General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, 256 Balham High Road, LONDON, SW17 7AW

**Pharmacy reference:** 1089165

**Type of pharmacy:** Community

**Date of inspection:** 19/12/2019

## Pharmacy context

This is a community pharmacy set within a parade of shops next to a busy road in Balham. The pharmacy opens six days a week and most people who use it live or work close by. The pharmacy sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides multi-compartment compliance packs (blister packs) to help people take their medicines. And it delivers medicines to people who can't attend its premises in person. It also offers winter influenza (flu) vaccinations and a substance misuse treatment 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 has written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It mostly keeps all the records it needs to by law. And it asks people using its services for their views. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They identify and manage risks appropriately. They review the mistakes they make and learn from them to try and stop them happening again. They understand their role in protecting vulnerable people. And they keep people's private information safe.

### Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions tried to keep the dispensing workstations tidy. They highlighted some look-alike and sound-alike drugs to help reduce the risks of them picking the wrong medicine from the dispensary shelves. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors, near misses and patient safety incidents. Members of the pharmacy team discussed and recorded individual learning points when they identified a mistake. They also reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again; for example, they highlighted and separated different formulations of prednisolone following a mistake when they selected the wrong product.

The pharmacy displayed a notice that identified the RP on duty. Staff were required to wear name badges which identified their roles within the pharmacy. And their roles and responsibilities were described within the SOPs. Members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help. They explained that they wouldn't hand out prescriptions or sell medicines if the pharmacist wasn't present. And they would refer repeated requests for the same or similar products to the pharmacist. A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The results of last year's patient satisfaction survey were available online. The pharmacy's practice leaflet and a notice displayed next to the counter told people how they could provide feedback about the pharmacy. The pharmacy team asked people for their views. People's feedback led to changes in the way in which the pharmacy team processed repeat prescription requests.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). The pharmacy's electronic controlled drug (CD) register was adequately maintained. The CD register's running balance was checked regularly as required by the pharmacy's SOPs. The nature of the emergency within the records for emergency supplies made at the request of patients sometimes didn't provide enough detail for why a supply was made. The pharmacy's RP records were generally kept in order. But sometimes the pharmacist forgot to record the time they stopped being the pharmacy's RP. The wrong prescriber's details were

occasionally entered into the pharmacy's private prescription records. The date an unlicensed medicinal product was obtained and, sometimes, when it was supplied weren't included in the pharmacy's 'specials' records.

The pharmacy had a 'Data, Security and Protection' policy in place. And its team members were required to read and sign a confidentiality agreement. It had arrangements to make sure its confidential waste was collected and then sent to a centralised point for secure destruction. Its team stored prescriptions in such a way so people's names and addresses couldn't be seen by someone who shouldn't see them. People's details were routinely removed from patient-returned pharmaceutical waste before being disposed of. The pharmacy had safeguarding procedures and a list of key contacts if its team needed to raise a safeguarding concern. Members of the pharmacy team were required to complete safeguarding training relevant to their roles. And they could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy has enough suitably trained people in its team. Members of the pharmacy team keep their skills and knowledge up to date. So, they can deliver safe and effective care. They use their judgement to make decisions about what is right for the people they care for. They're comfortable about giving feedback on how to improve the pharmacy's services. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

### Inspector's evidence

The pharmacy opened for 54½ hours a week. It dispensed about 7,500 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist manager (the RP), a part-time pharmacist, a full-time pre-registration pharmacy technician trainee, a full-time dispensing assistant, a part-time dispensing assistant, a full-time trainee dispensing assistant and a part-time delivery driver. The pharmacy relied upon its team members, relief staff and staff from nearby branches to cover people's holidays or sick leave. The RP, the pre-registration pharmacy technician trainee, a dispensing assistant and the trainee dispensing assistant were working at the time of the inspection. The pre-registration pharmacy technician trainee was also the pharmacy's assistant manager and helped the RP managed the pharmacy.

The pharmacy's team members needed to complete mandatory training during their employment. And they were required to undertake accredited training relevant to their roles after completing a probationary period and an induction training programme. They worked well together and supported each other. So, prescriptions were processed efficiently, but safely, and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team followed. A member of staff described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist. For example, requests for treatments for infants or children, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions.

Members of the pharmacy team discussed their performance and development needs throughout the year with their line manager. They were encouraged to ask questions and familiarise themselves with new products. They were also encouraged to read any company newsletters and complete online training and assessments to make sure their knowledge was up to date. And they could train at work when the pharmacy wasn't busy. But they tended to train in their own time. Team meetings and one-to-one discussions were held to update staff and share learning from mistakes or concerns. The pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. The pharmacy had a whistleblowing policy in place. Staff knew how to raise a concern if they had one. And their feedback led to changes to the rostering of tasks. They didn't feel under pressure to complete the things they were expected to do. They didn't feel their professional judgement or patient safety were affected by targets. And, for example, Medicines Use Reviews and New Medicine Service consultations were only provided by a suitably qualified pharmacist when it was clinically appropriate to do so and when the workload allowed.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy provides an adequate and secure environment for people to receive healthcare. It has a room where people can have private conversations with members of the pharmacy team.

### Inspector's evidence

The pharmacy's premises were air-conditioned, bright, clean and adequately presented. The pharmacy had the workbench and storage space it needed for its current workload. It had a consultation room for the services it offered and if people needed to speak to a team member in private. The consultation room was kept locked when it wasn't being used. So, its contents were kept securely. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. The pharmacy's sinks were clean. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff too.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy's working practices are generally safe and effective. It provides services that people can access. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. It gets its medicines from reputable sources and it stores most of them appropriately and securely. Members of the pharmacy team generally carry out the checks they need to. So, they can make sure the pharmacy's medicines are fit for purpose. They dispose of people's waste medicines properly. And they respond well to drug alerts or product recalls. So, people get medicines or devices which are safe.

### Inspector's evidence

The pharmacy had two entrances but neither had an automated door. But the pharmacy team would open either door to help people with mobility difficulties, such as wheelchair users, access the premises. The pharmacy advertised its services in-store and in its practice leaflet. Its team was helpful, and people were appropriately signposted to another provider, such as obtaining the morning-after pill for free, if a service couldn't be provided. The pharmacy offered a delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery. And people were asked to sign a delivery record to say they had received their medicines.

The pharmacy provided a winter flu vaccination service. It also offered a range of medicines for specific conditions without a prescription, such as the morning-after pill, a sore throat treatment, smoking cessation medication, erectile dysfunction treatments and malaria prevention medicines, through its paid-for patient group directions (PGDs). The pharmacy had valid, and up-to-date, PGDs and appropriate anaphylaxis resources in place for these services. It kept a record for each flu vaccination. This included the details of the person vaccinated and their written consent, an audit trail of who vaccinated them and the details of the vaccine used. But the RP didn't always get another appropriately trained team member to check that the vaccine she selected was the correct one before administering it. The pharmacy team made sure the sharps bin was kept securely when not in use. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service. People didn't need to make an appointment for a flu vaccination. So, sometimes people, including substance misuse treatment clients, needed to wait a little longer for their prescriptions to be made up when the pharmacist was busy vaccinating people or delivering a PGD service. The pharmacy used a disposable and tamper-evident system for people who received their medicines in blister packs. The pharmacy team checked whether a medicine was suitable to be repackaged into a blister pack. And it had a process to assess if a person was eligible for the service. The pharmacy kept an audit trail of the person who had assembled and checked each blister pack. Its team provided a brief description of each medicine contained within the blister packs. But patient information leaflets weren't always supplied. And cautionary and advisory warnings about the medicines contained within the blister packs weren't included on the backing sheets. So, sometimes people didn't have all the information they needed to make sure they took their medicines safely. Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks, which were documented, and short-dated products were marked. The pharmacy stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. And it also stored its CDs, which were not exempt from safe custody requirements, securely. But a few pharmacy-medicines were kept on open shelving and were available for people to self-select. These products were promptly removed when the matter was brought to the pharmacy team's attention. Members of the pharmacy team were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't decommissioning stock despite the pharmacy having the appropriate equipment to do so. The pharmacy's SOPs needed to be revised to reflect the changes FMD would bring to the pharmacy's processes. The pharmacy was scheduled to be FMD compliant early next year. The pharmacy had procedures for the handling of patient-returned medicines and medical devices. Patient-returned waste was emptied into a plastic tray and checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. The pharmacy had suitable waste receptacles for the disposal of hazardous and non-hazardous waste. It had a process for dealing with alerts and recalls about medicines and medical devices. And its team members described the actions they would take and demonstrated what records they kept when the pharmacy received a concern about a product.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. And, it uses its equipment to make sure people's data is kept secure.

### Inspector's evidence

The pharmacy had a range of clean glass measures. It had equipment for counting loose tablets and capsules too. And staff made sure the equipment they used to measure or count medicines was clean before using it. The pharmacy team had access to up-to-date reference sources. And it could contact the NPA or its support office to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. The pharmacy provided blood pressure (BP) checks on request. And the BP monitor had recently been calibrated. Access to the pharmacy's computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

## 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. |