General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Daynight Pharmacy Ltd, 93 Macklin Street, DERBY, Derbyshire, DE1 1JX

Pharmacy reference: 1105908

Type of pharmacy: Community

Date of inspection: 15/09/2020

Pharmacy context

This community pharmacy is located opposite a medical practice near the centre of town. Most people who use the pharmacy are from the local area. The pharmacy dispenses NHS prescriptions and it sells a range of over-the-counter medicines. The inspection was undertaken during the Covid 19 pandemic. The pharmacy usually stays open for 100 hours each week, opening early in the morning and closing late in the evening. But it has reduced its opening hours to manage the increased workload due to the pandemic.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 risks to make sure its services are safe, and it takes some action to improve patient safety. But the lack of structure in some areas could mean that the team may be missing out on some learning opportunities. The pharmacy keeps the records required by law, but some details are missing, which could make it harder to understand what has happened if queries arise. Pharmacy team members work to professional standards although the pharmacy's written procedures are not regularly reviewed or easily accessible, so there is a risk that team members may not always work effectively.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for some of the services provided, which members of the pharmacy team were required to sign to show they had read and understood. One of the dispensers had not indicated that she had read the SOPs. She confirmed that she had read them three years ago when she started working in the pharmacy but she had not read them since. The SOPs available in the pharmacy had been prepared in 2016 with a review date of 2018, however it was not clear if this review had taken place. A SOP covering the dispensing of medicines in multi-compartment compliance aids was not available. The responsible pharmacist (RP) thought there might be more up to date SOPs in electronic format, but team members were not able to access them. Subsequent to the inspection the RP confirmed that the team had received passwords and they were now able to access the electronic SOPs, including one for compliance aid packs. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their role. Members of the pharmacy team did not wear anything to indicate their role, so this might not be clear to visitors to the pharmacy. The RP's name was not on display as required under the RP regulations. So, people might not know who the RP was in the event of a problem or query. The RP printed a notice out and displayed it when this was pointed out to him.

There were SOPs for emergency situations and infection control. The pharmacy team members demonstrated some steps they had introduced to ensure social distancing and infection control, but they did not think that individual staff risk assessments had been completed. And although personal protective equipment (PPE) was available for staff, it was not routinely worn. The RP was not aware of the Health and Safety Executive (HSE) guidance on the expectations and duties in relation to reporting cases of Covid-19 transmission that happened in the workplace under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. One of the dispensers pointed out that it would be difficult to know if they had caught the virus in the workplace.

The RP said that dispensing errors were reported to head office, but copies of the reports were not retained in the pharmacy. He said near misses were recorded on a near miss log, but it had been misplaced, so the team were not currently recording or reviewing their errors. One of the dispensers confirmed that errors were discussed within the pharmacy team and actions were taken to prevent re-occurrences such as separating medicines with similar sounding names, but these were not usually recorded.

A dispenser described how he had dealt with a recent complaint which was to provide the person with

the details of head office and ask them to put the complaint in writing. He said he provided additional details to the operations manager, who had followed up with the complainant. There was nothing on display highlighting the complaint procedure or describing how people could give feedback about the pharmacy, so opportunities to improve services might be missed.

A current certificate of professional indemnity insurance was on display in the pharmacy. The RP record was appropriately maintained. Checks of controlled drug (CD) registers found some inconsistencies and headers were missing from the tops of the pages in the register, increasing the risk of inaccuracies. The RP agreed to review CD record keeping making sure registers were accurate and kept in order.

A dispenser said she had not completed any formal training on information governance (IG) or signed a confidentiality clause at the pharmacy. She had a basic understanding about patient confidentiality, which she said she had gained through a previous role, and she correctly described the difference between confidential and general waste. Confidential waste was collected in designated areas. It was supposed to be shredded at the end of each day, but the shredder was broken and had not yet been replaced. The RP said the confidential waste was currently being bagged up and sent to a neighbouring pharmacy in the group for destruction, but later confirmed the shredder had been repaired. Assembled prescriptions containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public.

The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 training on safeguarding. The rest of the team had not received any formal training on safeguarding, so might not fully understand their roles in keeping people or people's information safe. But they knew to refer any concerns regarding children and vulnerable adults to the pharmacist working at the time. There was a notice in the dispensary containing the contact numbers of who to report concerns to in the local area. Some members of the pharmacy team had completed Dementia Friends training, so had a better understanding of people living with this condition.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team members hold the appropriate qualifications for the jobs they do. They can provide feedback to the management about the pharmacy and its services, and they feel reasonably well supported. But team members do not get regular ongoing training, so there may be gaps in their knowledge and skills

Inspector's evidence

The RP was a regular locum pharmacist and there were two NVQ2 qualified dispensers (or equivalent) on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the patients. Absences were covered by re-arranging the staff hours and there were neighbouring pharmacies in the group where staff could be transferred from. Two members of the team were currently absent due to illness (not covid-19 related) and the RP described it as a 'bad week'. A dispenser explained that staff had not been sent from one of the other pharmacies in the group as they had staffing shortages there. One of the dispensers explained that the pharmacy did not have a permanent manager or pharmacist, but there was an operations manager at head office who kept in contact by telephone, and shared learning within the group. There was no formal process to review team members performance or development, but they could discuss this informally with the operations manager. And they confirmed they could discuss any concerns they had with him. Day to day issues were discussed informally in the team as they arose.

Members of the pharmacy team carrying out the services had completed appropriate accredited training. A dispenser confirmed he had carried out some additional training, such as completing a course on needle exchange, but he could not remember any other training he had completed. Training records were not available in the pharmacy to check. The pharmacy team explained that no training had been carried out since the start of the pandemic due to the increased workload.

The RP was empowered to exercise his professional judgement and asked appropriate questions when people requested a pharmacy medicine containing codeine, so he could make a professional decision if to supply or not. The pharmacy did not sell codeine linctus because of the risk of abuse. The RP said he was not under pressure to achieve targets for services and had not carried out any Medicines Use Reviews (MURs) for around a year. He said his only target was to keep on top of the workload.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are safe, secure, and suitable for the pharmacy services provided.

Inspector's evidence

The pharmacy premises, including the shop front and facia, were reasonably clean and in an adequate state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with chairs, although they were not in use due to coronavirus restrictions. The temperature and lighting were adequately controlled. The premises were small but included a WC with a wash hand basin and antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. There were information notices about Covid-19, and reminders of the requirement to maintain social distancing. The front door was kept open when possible to reduce contact and increase ventilation.

The consultation room was small and cluttered. The RP said it was not currently being used for consultations due to coronavirus restrictions. An area of the counter was screened which allowed privacy when people were receiving supervised medication. The RP said there were plans to extend the premises into the carpark to make more space and a bigger consultation room.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers healthcare services which are usually well managed so people receive appropriate care. It gets its medicines from licensed suppliers and the team carries out some checks to ensure medicines are in suitable condition to supply. But the pharmacy could improve the way it stores and manages some of its medicines.

Inspector's evidence

There was a step up to the front door of the pharmacy, but it was possible for customers to enter with prams and wheelchair users with assistance, and the team would always be ready to serve customers at the door if necessary. There was a home delivery service and messages were on patient medication records (PMRs) such as their shielding status and if a delivery was required. The main services provided by the pharmacy were advertised and the amended opening hours were displayed in the window. There was a small range of healthcare leaflets.

Space was very limited in the dispensary, but the workflow was organised into separate areas. The 'checked by' box on the medication labels was usually initialled by the pharmacist but the 'dispensed by' boxes were not routinely initialled, so there was only a partial dispensing audit trail. The RP reminded the dispensers during the inspection to always initial the 'dispensed by' boxes. Baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. Other stickers were used to highlight when a prescription was urgent or when counselling was required. The RP was aware of the valproate pregnancy prevention programme (PPP) and explained that the local GPs annotated the prescription to show any patients in the at-risk group had been identified and were on a PPP. The RP confirmed that the valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling.

Multi-compartment compliance aid packs were managed using a programme on the PMR system. A message box on the programme was used to record communications with GPs and changes to medication, but the name of the person who confirmed the changes was not always recorded, which could cause confusion in the event of a query. A dispenser explained that when prescriptions were received, they were checked against the pharmacy's records and any discrepancies followed up. He said when patients were discharged from hospital any changes were put on 'PharmOutcomes' so this could be used to update the pharmacy's records. He said the pharmacy had a good relationship with the local hospital and the local GP practice, so they were usually informed when one of their patients had been discharged from hospital. There were around eight compliance aid packs which had been assembled and were waiting for a final check. Only a small part of the original packaging was present, which increased the risk of checking error and the expiry dates could not be verified. The RP said a pharmacist always checked the stock before a dispenser assembled the packs. However, this check was not recorded, and neither was the identity of the person who had assembled the packs, so there was not a robust audit trail. The packs were unsealed, and it was not clear when they had been assembled. The RP said there was a rule that all packs were to be checked and sealed by the end of the day, and he

would make sure they were not left unsealed for more than a few hours. Cautionary and advisory warnings were missing from the labels as this function had been turned off on the labelling system, but this was corrected by a dispenser during the inspection. Some medicine descriptions were included on the labels to enable identification of the individual medicines, but packaging leaflets were not usually included, despite this being a mandatory requirement. So, people might not have easy access to all of the information they need. Disposable equipment was used.

CDs were stored in a large CD cabinet which was securely fixed to the wall/floor. Pharmacy (P) medicines were stored behind the medicine counter so that sales could be controlled. Recognised licensed wholesalers were used to obtain medicines. The pharmacy was not compliant with the Falsified Medicines Directive (FMD). They had the hardware required to comply, but the team was not currently scanning to verify or decommission medicines. The RP said he did not know why they were not doing this but assumed it was because it was too time consuming, so was not possible during the pandemic. Date checking was carried out short dated stock was highlighted. Expired medicines were segregated and placed in designated bins.

There were two standard sized medical fridges. The minimum and maximum temperatures had been recorded regularly until the end of August and had been within range. However, one of the dispensers explained that he had stopped recording the temperatures when the batteries ran out on the thermometers. He replaced the batteries during the inspection and the fridges were within range. There was a small fridge in the consultation room which was being used to store assembled medication for a short time before it was collected. The temperature was not being monitored on this fridge, but the RP decided that the medication should be removed, and that it should only be used for the staff's personal use.

Alerts and recalls were received via email messages from the pharmacist superintendent (SI). These were read and acted on by a member of the pharmacy team, but nothing was recorded to provide assurance that the appropriate action had been taken. The RP said he would review this practice.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Pharmacy team members have the equipment and facilities they need for the services they provide. But they could do more to make sure that all the equipment they use is accurate and fit for purpose.

Inspector's evidence

Hand sanitizer gel, disposable gloves and face masks were available for the pharmacy team to use. The RP was seen to use hand sanitizer frequently but none of the team wore face masks or disposable gloves in the pharmacy during the inspection. Some people entering the pharmacy were wearing face coverings. This was not enforced although one person who was attempting to cover her face with her hand was offered a free face mask. There was a clear protective screen at the medicine counter to help with infection control, which was cleaned periodically.

The pharmacist could access the internet for the most up-to-date information. For example, electronic BNF and electronic medicines compendium (eMC) websites. There was one glass liquid measure with British standard and crown marks, but the measures used for measuring methadone solution were plastic. This risked accuracy and contamination as they didn’t have any markings confirming accuracy and were more difficult to clean. The RP was aware that glass measures were more appropriate but said one had broken, which is why they had returned to using plastic. The pharmacy had a range of clean equipment for counting loose tablets and capsules. All electrical equipment appeared to be in good working order.

Computer screens were positioned so that they weren’t visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.