

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 128 Malden Road, NEW MALDEN, Surrey, KT3 6DD

Pharmacy reference: 1092425

Type of pharmacy: Community

Date of inspection: 06/01/2020

Pharmacy context

A Day Lewis pharmacy located in central New Malden, Surrey. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), the New Medicine Service (NMS) and sexual health services including emergency hormonal contraception and chlamydia testing and treatment. The pharmacy also dispenses a large quantity of multi-compartment compliance aids for patients in their own homes, influenza vaccinations and a delivery 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

Overall, the pharmacy's working practices are safe and effective. It records and reviews its mistakes to learn from them and prevent them from happening again. The pharmacy also keeps all the records required by law. Team members keep people's information safe and they help to protect vulnerable people.

Inspector's evidence

The pharmacy team records its near misses regularly and the pharmacist explained that she would discuss each member of staff's incidents with them individually. The incidents were all uploaded onto PharmOutcomes at the end of each month where they would be analysed for trends electronically to highlight areas of improvement. The team held a meeting every month to discuss any issues which incidents had highlighted and areas for improvement within the pharmacy. The team received regular professional updates from their Superintendent's office every month and this would often include updates on safety information and mistakes which could be prevented.

The team used stackable containers to hold dispensed drugs to prevent mixing up different prescriptions. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. All the standard operating procedures (SOPs) had recently been updated had the roles and responsibilities of the staff set out and on questioning, the team members were clear on their roles and responsibilities and explained that they would refer to the pharmacist if they were unsure of something. The SOPs had not yet been signed by the team members, but the pharmacist explained they were planning to have them all signed soon. A certificate of public liability and professional indemnity insurance was held electronically on the company's intranet and was valid until the end of April 2020. There was a complaints procedure in place, and this was detailed in the practice leaflet displayed in the retail area of the pharmacy. The results of previous Community Pharmacy Patient Questionnaire (CPPQ) were displayed on the nhs.uk website and were seen to be mainly positive. One area of improvement highlighted was that the public wanted more advice from the pharmacist. The pharmacist explained that she was new to the branch and they had previously run on locums, but she always tried to be visible on the counter to answer any queries.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of Sevredol 10mg tablets was checked for record accuracy and was seen to be correct. The CD stock balance was maintained electronically and checked every month by the pharmacist. The responsible pharmacist record was complete, and the correct responsible pharmacist notice was displayed where patients could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. The private prescription and emergency supply records were completed electronically with all the required information recorded. The specials records were complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. The consultation room could be locked when not in use. There were cordless telephones available for use and confidential waste paper was shredded regularly. The pharmacist and the ACTS

had completed the level 2 Centre for Post-graduate Pharmacy Education (CPPE) learning module on safeguarding children and vulnerable adults. There was a safeguarding children and vulnerable adults learning program on the company's training website which all the members of staff had completed, and they were all Dementia Friends. The team explained that they were all confident that they could recognise the signs to look out for which may indicate safeguarding issues in both children and vulnerable adults.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members are trained for the jobs they do, and they complete regular additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

Inspector's evidence

On the day of inspection, there was one pharmacist and two NVQ Level 2 dispensers. The staff explained they had a couple of staff members off sick, but they were seen to be working well together and supporting one another. The staff completed two online training modules a month via the 'Day Lewis Academy' which they were assessed on. Staff training was tracked and monitored to ensure everyone in the team kept up to date.

The staff explained that they were aware of how to raise concerns and to whom. There was a whistleblowing policy in place which all the members of staff had signed to say they read and understood. The team members were able to provide feedback about their day-to-day roles, the company and any areas of improvement they'd like to see. There were targets in place for services, but the pharmacist explained that she did not feel any pressure to deliver these targets and would never compromise her professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was located on the ground floor of the building and included a retail area, a medicines counter, consultation room, dispensary, stock room and staff rest rooms. The pharmacy was well presented from the public view. The retail area and medicines counter were well defined away from the dispensary and the dispensary had well maintained fixtures and fittings. The pharmacy was clean and tidy, and the team members explained that they cleaned the pharmacy between themselves when it was quiet.

The consultation room allowed for confidential conversations and included a table, seating, a computer with the PMR a clean sink and storage. There was also a sink available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical manner and the shelves were cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines and lighting throughout the pharmacy was appropriate for the delivery of services.

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 medicines safely, and so makes sure that the medicines it supplies are fit for purpose. They identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy and on posters around the pharmacy area and in the consultation room. There was step-free access into the pharmacy and seating for patients or customers waiting for services. The pharmacy served a diverse patient group and the team members explained that between them, they could speak various languages and would use these skills with patients who could not communicate well in English, or they would use Google Translate.

The pharmacist explained that she would ask patients taking warfarin if they were aware of their INR, warfarin dose and whether they were having regular blood tests. The team recorded these details on the patient's records to ensure supplies of warfarin were safe. The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate information cards and leaflets were available for use during the dispensing of valproates to patients in the at-risk group. The dispenser explained that they had carried out an audit on this and they did not have any current patients who were at risk. The team had legally valid PGDs s for all the private services they were delivering.

The pharmacy obtained medicinal stock from the Day Lewis Warehouse, AAH and Alliance. Specials were obtained via Middlebrook. Invoices were seen to verify this. There were destruction kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. There was also a separate bin for the disposal of hazardous waste and a list of hazardous waste medicines which needed to be disposed of in these bins. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year and records of this were maintained and displayed in the pharmacy. The staff used stickers to highlight short dated stock. Opened stock bottles examined during the inspection were seen to include the date of opening on them and the fridges were in good working order and the stock inside was stored in an orderly manner. There was one CD cabinet in the pharmacy which was secured to the wall of the dispensary in accordance with regulations. The pharmacy team was aware of the European Falsified Medicines Directive (FMD) but were not yet compliant and explained that the company was introducing this in the near future. MHRA alerts came to the pharmacy electronically through the company's intranet and they were actioned appropriately. Recently, the team had dealt with a recall for ranitidine 150mg and 300mg tablets. All the recall notices were seen to have been signed and dated appropriately to indicate who had actioned them and when. The team kept an audit trail of all the recall notices they had received. If the team received a recall for items which they had in stock, they would inform Day Lewis head office and send it back.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure it works and is accurate.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml and 50ml measures. Amber medicines bottles were seen to be capped when stored and there were counting triangles available as well as capsule counters. Electrical equipment appeared to be in good working order and was PAT checked annually. Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources.

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.