

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 20 Cross Road, TADWORTH, Surrey, KT20 5SR

Pharmacy reference: 1100145

Type of pharmacy: Community

Date of inspection: 16/05/2019

Pharmacy context

A community pharmacy set in a small row of shops in a residential area of Tadworth. The pharmacy is near a railway station. And most people who use the pharmacy live in Tadworth or the surrounding areas. The pharmacy opens five and a half days a week. It sells a range of over-the-counter medicines and dispenses NHS prescriptions. It supplies medicines in multi-compartment compliance packs to people living within their own homes. And it delivers medicines to people who can't attend its premises in person.

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

Members of the pharmacy team know what their roles and responsibilities are. They work to professional standards and identify and manage risks appropriately. The pharmacy adequately monitors the safety of its services. Its team members log, review and learn from the mistakes they make. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy generally keeps all the records it needs to by law. Its team members act upon people's feedback. And they keep people's private information safe. The pharmacy team understands its role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members were required to read and sign the SOPs relevant to their roles.

The team members responsible for the dispensing process tried to keep the dispensing workstations tidy. 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 was also seen initialling the dispensing label.

The pharmacy had systems to record and review dispensing errors and near misses. The pharmacy's staff discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again; for example, they separated amitriptyline and amlodipine from each other on the dispensary shelves to reduce the risk of staff picking the wrong product.

The pharmacy displayed a notice that identified the RP on duty. And its staff were required to wear name badges which identified their roles within the pharmacy. The pharmacy's team members understood what their roles and responsibilities were. And these were described within the SOPs. A member of the pharmacy team explained that requests for the morning after pill and repeated requests for the same or similar products were referred to a pharmacist.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. The results of patient satisfaction surveys and reviews about the pharmacy were published online. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy had insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). The RP records and the 'specials' records were adequately maintained. The address from whom a controlled drug (CD) was received from wasn't routinely recorded in the CD register. And the CD register's running balance was audited less frequently than as required by the pharmacy's SOPs. The nature of the emergency within the records for emergency supplies made at the request of patients didn't always provide enough detail for why a supply was made. The prescriber's details were occasionally incomplete within the private prescription records.

An information governance policy was in place and the pharmacy's team members were required to read and sign a confidentiality agreement. Confidential waste was shredded on-site. The pharmacy stored its prescriptions in such a way to prevent people's details being visible to the public.

Safeguarding procedures and a list of key contacts for safeguarding concerns were available at the pharmacy. The pharmacy's team members 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 generally has enough team members to provide safe and effective care. Staff work well together as a team. And they are encouraged to keep their skills and knowledge up to date. The pharmacy asks its staff to provide feedback. So, it can improve. The team members 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 41.5 hours a week and dispensed around 3,500 prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a part-time locum pharmacist, a full-time dispensing assistant, a full-time trainee dispensing assistant and a part-time delivery driver. The RP was the pharmacy's manager.

The RP, a trainee dispensing assistant and a delivery driver were working at the pharmacy at the time of the inspection. The pharmacy's team members have completed or were undertaking accredited training relevant to their roles within the pharmacy. The pharmacy was reliant upon its team members, staff from other branches and relief or locum staff to cover any absences. The pharmacy's dispensing assistant was working at another branch at the time of the inspection as it needed additional dispensing support. This meant that the pharmacy team sometimes struggled when the pharmacy got busy.

Staff supported each other so people were served and counselled in a helpful and knowledgeable way. The RP supervised and oversaw the supply of medicines and any advice given. A sales of medicines protocol was in place which the pharmacy team needed to follow. The trainee dispensing assistant described the questions she would ask when making over-the-counter recommendations and when she would refer people to the RP; for example, requests for treatments for older people, people with long-term health conditions or infants.

The pharmacy's team members discussed their performance and development needs with their line manager. They were encouraged to keep their knowledge up to date by completing accredited training and online training through the 'Day Lewis Training Academy'. The team members were also encouraged to ask the RP questions, familiarise themselves with new products, learn from their mistakes and share any learning outcomes with their colleagues. They were trained dementia friends. And the dispensing assistant was a healthy living champion.

Meetings were held to update the pharmacy team and to share learning from mistakes or concerns. Staff felt comfortable in providing suggestions about the pharmacy during team meetings or raising a concern with the persons or organisations nominated within the company's whistleblowing policy. Staff feedback led to changes being made to the layout of the pharmacy's dispensary.

Although targets and incentives were in place for the pharmacy team, staff did not feel their professional judgement or patient safety was compromised by these; for example, New Medicine Service (NMS) consultations were only carried out by an appropriately trained pharmacist when it was clinically appropriate to do so and when the workload allowed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was bright, professionally presented and air-conditioned. Members of the pharmacy team were responsible for keeping it clean and tidy. Although the public area of the pharmacy was clean, the flooring in the rear area of the premises needed a deep clean. The pharmacy had enough dispensing workbench and storage space available for its current workload.

A consultation room was available if people needed to speak to a team member in private. But it wasn't locked when not in use to make sure its contents were kept secure as staff didn't know what the combination code was to unlock the door.

The pharmacy's sinks were cleaned and there was a supply of hot and cold water within the premises. Antibacterial hand wash and alcoholic hand sanitisers were available. The pharmacy's water heater located under one of its sinks was leaking. Staff reported this to the Regional Support Manager during the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people. The pharmacy's working practices are safe and effective. The pharmacy's team members are helpful. And they make sure that people have all the information they need so that they can use their medicines safely. The pharmacy delivers prescription medicines safely to people's homes and keeps records to show that it has delivered the right things to the right people. The pharmacy gets its medicines from reputable sources and stores them appropriately and securely. And it generally disposes of people's waste medicines safely. Members of the pharmacy team check stocks of medicines regularly to make sure they are in-date and fit for purpose.

Inspector's evidence

There was no automated door into the pharmacy. But its entrance was level with the outside pavement and staff opened the door. So, people with mobility difficulties, such as wheelchair users, could access the premises. The pharmacy's services were advertised in-store. Staff knew where to signpost people to if a service was not provided.

The pharmacy offered a delivery service to people who couldn't attend its premises in person. An audit trail was maintained for each delivery and people were asked to sign the delivery record book to say they had received their medicines.

The pharmacy provided about 30 Medicines Use Reviews and five NMS consultations a month and people were required to provide their written consent when recruited for these. The pharmacy's smoking cessation service hadn't been used for some time.

The pharmacy had about 30 people whose medicines were dispensed into multi-compartment compliance packs. And it used a disposable and tamper-evident system for this service. The packs were made up in an area separate to the main dispensary. A dispensing audit trail was maintained for the packs seen and a brief description of each medicine contained within them was provided.

Patient information leaflets were routinely supplied with dispensed medicines. And the pharmacy team took the time to explain to people how they should take their medicines. Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added.

The pharmacy offered a seasonal influenza (flu) vaccination service. Its pharmacists administered over 100 flu vaccinations last winter. Some people chose to use the vaccination service at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service.

The RP was aware of the valproate pregnancy prevention programme. And she knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available.

The pharmacy team was aware of the Falsified Medicines Directive (FMD). The pharmacy's procedures

hadn't been amended to reflect the changes FMD would bring to its processes. The pharmacy had some FMD scanning equipment. And it had entered into an arrangement for the appropriate FMD software to be added to its patient medication record (PMR) system. But this hadn't been activated yet. Staff could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't verifying or decommissioning medicines at the time of the inspection.

Recognised wholesalers, such as AAH, Alliance Healthcare and Day Lewis Medical Ltd, were used to obtain pharmaceutical stock. Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks and short-dated products were marked.

CDs, which were not exempt from safe custody requirements, were stored within the CD cabinet. A record of the destruction of patient-returned CDs was maintained. Out-of-date and patient-returned CDs were kept separate from in-date stock. Pharmaceutical stock requiring refrigeration was appropriately stored between two and eight degrees Celsius.

Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. Although pharmaceutical waste receptacles were available and in use, the pharmacy didn't have a receptacle to dispose of people's hazardous waste, such as, cytostatic and cytotoxic products. And some hazardous waste was found in a waste receptacle intended for non-hazardous waste. One of the pharmacy's sharps bins, which contained spent sharps, was removed from the consultation room during the inspection. A process was in place for dealing with recalls and concerns about medicines or medical devices. Drug and device alerts were retained and annotated with the actions taken following their receipt.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide services safely.

Inspector's evidence

The pharmacy had up to date reference sources available and it had access to the NPA's information department. The pharmacy had a range of clean glass measures. And it had equipment for counting loose tablets and capsules including a counting triangle for methotrexate.

A medical refrigerator was used to store pharmaceutical stock requiring refrigeration. And its maximum and minimum temperatures were checked regularly and recorded. The pharmacy provided blood pressure checks on request. The blood pressure monitor was replaced within the past 18 months.

Access to the pharmacy computers and the PMR system was restricted to authorised personnel and password protected. The computer screens were out of view of the public. A process was in place to make sure Smartcards were stored securely when not in use. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

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.