

# Registered pharmacy inspection report

**Pharmacy Name:** Day Night Pharmacy, 45 High Street, Lye,  
STOURBRIDGE, West Midlands, DY9 8LQ

**Pharmacy reference:** 1105184

**Type of pharmacy:** Community

**Date of inspection:** 04/07/2023

## Pharmacy context

This community pharmacy is located on the main High Street in Lye. It is open extended hours over seven days a week. There are several GP surgeries nearby and most people who use the pharmacy are from the local area. The pharmacy dispenses prescriptions, and it sells medicines over the counter. It offers additional NHS services including the Community Pharmacy Consultation Service, blood pressure testing and a substance misuse service. The pharmacy supplies some medicines in multi compartment compliance aid packs to help make sure people take their medicines at the right time.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy does not always store its medicines securely, or manage them appropriately to make sure they are fit for supply.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy identifies and manages risks adequately and it keeps people's private information safe. Pharmacy team members are clear about their roles, and they understand how to raise concerns to protect the wellbeing of vulnerable people. But they do not routinely record their mistakes, so opportunities for further learning may be missed. And some of the pharmacy records are inaccurate or incomplete, so it may not always be able to show how it supplies medicines safely in the event of a query.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational tasks and activities. The procedures had been reviewed within the last year and team members had signed training logs confirming their acknowledgement and understanding of each SOP. But the procedures did not specifically define individual roles and responsibilities, so it may not always be clear which team members can complete certain tasks. Through discussion team members were able to demonstrate a good understanding of their roles and the dispensers confidently explained the activities which could and could not take place in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance and a certificate provided was valid until February 2024.

The pharmacy had a near miss log. The last entry had been recorded in October 2022. The pharmacist accepted that not all near misses were recorded, but he explained that any incidents would be discussed at the time of the event. A lack of near miss recording may mean that underlying patterns and trends are not effectively identified and opportunities for learning may be missed. No recent action had been taken in response to near misses and the RP was not aware of any recent dispensing incidents. An error recording form was available in the pharmacy SOP folder.

The pharmacy had a notice in the retail area which explained how people could raise concerns about the pharmacy's services. But this had not been updated with the details of the regular pharmacist, who was also the superintendent. This meant people might not know who to escalate concerns to. People could provide general feedback to the pharmacy verbally and through online reviews.

The incorrect RP notice was displayed, but this was swiftly rectified once highlighted to the pharmacist. The pharmacy kept an electronic RP log, but the time RP duties ceased had not been recorded on some entries, so it was not technically compliant. And records for private prescriptions did not always record the details of the prescriber. Specials procurement records provided an audit trail from source to supply. The pharmacy's controlled drugs (CD) registers kept a running balance, but some record keeping issues were identified.

Pharmacy team members had completed information governance training in previous roles. They had a good understanding of confidentiality and explained how people's information was kept safe. The pharmacy segregated confidential waste which was removed for suitable disposal. Pharmacy team members held their own NHS smartcards and pharmacy computer systems were password protected.

The pharmacist had completed safeguarding training, as had both dispensers in their previous roles.

Additional suicide awareness training had also been undertaken and the contact details of local safeguarding agencies were available if required.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members are appropriately trained for the jobs that they do, and they feel comfortable raising concerns and providing feedback. But there is a lack of structured ongoing learning and development. This means the pharmacy may not always be able to show how it identifies and addresses team members' learning needs.

### Inspector's evidence

The pharmacy team comprised of the RP and two dispensers. The pharmacy also employed a third dispenser who worked part-time, and regular locum pharmacists covered the remaining pharmacist shifts. There were occasions where pharmacists were required to dispense and self-check their own work. The RP explained that the volume of work when this was required was low. This allowed the pharmacists to take a short break between dispensing and checking to help minimise the risks associated with self-checking. The workload in the pharmacy was generally manageable and there was no backlog in dispensing. Leave was generally planned in advance to help ensure that suitable staffing levels were maintained, and team members worked additional hours, when required, to cover any periods of absence.

Pharmacy team members were suitably trained for the roles in which they were working, or they were enrolled on appropriate training courses. But there was no structured ongoing learning and development. Team members explained that they completed some additional training on an ad hoc basis. But the last course they recalled completing was a suicide awareness training module, which was completed over a year ago. Pharmacy team members had informal discussions about their development but records of this were not kept.

Team members explained the questions they would ask when selling medicines over the counter. They were aware of common medications which can be abused and misused and said that any concerns were referred to the pharmacist. Sales had previously been refused when they had concerns about frequent purchases and information regarding this had been shared with other nearby pharmacies.

Pharmacy team members worked well together and there appeared to be an open culture. All team members confirmed that they were happy to approach the regular pharmacists with any concerns or feedback and the owner was also contactable. A group chat was used to share important updates amongst the team.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is a suitable size for the current workload, and it has a consultation room, so people can speak to members of the pharmacy team in private. But some of the interior fixtures and fittings in the pharmacy are showing signs of wear. This detracts from the overall professional appearance of the pharmacy.

### Inspector's evidence

The pharmacy was suitably sized for the current workload. There was sufficient lighting and the ambient temperature was appropriately maintained. But some of the interior fixtures and fittings appeared worn and dated, this included damage to the floor near to the medicine counter and several shelves which required cleaning. This detracted from the overall professional appearance.

The retail area stocked a range of goods which were appropriate for a healthcare-based business and pharmacy restricted medicines were stored behind the medicine counter. The dispensary had separate areas for dispensing and checking and there was a separate sink available for the reconstitution of medicines. Staff had access to a WC and handwashing facilities.

There was small consultation room which had a desk and seating to facilitate private and confidential discussions.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy cannot always demonstrate that it stores and manages its medicines appropriately. Its services are accessible and in general, they are suitably managed. But the team does not always provide people who take high-risk medicines or receive their medicines in multi compartment compliance aid packs with additional information to support them to take their medicines safely.

### Inspector's evidence

There was a limited amount of advertising of the pharmacy's services. Several posters promoting health information and advertising local services were displayed at the pharmacy entrance. Pharmacy team members explained how they would refer people to other local services if the need occurred.

Prescriptions were dispensed using baskets, to help keep them separate and reduce the risk of medicines being mixed up. Dispensing by and checked by boxes were being signed as an audit trail for dispensing. The pharmacy used 'see pharmacist' stickers to identify prescriptions where additional counselling was required, but prescriptions for all high-risk medicines were not always routinely identified, so some people may not always get all the information they need about their medicines. The pharmacist was aware of the risks of using valproate-based medicines in people who may become pregnant. But team members were unable to locate additional copies of valproate warning cards and labels which were required to be used when packing down valproate outside of its original packaging. The pharmacist agreed to follow this up after the inspection. Prescriptions for CDs were not routinely identified, which might increase the risk that a supply could be made beyond the validity date and an expired prescription for tramadol was identified on the day.

The pharmacy managed some repeat prescriptions for patients and an audit trail was maintained to help identify prescriptions which were unreturned. Some people received their medicines in a multi compartment compliance aid pack. A master record of medicines was kept on the patient medication record (PMR) system. A completed compliance aid pack seen, did not have an audit trail for dispensing and checking so people involved in the dispensing process could not be identified. Descriptions of some medications were incomplete, and the required warning labels were not printed on the backing sheet, so people may not always be able to identify their medicines or have all of the relevant information they need to take their medicines safely. And patient leaflets were not supplied. The delivery driver did not routinely get signatures to confirm delivery, so a full audit trail for delivery may not always be available in the event of a query.

The pharmacy offered blood pressure testing, which was usually completed by a dispenser, who had received training. Records were maintained of checks and a flow chart which provided information on the referral process was displayed to support decision making. The blood pressure machine used as part of this service appeared to be suitably maintained.

The pharmacy sourced its medicines from licensed wholesalers and specials from a licensed manufacturer. Stock medicines were stored in the original packaging provided by the manufacturer, but they were unorganised in some places which may increase the risk of a picking error. Pharmacy team members completed some date checking and records showed that this had last been completed in

January 2023. They explained that short-dated medicines would be marked so that they could be removed from the shelves. Several expired medicines were identified during random checks of the dispensary shelves. These were placed in suitable medicines waste bins. The pharmacy received alerts for the recall of faulty medicines and medical devices via email. Alerts were actioned and an audit trail was maintained.

The pharmacy had a fridge which was fitted with a maximum and minimum thermometer. The fridge was within the recommended temperature range, but the temperature recording log contained some gaps, so the pharmacy may not always be able to demonstrate that medicines are being suitably stored. The pharmacy had a CD cabinet, but some other CD storage and management issues were identified. A balance discrepancy was also noted but was resolved by the pharmacist.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for the services it provides. Pharmacy team members suitably maintain the equipment and use it in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had access to reference materials including the British National Formulary (BNF) and internet access was available to support additional research. There was a range of Crown stamped and British standard approved liquid measures. A separate measure, marked for use with methadone, had not been cleaned since its last use. The pharmacist rectified this during the inspection. Counting triangles for tablets were also available.

Electrical equipment appeared to be in working order. Computer systems were password protected and screens faced away from public view. The pharmacy had a cordless phone to enable conversations to take place in private, if required.

### 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.