

Registered pharmacy inspection report

Pharmacy Name: David Lewis Pharmacy, David Lewis Centre, Mill Lane, Warford, ALDERLEY EDGE, Cheshire, SK9 7UD

Pharmacy reference: 1092365

Type of pharmacy: Community

Date of inspection: 23/09/2024

Pharmacy context

This is a pharmacy located within the David Lewis Centre, which is a charitable trust that provides a range of educational, residential, and medical services to support adults and young people with complex needs including learning disabilities, epilepsy, and autism. Clinicians onsite prescribe long term medication and local GPs provide a daily clinic to prescribe for acute conditions. The pharmacy's main service is to dispense private prescriptions for people living on the site. They dispense most medicines for people in multi-compartment compliance packs.

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 provides its team members with a comprehensive set of written instructions to support them in safely providing pharmacy services. It monitors mistakes made within the dispensing process and the pharmacy team implements changes to the way it works to reduce the risk of similar mistakes happening again. The pharmacy keeps the records it needs to by law and keeps people's private information safe. It adequately supports the team to understand their role to safeguard vulnerable adults and children.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). The SOPs provided the pharmacy's team members with information and instructions on how to complete various tasks. For example, managing controlled drugs (CDs) and dispensing medicines in multi-compartment compliance packs. Team members received protected time to read and understand the SOPs that were relevant to their role. All team members had completed the process and signed a document to confirm this. The SOPs were due to be reviewed every two years to ensure they continued to be accurate.

The pharmacy had a process for recording details of mistakes made during the dispensing process which were identified before a medicine was supplied to a person. These mistakes were known as near misses. Team members recorded near misses on a paper-form log which was kept attached to a dispensary wall. They recorded details such as the date the near miss happened, and any action taken. However, the team didn't record in detail why a near miss might have happened. And so, the team may have missed out on some learning opportunities. The team used a similar system to record details of dispensing errors which were errors that had reached people. The team followed a process to investigate the incident to help establish any contributing factors that may have caused the error and then implemented an action plan to reduce the risk of a similar mistake recurring. The near misses and dispensing incidents were analysed periodically for any trends or patterns. Recently the team had decided to separate Lamictal and lamotrigine. These steps were taken following a disproportionate number of picking errors made involving these medicines. The pharmacy advertised its feedback and complaints procedure clearly to people who used the pharmacy via a notice at the pharmacy counter. Team members explained that feedback, complaints, and suggestions were generally received verbally. They knew how to escalate concerns to the attention of the RP.

The pharmacy had current professional indemnity insurance. It displayed an RP notice, correct for the pharmacist on duty and it held an RP record which was completed correctly. The pharmacy kept records of supplies against private prescriptions. An example seen was mostly completed correctly, however, the details of the prescriber were not correct. And so, the full details of the supply were not available. The pharmacy retained complete CD registers and a record of CDs that had been returned to the pharmacy by people. The balance in the register of a randomly selected CD matched the physical stock.

Team members completed mandatory learning on the protection of people's confidentiality and general data protection when they started employment with the pharmacy. The team placed confidential waste into a separate container to avoid a mix up with general waste. The waste was periodically destroyed via a third-party contractor. The RP and all other team members had completed mandatory learning on the safeguarding of vulnerable adults and children. Many of the people who

used the pharmacy were vulnerable, but the pharmacy didn't have a formal procedure to support team members in reporting any concerns identified. Team members described hypothetical scenarios that they would report and explained they would use the internet to find the contact details of the local safeguarding teams if necessary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a small team, who are suitably skilled and experienced safely manage its workload. It has processes in place to support its team to complete ongoing training to help keep their knowledge and skills up to date. They work well together and can raise concerns and provide feedback where necessary.

Inspector's evidence

The RP on the day of the inspection was the pharmacy's part-time employed pharmacist. Another pharmacist who was also the pharmacy's manager, worked at the pharmacy for four days a week. During the inspection the RP was supported by a qualified, full-time pharmacy assistant. The pharmacy didn't employ any other team members. The pharmacy was a part of a group of pharmacies and team members from the other pharmacies worked at the pharmacy to cover both planned and unplanned absences. Additionally, the pharmacy's superintendent pharmacist (SI) worked at the pharmacy on an ad-hoc basis to help manage busier periods of business. The team was working ahead of schedule on the day of the inspection. Team members explained they were always able to manage the workload and did not dispense under any significant time pressures.

The pharmacy provided the pharmacy assistant with a structured training programme to support them in updating their learning and development needs. The pharmacy's head office team periodically alerted the pharmacy via email of training programmes to complete. There was time during working hours to read training material that had been provided to the pharmacy by third-party contractors on an ad-hoc basis. The pharmacy assistant explained they were well supported by the pharmacy and were expected to complete their course in a timely manner.

The pharmacy had an annual appraisal process in place. This was completed by the pharmacy's manager in the form of a one-to-one conversation with the pharmacist and the pharmacy assistant. They completed a pre-appraisal form onto which they recorded how they felt they were performing and details of any personal development plans. The pharmacy did not have a whistleblowing policy to help support raising a concern anonymously. The team had regular meetings with the SI to discuss workload and any feedback they wished to share.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is kept secure and clean. It is of a suitable size for the pharmacy team to manage the pharmacy's services safely.

Inspector's evidence

The pharmacy premises was within one of the buildings on the site of the centre. There was a small pharmacy counter which acted as a barrier to prevent unauthorised access into the dispensary. The area around the counter was a semi-private and so people could undertake private conversations with the team without the risk of being overheard. The dispensary was open plan and spacious. There were several benches available to carry out dispensing activity. They were kept tidy and organised throughout the inspection. There was a separate bench used by the RP to complete clinical checks of prescriptions. Medicines were stored on shelves and in drawers. They were kept tidy during the inspection and medicines were appropriately separated according to their names and strengths. Floor spaces were kept clear to reduce the risk of a tripping hazard.

The pharmacy had a clean sink available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was adequate throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy effectively manages the risks associated with the services provided to people. The pharmacy team suitably stores and manages its medicines to ensure they are fit for purpose before supply to people.

Inspector's evidence

People had level access to the pharmacy via its main entrance door. The pharmacy had reduced opening hours of five hours each day. The team had little direct contact with the public as although they were able to access the pharmacy, it was normally accessed by centre staff or carers.

The pharmacy had a process in place to support team members in supplying medicines that were of higher risk. Team members knew of the requirements of the valproate Pregnancy Prevention Programmes (PPPs). They were aware of the importance of ensuring they did not cover up any warnings on the packaging of these medicines when attaching dispensing labels. And they were aware of the requirement to supply valproate in the manufacturer's original packaging. The RP was aware of recently updated information regarding the supply of valproate to males and demonstrated how the team counselled people to make them aware of the potential risks.

Throughout the dispensing process team members used baskets to help keep people's prescriptions and medicines together and reduce the risk of them being mixed up which could lead to errors being made. The baskets were of differing colours to help the team prioritise the workload. Team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels to maintain an audit trail of dispensing activity. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy kept a record of which person had collected bags containing dispensed medicines. Carers and people's representatives were asked to sign a document to confirm receipt of medicines to maintain a full audit trail. The pharmacy supplied almost all people who used the pharmacy with medicines dispensed in multi-compartment compliance packs. These packs were designed to help people take their medicines at the correct times. The team had implemented some steps to help them manage the process safely and effectively. These steps included spreading the workload evenly over four weeks. Prescriptions and 'master sheets' for each person that received a pack were stored in individual, clear wallets. The master sheets had a list of each medicine that was to be dispensed into the packs and times of administration. Team members annotated the master sheets when any changes were authorised by a prescriber. For example, if a medicines strength was increased or decreased. And they recorded full details of the change. For example, the date the change was authorised, and the identity of the person authorising the change. The packs were labelled with descriptions of the medicines inside. However, the pharmacy routinely supplied patient information leaflets. So, people didn't receive the full information about their medicines.

The team had a process to check the expiry dates of the pharmacy's medicines on an ad-hoc basis. The pharmacy kept records of when this process was completed, and so an audit trail was in place. No out-of-date medicine was found following a check of approximately 20 randomly selected medicines. Team members used dot stickers to highlight medicines that were due to expire within the next six months and they were seen checking expiry dates during the dispensing process to further reduce the risk of an expired medicine being supplied to people. The team marked bulk, liquid medicines with details of their

opening dates to ensure they remained fit to supply. The pharmacy used two clinical-grade fridges to store medicines that required cold storage. The operating temperature ranges of the fridge were within the accepted range of 2 to 8 degrees Celsius. Team members retained daily records of temperature ranges to ensure they operated correctly. Medicines stored in the fridges and CD cabinets were kept well organised. The pharmacy received drug alerts and medicine recalls via email, but did not keep a record of the action taken to maintain an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Pharmacy team members have access to appropriate equipment for the services they provide. The equipment is fit for purpose and safe to use. Team members use equipment and facilities appropriately to protect people's confidentiality.

Inspector's evidence

The pharmacy used a range of CE marked measuring cylinders for preparing liquid medicines. The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members working in the dispensary could have conversations with people without being overheard by people around the pharmacy counter.

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.