

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, Berrow Medical Centre, Brent Road, Berrow, BURNHAM-ON-SEA, Somerset, TA8 2JU

Pharmacy reference: 1106805

Type of pharmacy: Community

Date of inspection: 02/09/2020

Pharmacy context

This is a community pharmacy located adjacent to a medical centre in Burnham-on-Sea. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment compliance aids for people to use living in their own homes. The inspection took place during the Covid19 pandemic.

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	1.8	Good practice	The pharmacy team safeguard the welfare of vulnerable people well
2. Staff	Good practice	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive protected time to complete it.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
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 has written procedures to help make sure the team works safely. Pharmacy team members record and review some mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy team protect the welfare of vulnerable adults well.

Inspector's evidence

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. The superintendent pharmacist had completed a risk assessment of the impact of COVID-19 on the pharmacy and its services. The pharmacy suspended some of its face-to-face services during the peak of the pandemic. Occupational risk assessments for each staff member had been completed to help identify and protect those at increased risk of COVID-19. There was a business continuity plan in place. Staff were temperature checked at the start of their shifts. Staff were wearing face masks whilst at work. But staff admitted that these often slipped off when in use. Staff were also socially distancing from each other where possible. People were encouraged to wear face masks when attending the pharmacy. Processes were in place for identifying and managing risks. Staff kept their own individual near miss logs. The pharmacist reported that these were reviewed regularly and any learning points were analysed and discussed. Staff had completed training on 'sound alike' and 'look alike' medicines.

There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded and reported to the superintendent pharmacist. The pharmacy would investigate errors so that they could learn from these and reduce the risk of these occurring in the future.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and these were reviewed every two years. The pharmacy team understood what their roles and responsibilities were when questioned. Some SOPs had been updated to reflect necessary adaptations due to the COVID 19 pandemic.

There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy carried out a Community Pharmacy Patient Questionnaire annually as part of their NHS contract. A certificate of public liability and indemnity insurance was held and was valid and in date.

Records of controlled drugs (CD) and patient returned controlled drugs were kept. The CD balance was checked weekly. There were patient returned CDs that had been separated from regular CD stock and

labelled appropriately.

The responsible pharmacist (RP) record was retained. The RP notice was displayed and could be clearly seen by the public. It was incorrect at the start of the inspection, but this was promptly corrected by the pharmacist. There were two fridges in use and temperatures were recorded electronically daily and were within the appropriate temperature range of two to eight degrees Celsius. Date checking was carried out, but records could not be demonstrated after April 2020. The pharmacist agreed to address this. The private prescription, emergency supply and specials records were kept and were in order.

The pharmacy team were seen to be following the company's information governance procedures during the inspection. The computer screens were all facing away from the public and were password protected. Confidential waste was collected separate to normal waste and disposed of appropriately. The consultation room was kept locked when not in use.

On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. There was a safeguarding policy in place at the pharmacy. Contact details for local safeguarding advice, referral and support were available in the dispensary.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist, two dispensing assistants and one medicines counter assistant present during the inspection. There was sufficient staff for the services provided during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had either completed appropriate training courses for their roles.

Staff performance was monitored and reviewed formally annually where key performance indicators were discussed. In these reviews, a development plan would be introduced to help further develop and train the members of staff. Staff would also get the opportunity to give feedback about the place that they work.

The staff reported they were required to complete online training modules when they became available. Staff received adequate time to complete required training. A dispensing assistant gave an example of completing training on 'look alike' and 'sound alike' medicines and reported that this had helped her understand the issues around common mistakes in the dispensing process.

Staff meetings to discuss any important business or patient safety updates were held on an ad-hoc basis. Head office regularly released patient safety updates which were read and actioned by the pharmacy team. Staff were comfortable to raise concerns either with the pharmacy manager or the area manager if necessary.

Staff were aware of the whistleblowing policy and felt comfortable to use this if necessary. There were targets in place but the team explained that they did not feel pressurised to deliver the targets and would never compromise their professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect people's private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a retail area toward the front and a dispensary area toward the back. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private. There was a plastic screen separating the retail area from the dispensary. There was a flow marked with stickers on the floor in order to help people socially distance from each other in the pharmacy. The pharmacy staff had restricted access to two people at any one time in the pharmacy. Staff were regularly cleaning the dispensary and there was a cleaning rota in use to demonstrate this.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were generally organised in a generic and alphabetical manner. The consultation room was kept locked when not in use and was well soundproofed. People's confidential information was stored securely. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action.

Inspector's evidence

Pharmacy services were detailed in posters and leaflets around the pharmacy. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting.

The pharmacy delivery service had come under additional demand due to people who were self-isolating. The delivery drivers were dropping assembled bags of prescriptions at people's doorstep and witnessing them take it from a distance.

The pharmacy team dispensed multi-compartment compliance packs for around 80 patients in their own homes. Audit trails were kept to indicate where each compliance aid was in the dispensing process. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked the compliance aid was complete. Descriptions were routinely provided for the medicines contained within the compliance aids. Patient information leaflets (PILs) were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during valproate dispensing. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception. Valproate medicines were kept separately from other medicines in the pharmacy.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was also available for use. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The pharmacy was European Falsified Medicines Directive (FMD) compliant. The relevant equipment and software was in place. Medicines were obtained from suppliers such as AAH, Alliance and Day Lewis warehouse. Specials were obtained via Eaststone specials.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA drug alerts and recalls came to the pharmacy electronically and these were actioned appropriately. Records and audit trails to demonstrate this were kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for dispensing CDs. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources.

There were two fridges which were in good working order and the maximum and minimum temperatures were recorded daily and were seen to be within two to eight degrees Celsius.

Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

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.