual record sheet showing their current medicines and dosage times. The trays were seen to be labelled complete with product descriptions and patient information leaflets (PILs) provided to some but not all patients. Dosage changes were confirmed with the prescriber and notes made on the individual patient record indicating who had been spoken to and dated. They were prepared on a four-week cycle in order to make sure that everything was ready on time whilst evenly spreading out the workload.

Staff were aware of the risks involved in dispensing valproates to women of childbearing age, and all such patients would be counselled and provided with leaflets and cards highlighting the importance of having effective contraception. The valproate audit had identified some female patients under 60 who had been counselled accordingly. Patients on warfarin were routinely asked for their INR records, although many didn't have them with them. The pharmacist did however ask if they have had their INR checked, and stressed the importance of having regular checks. These checks were not all routinely recorded on the PMR system, so the RP briefed the team to start doing so immediately. They were currently making paper records of this information as part of the pharmacy quality scheme (PQS) audit.

Valid up-to-date Patient Group Directions (PGDs) were seen to be in place for the NHS and private seasonal influenza vaccination services. They had been signed by the pharmacist and were valid until March 2020. Consent forms and records were kept in a file. There was also a PGD for ulipristal (EHC), the validity of which had been extended until March 2020 as confirmed by email from the local sexual health commissioners.

Medicines were obtained from licensed wholesalers including AAH, Alliance, Phoenix and Day Lewis' own warehouse. Unlicensed "specials" were obtained from Eastone Specials. The pharmacy had FMD scanners and software in place, but the staff were not yet trained in their use. The company was in the process of rolling it out across its pharmacies. The pharmacy used the NWOS agency scheme for dressings and appliances but there was no procedure in place for obtaining patient consent to send their prescriptions elsewhere to be dispensed. There was also no notice in the pharmacy to inform patients of this arrangement. The inspector and RP checked the SOP and found the necessary instructions, which the RP agreed to implement.

Routine quarterly date checks were seen to be in place and recorded on a matrix. Each shelf in the dispensary had a laminated label showing the date on which it had been last checked. There were no medicines being stored in plain white cartons and no mixed batches medicines were found. Open bottles of liquid medicines had been annotated with dates of opening. Fridge temperatures records were only available for two days out



of the previous seven, but those present were seen to be within the 2 to 8 range. There was a notice on the main fridge door explaining the procedures to follow in the event of temps going out of range, and all staff questioned were aware of this. The dispenser printed off the records for the previous few weeks which showed that the temperatures had been appropriately recorded up until the previous few days. The records were kept on the PMR system, and the RP thought that as they also have a pop-up reminder on the terminal at the counter, it was possible that the counter assistant may have been clearing the message in order to use the till. They also had an unused fridge that was broken, and the two sets of records on the system may have been confusing the staff member(s) involved. He was going to brief all members of staff to ensure that they recorded the temperature against the correct fridge and that they didn't simply clear the pop-up message.

Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines. Patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. There was a list of hazardous medicines and purple-lidded hazardous waste container. Patients with sharps were signposted to the local council for disposal. DOOP containers were seen for the safe disposal of CDs.

The pharmacy received drug alerts and recalls from the MHRA, which were seen on the Day Lewis intranet. Paper copies of those which the pharmacy had actioned were seen in the clinical governance file. Each alert was annotated with any actions taken, the date and initials of those involved. There was also evidence of patients being contacted if they may have received some of these medicines. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides, and it makes sure that it is properly maintained. The pharmacy generally keeps people's private information safe.

Inspector's evidence

There was a range of crown stamped measuring equipment, counting triangles (including a separate one for cytotoxics), reference sources including the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source. The Blood Pressure meter was recalibrated in August every year.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were seen to be used appropriately and with no sharing of passwords. They were not left on the premises overnight. Confidential information was kept secure and items awaiting collection were not visible from retail area



What do the summary findings for each principle mean?

✓ **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.