

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, Unit 6, Gillett Road, Talbot Village, POOLE, Dorset, BH12 5BF

Pharmacy reference: 1100023

Type of pharmacy: Community

Date of inspection: 22/06/2022

Pharmacy context

A pharmacy located next door to a medical centre by Bournemouth University. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing their medicines at home. It also provides an EHC service and vaccines including flu, chicken pox, HPV, pneumonia and travel vaccines. The pharmacy provides a local 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

The pharmacy's working practices are safe and effective. Team members keep people's information safe, and they help to protect vulnerable people. The pharmacy also keeps the records it needs to by law, and it records its mistakes. Any mistakes are formally reviewed regularly to learn from them and to prevent them from happening again.

Inspector's evidence

A near miss log was available in the dispensary and was seen to be used regularly by the team. The near misses would be discussed verbally with each team member, highlighting their own errors and changes they could make. One of the dispensers described how the near misses were also recorded on PharmOutcomes, which allowed the team to generate reports at the end of each month showing the types of mistakes they had. The team used this to implement changes in the way they worked. As an example, the team had an incident with the different strengths of fluoxetine and so they placed the 20mg tablets in a basket on the shelves to completely separate them from the 40mg tablets. The team also maintained a 'Look Alike Sound Alike' (LASA) list, where they highlighted medicines where packaging and names were similar. The pharmacy also regularly received an end of month newsletter from their head office informing them of the trends in mistakes that had happened across the company and what they can do to prevent these mistakes happening. The pharmacy team were also part of a WhatsApp group with other company pharmacy teams in the area where they were able to discuss any issues they were having, highlight any incidents that others can learn from or just discuss any local updates.

There was a workflow in the pharmacy where labelling, dispensing, checking and the preparation of multi-compartment compliance aids were all carried out at different areas of the work benches.

Standard Operating Procedures (SOPs) were in place for the dispensing tasks. The team members had all signed the SOPs to say they had been read and understood. Staff roles and responsibilities were described in the SOPs, and they were reviewed every two years. The staff were in the process of updating themselves on the patient privacy and confidentiality processes during the inspection. There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The complaints procedure was detailed in a poster displayed in the pharmacy. The poster explained that any comments, suggestions, or complaints could be forwarded to the staff, the Patient Advisory Liaison Service and Independent Complaints Advocacy Service (ICAS). The dispenser stated that the team received a lot of positive feedback and they would always go out of their way to help patients wherever they could. A certificate of public liability and indemnity insurance from the NPA was available.

A sample of MST 60mg tablets was checked for balance accuracy against the Controlled Drug (CD) register and was seen to be correct. The balance check was carried out weekly and records of this were complete. The pharmacy kept an electronic CD register. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in pharmacy. The maximum and minimum fridge temperatures were recorded electronically daily and within the 2 to 8 degrees Celsius range. The electronic private prescription records were completed appropriately. The specials

records were complete with the required information documented accurately.

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. There were cordless telephones available for use and confidential wastepaper was collected in baskets on the workbenches and then placed in white bags for removal by a licensed contractor. The pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module from the company. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy in the Clinical Governance file which contained all the contact and signposting information should the team suspect a safeguarding incident. A safeguarding poster was also on display in the staff areas of the pharmacy so that the team could refer to it quickly when required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. It makes sure its team members are appropriately trained for the jobs they do. They complete regular additional training to help them keep their knowledge up to date.

Inspector's evidence

During the inspection, there was one regular locum pharmacist and two NVQ Level 2 dispensers. The staff were seen to be working well together and supporting one another.

The pharmacy team received training updates electronically via 'Day Lewis Academy'. These came to the team via the company's intranet for each member of staff and included mandatory training as well as clinical training. The team explained that they could also complete additional training as they wished, and they were all provided with protected training time.

The team would complete staff satisfaction surveys annually where their opinions about their job and working environment were considered and they could provide feedback to the company about their work. There was a whistleblowing policy for the company which all the members of staff had signed to say they read and understood. There were no targets in place and the team explained that they would never compromise their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean 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 a parade of shops next to a medical centre by Bournemouth University. It included a retail area, medicine counter, consultation room and dispensary. There was also a staff area. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

A screen had been installed in front of the dispensary to help protect staff and the public from airborne viruses. There was enough space for the staff to socially distance if required.

The pharmacy was clean, professional in appearance and generally tidy. Team members explained that they cleaned the pharmacy between themselves every day according to their cleaning rota and they had also increased the frequency of cleaning since the COVID-19 outbreak and cleaned touch points more regularly. The shelves were clean, and the dispenser explained that they clean the shelves when they put stock away.

The dispensary was suitably screened to allow for the preparation of prescriptions in private. Conversations in the consultation room could not be overheard clearly and the consultation room included seating, a table and computer, fridge and a sharps bin. The consultation room could be locked, but the dispenser explained they did not usually lock it as it was very easily seen from all areas of the dispensary. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy 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. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. 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. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the retail area of the pharmacy and in the consultation room. There was step-free access into the pharmacy and the team provided a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy which the team were observed using.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were on valproates. The team explained that they use valproate information cards and leaflets every time they dispense valproates. The dispenser demonstrated how the team would place the dispensing label away from the warning card on the valproate packs.

The team organised the preparation of multi-compartment compliance aids into a four-week cycle and maintained audit trails to prepare and deliver them. The labels on a sample of compliance aids were seen to have the descriptions of the medicines as well as being signed by the person who dispensed and checked the items. The dispenser explained that every month, they supply each patient with the relevant Patient Information Leaflets. However, some compliance trays didn't have the correct quantities of medicines written on the labels due to computing errors. This was discussed with the dispenser who agreed that the labels should be changed.

The pharmacy obtained medicinal stock from the Day Lewis Warehouse, AAH and Alliance. Specials were obtained via Middlebrook. Invoices were seen to demonstrate this. Date checking would be carried out every three months and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste and a list of hazardous waste medicines was available. The fridges were in good working order and the stock inside them was stored in an orderly manner. The CD cabinets were appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team from their head office, and they were actioned appropriately. The team kept an audit trail for the MHRA recalls. The recall notices were printed off in the pharmacy and annotated to show the action taken.

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, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

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. The computers were all password protected and conversations inside the consultation could not be overheard.

Electrical equipment appeared to be in good working order and was PAT tested annually.

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.