

# 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:** 29/01/2024

## 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 Pharmacist 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 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
<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 met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages risks adequately. It keeps people's private information safe, and it maintains the records it needs to by law. But information is sometimes missing from the records. So, the pharmacy may not always be able to show what has happened in the event of a query. Pharmacy team members understand their roles and how to raise concerns to protect the wellbeing of vulnerable people. But they do not routinely record their mistakes, so they may miss out on some learning opportunities.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering the tasks and activities within the pharmacy. The procedures had been reviewed within the last two years and team members had signed training records, confirming their acknowledgement and agreement to follow them. But the procedures did not specifically define the individual responsibilities of team members. Through discussion, the team members demonstrated a clear understanding of their roles. And they were able to clearly explain the activities which could and could not be completed in the absence of a responsible pharmacist (RP). The pharmacy held professional indemnity insurance which was valid until February 2024.

The pharmacy had a near miss log, but only three entries had been recorded in the last six months and there had been no entries to date in 2024. The pharmacy team members confirmed that a conversation regarding near misses would always take place when one was identified, but they acknowledged that they did not always record them. A lack of near miss recording may mean that some underlying patterns and trends may go undetected. The pharmacist was aware of some online systems available to report any dispensing incidents. He explained that he had not been made aware of any incidents during his time working in the pharmacy, but he would contact the superintendent pharmacist (SI) if any issues arose.

People using the pharmacy's services were able to provide feedback verbally to team members in the pharmacy. Any issues which could not be resolved in the pharmacy were escalated to the SI pharmacist or the director of the company which owned the pharmacy. People were also able to leave reviews online.

Upon arrival, the incorrect RP notice was displayed, but this was swiftly rectified by the pharmacist when highlighted. The RP log was generally in order, but it contained one missing entry, so it was not technically fully compliant. Controlled drug (CD) registers kept a running balance and regular balance checks were completed. A patient returns CD register was also in use. Private prescription records were generally in order, but some entries did not record the details of the prescriber. And there were some records for the supply of unlicensed specials which did not record the patient's details.

Pharmacy team members had an understanding of confidentiality and they had completed some previous training on this topic. Team members explained how people's private information was kept safe. And the pharmacy segregated confidential waste which was taken by an external contractor for suitable disposal. The pharmacy team members held their own NHS Smartcards.

The pharmacist had completed safeguarding training. He was aware of how to escalate any concerns and said he would contact the SI pharmacist if any issues were identified. The contact details of local safeguarding agencies were accessible.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members are appropriately trained for the jobs that they do, or they are completing relevant training courses. But the pharmacy does not have structured ongoing learning and development opportunities. This means it may not always be able to show how it identifies and supports team members' learning needs. Pharmacy team members work well together, and they feel comfortable providing feedback and raising concerns. But prompt action is not always taken in response to points and requests that are raised by pharmacy team members.

### Inspector's evidence

The pharmacy team comprised of a regular locum pharmacist and two dispensers. A third dispenser arrived towards the end of the inspection. The regular pharmacist, who was also the SI pharmacist worked three days a week and a second regular locum pharmacist covered the remaining shifts in the pharmacy. The pharmacy team members worked together effectively and managed the dispensing workload well. There were occasions during the day where the pharmacist was required to self-check their own dispensing. The pharmacist explained that the workload volume when this was required was low. This allowed the pharmacists to take a mental break between dispensing and checking to help minimise the risks associated with self-checking. Leave in the pharmacy was planned in advance to help maintain suitable staffing levels. Where possible, team members provided cover for one another, but there were other pharmacy branches locally who could provide additional support staff if required.

Pharmacy team members were suitably trained for the roles in which were they were working, or they were enrolled on suitable training courses. But there was no structured ongoing learning and development programme. Team members explained that they were provided with relevant updates on an ad hoc basis. But they had not received a recent formal appraisal. They explained that they could discuss their development with the pharmacist on a one-to-one basis if required, and that they had requested further training opportunities.

Sales of medication were discussed with the pharmacy team members, who explained the questions that they would ask to help make sure sales were safe and appropriate. They identified several medicines which may be subject to abuse or misuse, and they discussed how frequent requests for medicines were refused, and people were signposted to alternative services, such as their GP surgery.

There was an open dialogue amongst the pharmacy team. Members of the team were happy to approach the SI pharmacist with any feedback or concerns and the director of the company which owned the pharmacy was also contactable. They explained how they had provided some feedback and ideas, but these had not been acted upon as yet.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is an adequate size for the current workload. It is generally in a suitable state of repair, but some of the interior fixtures and fittings in the pharmacy are dated and showing signs of wear and tear. This detracts from the overall professional appearance of the pharmacy. There is a consultation room available, so people can speak to members of the pharmacy team in private.

### Inspector's evidence

The pharmacy was of an adequate size for the current workload. There was sufficient lighting throughout and the ambient temperature was appropriately maintained. But some of the interior fixtures and fittings appeared worn and dated, which detracted from the overall professional appearance. Maintenance issues were escalated to the director of the company who owned the pharmacy.

The retail area stocked a small range of goods which were appropriate for a healthcare-based business and pharmacy restricted medicines were stored behind the medicine counter. Off the retail area there was small consultation room which had a desk and seating to facilitate private and confidential discussions. There was a window hatch which could be used to serve people if required, for example during late evenings and at weekends.

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.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are generally accessible and suitably managed. But it does not always identify people on high-risk medicines, so team members may miss some opportunities to provide additional counselling. The pharmacy sources its medicines appropriately and team members complete some checks to help make sure medicines are fit for use. But they do not always maintain accurate records of this, so the pharmacy may not always be able to demonstrate that medicines are being suitably stored.

### Inspector's evidence

The pharmacy had a step free entrance and a manual door. There was a limited amount of advertising of the pharmacy's services and some other health promotion literature was displayed.

Prescriptions were dispensed using baskets to help keep them separate and reduce the risk of medications being mixed up. Team members usually signed 'dispensed' and 'checked' by boxes as an audit trail. But there were some compliance aid packs awaiting an accuracy check which had not been signed for dispensing. The pharmacist said that some prescriptions for high-risk medicines would be identified so that extra counselling could be given when they were handed out. But prescriptions for all high-risk medicines were not routinely identified. Some team members were aware of recent changes to the supply of valproate-based medications, but procedures had not been updated. The pharmacist agreed to follow-up on this with the SI pharmacist.

The pharmacy requested repeat prescriptions on behalf of some patients. They used a diary system as an audit trail to help to proactively identify any unreturned prescriptions. The pharmacy supplied some medicines in multi-compartment compliance aid packs. No completed compliance packs were available to review, but some which were awaiting a final accuracy check were seen to have descriptions of individual medicines and team members reported that patient leaflets were supplied. A record was made of prescriptions sent out for delivery. But the delivery driver did not routinely obtain signatures as confirmation of successful delivery, so a complete audit trail was not 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 also offered a minor ailments service. But team members did not have access on the day to the formulary of medicines which could be supplied. Team members explained that the service was only usually available when the SI pharmacist was present and said that they would check with him prior to making any supply. Records of supplies were entered onto the relevant system by an administration assistant.

The pharmacy sourced its medicines from a variety of reputable wholesalers and unlicensed specials from a specials manufacturer. Pharmacy team members completed date checking and short-dated medicines were highlighted and recorded, so that they could be removed from the shelves. No expired medicines were identified during random checks of the dispensary shelves. Returned and obsolete medicines were stored in medicines waste bins. Alerts for the recall of faulty medicines and medical devices were received via email, but an audit trail confirming the action taken in response to alerts had

not been maintained in recent months. So, the pharmacy may not always be able to show that suitable action has been taken in response to any relevant medicines recalls.

The pharmacy fridge was fitted with a thermometer and was within the recommended temperature range. A temperature log was completed, but this recorded the standard minimum and maximum temperature range of 2-8 degrees Celsius, rather than the actual minimum and maximum values on the thermometer. This may compromise the audit trail and means that the pharmacy may not always be able to demonstrate that medicines are suitably stored. The pharmacist agreed to follow-up on this with the SI pharmacist. CDs were stored securely, and random balance checks were found to be correct. Patient returned CDs had been recorded and a small number of expired CDs were suitably segregated.

## 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 approved liquid measures, which were clearly marked for use with different liquids. Counting triangles for tablets were also available and equipment seemed suitably maintained.

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.