

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 6 Chase Meadow Square,
Narrow Hall Meadow, WARWICK, Warwickshire, CV34 6BT

Pharmacy reference: 1093214

Type of pharmacy: Community

Date of inspection: 25/09/2019

Pharmacy context

This community pharmacy is located along a parade of shops in a residential area of Warwick. It dispenses NHS prescriptions that it mainly receives from a local GP surgery. The pharmacy supplies some medicines in multi-compartment compliance packs to help people organise their medicines. And it provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations to help people with their medicines.

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 generally manages its risks well. It reviews the accuracy of its dispensing process and makes improvements to safety. It keeps the legal records that it needs to and generally makes sure these are accurate. The pharmacy team manage people's personal information well. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. Team members generally signed records to show that they had read SOPs relevant to their roles. Several SOPs had been updated in May 2019, but these had not been signed off by team members. The team said that they had read the SOPs but did not have enough time to sign the records because their manager had recently left the business. The responsible pharmacist's name and registration number was displayed on a notice that was visible in the retail area. Guidance about processing deliveries was displayed in the dispensary for team members to see.

Mistakes and other incidents about the dispensing process were reported to the pharmacy's head office. Previous records were available to see. A record from May 2019 described the incorrect quantity of medicine being supplied. The records included factors that contributed to the error and actions to reduce the chance of recurrence. The pharmacy recorded near misses on an electronic record. The pharmacy held monthly meetings to discuss how to improve the dispensing process. Team members had separated formulations of esomeprazole into baskets to reduce the chance of them being mixed up. Notices had been put up in the dispensing shelves to alert team members to similar-sounding medicines or different pack sizes. The recent records showed that staffing shortages had contributed to some errors.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. Team members also received verbal feedback. The pharmacy used a tablet computer to record people's feedback. Complaints would be escalated to the pharmacist and the pharmacy's head office. The pharmacy had a SOP about managing complaints.

The pharmacy had contact details for local safeguarding organisations which made it easier to escalate concerns. Team members said that there had been no previous safeguarding concerns and said they would refer their concerns to the pharmacist. The pharmacist said that the team members had received safeguarding training from the Centre for Pharmacy Postgraduate Education (CPPE).

The pharmacy had SOPs about information governance and confidentiality. Confidential waste was separated from other waste so that it could be shredded. Team members had their own NHS smartcards to access electronic prescriptions.

The pharmacy had certificates displayed which showed that it had current arrangements for public liability and professional indemnity insurance. It kept required records about controlled drugs (CDs). The records included running balances which were checked regularly to make sure the entries were accurate. Two CDs were chosen at random and the physical balances matched the recorded running balances. The pharmacy kept appropriate records about CDs that had been returned by people. The

pharmacy's private prescription records were generally accurate. Some prescriber details were not recorded correctly. These entries were highlighted to the pharmacist, so they could be corrected. Other records about the responsible pharmacist and unlicensed medicines were kept and maintained adequately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy generally manages its workload well. Its team members are organised and competent. They have the right qualifications for their roles and they access ongoing training to keep their knowledge up to date.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (regular pharmacist) and two dispensers present. The pharmacy had an advertised vacancy for a counter assistant that they were interviewing for. The dispensers served at the counter when people were waiting, and this meant that they were sometimes interrupted when completing other work. The pharmacy managed its workload adequately and people visiting the pharmacy were served efficiently. Locum dispensers were sometimes used to provide additional support. Team members said that they were comfortable to approach their regional manager for additional support.

There were some certificates displayed in the pharmacy which showed that team members had appropriate pharmacy qualifications. Other team members described the training they had received to achieve dispensing qualifications. The pharmacy had an E-learning platform to provide update the team about a range of modules. Completed modules focussed on fire safety, health promotions and the General Data Protection Regulation (GDPR). Team members said that often completed the modules outside their working hours because there wasn't enough time at work. The team used monthly meetings to share messages about learning points and targets. The pharmacy had incentivised targets about its services, but the pharmacist said that she only provided services when she felt they were appropriate. Team members said that they did not feel under any undue pressure. They said that the targets were achievable.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. It has enough space to safely dispense medicines. And it has appropriate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was clean and tidy. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a suitably-sized consultation room which was suitable for private consultations and conversations. And it had appropriate security arrangements to protect its premises

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services well. It stores its medicines appropriately, so they are safe to use. It takes the right action when it receives medicine recalls. The pharmacy's team members identify higher-risk medicines to people use their medicines effectively.

Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. The pharmacy had leaflets that provided information about its services, but these were kept in the consultation room. This may have made it more difficult for people to access this information.

The pharmacy ordered prescriptions for most people. It kept records about prescription orders it had made so that its team members could check the prescriptions included all the required medicines. The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. It used fridges to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates regularly. It kept records about checks that it completed and medicines that had gone past their 'use-by' date. The latest records dated in June 2019. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were first opened. This helped the team members to know that the medicine was suitable if they needed to use it again. Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. The pharmacy did not have a separate bin for cytotoxic or hazardous medicines, and its team members were not sure if one was required. The inspector advised the team to contact their waste carrier.

The pharmacy did not currently have equipment or software to help verify the authenticity of its medicines and to comply with the Falsified Medicines Directive. The pharmacy's head office was making arrangements to ensure the team could complete the required processes. The pharmacy received information about medicine recalls. It kept records about the recalls it had received and the actions that had been taken. The pharmacy sent messages to its head office about the actions it had taken. This included a recent recall about bisacodyl suppositories.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team and these were printed to share with the pharmacist. Prescriptions were kept with checked medicines awaiting collection. Team members used stickers to help them check prescription dates and to make sure medicines were supplied while prescriptions remained valid.

The pharmacy used stickers to highlight dispensed medicines that needed more counselling or advice from a pharmacist. This included methotrexate, lithium and warfarin. The pharmacy did not keep

records about relevant blood tests for people supplied with warfarin, so it may have been harder for the team to monitor this information. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. The pharmacy had up-to-date guidance materials to support this advice. The pharmacy delivered some people's medicines. It kept records about these deliveries and these included the signatures of recipients.

The pharmacy supplied medication in multi-compartment compliance packs to around 50 people to help them organise their medicines. Team members said that the prescribers decided the frequency of supply. They said that they would talk to the prescriber if they thought the packs should be supplied more or less frequently. The pharmacy kept records about medicines included in the packs, their administration times and changes to medicines. Patient information leaflets were supplied with the packs so that people could access up-to-date information about their medicines. The pharmacy kept records about prescription ordering and assembly of the packs. Assembled packs included descriptions which helped people to identify individual medicines.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members know how to report maintenance issues. And they use up-to-date reference sources when they provide the pharmacy's service.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Team members referred maintenance issues to their regional manager, so they could be resolved. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had appropriate measures to accurately measure liquids and it had suitable equipment to count loose tablets. The pharmacy's team members accessed up-to-date reference sources on the internet.

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.