

Registered pharmacy inspection report

Pharmacy Name: Daynight Pharmacy Ltd, 116 Southchurch Drive,
NOTTINGHAM, Nottinghamshire, NG11 8AD

Pharmacy reference: 1108946

Type of pharmacy: Community

Date of inspection: 11/02/2020

Pharmacy context

This is a community pharmacy. Most of the activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own homes. Other services that the pharmacy provides include substance misuse services, prescription deliveries to people's homes, Medicines Use Reviews (MUR) and New Medicine Service (NMS) checks.

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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy doesn't always make sure that staff complete the right training for their roles.
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

Overall the pharmacy adequately identifies and manages the risks associated with the provision of its services. The pharmacy adequately manages people's personal information. It knows how to protect vulnerable people. The pharmacy has some procedures to learn from its mistakes, and it largely keeps the records it needs to by law. But because the pharmacy does not share the outcome of any reviews with the pharmacy team it may miss some opportunities to improve its services. And the pharmacy could do more to keep its records up to date and accurate.

Inspector's evidence

The responsible pharmacist (RP) notice showing the pharmacist in charge of the pharmacy was clearly displayed. The pharmacy had a set of up-to-date set of standard operating procedures (SOPs), but they had only been signed to confirm they had been read by two of the six staff present. The dispensing assistant knew the questions that should be asked to sell over-the-counter medicines safely and had a reasonable product knowledge. He was aware of the advice that should be given when selling codeine-based products. He said that prescriptions had a 6-month expiry date apart from controlled drugs (CDs) which were valid for 28 days from the date on the prescription. He said that dispensed prescriptions containing CDs were highlighted with a sticker so that staff were aware. The pharmacist said that stickers were used to highlight fridge items and Schedule 2 and 3 CDs. She said that they didn't highlight Schedule 4 CDs. When checked a prescription for tramadol was seen which was not highlighted. Not highlighting a dispensed CD prescription could increase the chance of supplying it beyond its 28-day validity.

The pharmacy kept records of near misses, errors and incidents. Near misses were discussed with the member of staff at the time and then recorded in the near miss log. A near miss made during the inspection was entered by the pharmacist in the near miss log. Learning points and action taken recorded in the near miss log were limited. The pharmacist said that the pharmacy manager who was not present carried out a review periodically, but the pharmacist said that she was not made aware of the outcome of the review. There were no review records available at the time of the inspection.

Controlled drug records were kept in accordance with legal requirements and running balances were maintained. The pharmacist said that running balances should be audited regularly. Solid dose CDs were regularly audited but the auditing of liquid CD running balances was more erratic. A random check of the recorded running balance of a CD matched the actual stock. There was a patientReturned CD register. The pharmacy also maintained a RP log and a private prescription record.

The pharmacy displayed a notice to show who the RP in charge of the pharmacy was. When the inspector arrived, the notice showed the name of the previous RP. The pharmacist had also not signed in the RP register that day. But the register was otherwise complete. The pharmacist said that she usually did both, but the pharmacy had been busy that morning.

Staff said that the pharmacy completed regular patient satisfaction surveys. The latest survey on

NHS.UK was for another pharmacy. The superintendent provided a copy of the latest survey which was from December 2019. This showed of the people who had completed the survey 98% rated the service as excellent or very good. He said that he would contact NHS England to have the correct survey uploaded. Professional Indemnity insurance was in place until June 2020.

Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. Access to the electronic patient medication record (PMR) was password protected. Confidential paper work was stored securely. Confidential waste was shredded securely. The pharmacy team were not aware of the pharmacy's information governance protocol, but the superintendent subsequently provided a copy and evidence that they were compliant with the General Data Protection Regulation. The pharmacist was aware of safeguarding requirements and had completed appropriate training. There were local contact details available if staff needed to raise a concern.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy doesn't always make sure that staff complete the right training for the roles that they do. However the pharmacy has enough staff who are mainly properly trained for the jobs they do. The team members receive some support in keeping their skills and knowledge up to date. But this on-going training is not structured, which could make it harder for them to do this.

Inspector's evidence

During the inspection the pharmacy team adequately managed the workload. There was a pharmacist, a trainee dispenser and five dispensers present. One of the dispensers said that he hadn't completed his dispensing qualification despite working at the pharmacy for over eight years. Certificates of accredited training for the other dispensers was provided by the superintendent pharmacist.

Staff said that they had informal reviews about how they were getting on. They could raise concerns or problems with the pharmacy manager if required. There was informal training from the pharmacist to keep them up to date but there was no structured training program. The trainee dispenser said that he was happy with the support he received. The pharmacist said that she had recently completed training on sepsis and look-a-like sound-a-like medicines.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and mainly appropriately maintained. The pharmacy protects personal information.

Inspector's evidence

The outside of the pharmacy looked a little run down with a lot of marks and scratches on the front of the building. Inside there was adequate heating and lighting throughout the pharmacy. There was hot and cold running water in the premises. The dispensary was a reasonable size for the services provided, with an adequate dispensing bench available for the assembly of medicines.

There was a small consultation room near the front door which was available to ensure people could have confidential conversations with pharmacy staff. The consultation room was locked during the inspection. The room was a little messy which meant it presented a less professional image.

Computer screens were set back from and faced away from the counter. Access to the electronic patient record (PMR) was password protected. Unauthorised access was prevented during working hours and when the pharmacy was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely. The pharmacy acts if any medicines or devices are not safe to use to protect people's health and wellbeing. But not all staff understand how to check that this has been done. And this could make it harder for them to confirm what action has been taken in response.

Inspector's evidence

There was a push-pull door and flat access which provided reasonable access for a wheelchair or those with physical disability. There was a clear route to the dispensary counter. The opening hours and services were displayed on the window but there was no practice information leaflet available.

The pharmacist understood the signposting process and used local knowledge to direct people to local health services. The pharmacist said that she gave advice to people about a range of issues. This included new medicines, interactions and antibiotics. She gave advice to people taking higher-risk medicines such as warfarin and lithium but wasn't giving on-going advice to people taking methotrexate. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate.

The pharmacy mainly used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label. This helped identify who had done each task. Baskets were used to reduce the risk of error. The pharmacy had a defined workflow with separate areas for dispensing and checking of medicines.

There was a process to make sure that each person who received their medicines in a multi-compartment compliance pack received it in a timely manner. Any changes in the prescription were checked with the surgery before supply. The compliance pack seen recorded the colour and shape of each medicine to make the medicine easily identifiable. However not all the descriptions checked matched the tablets in the pack. The pharmacist said that they weren't always changed when a medicine changed. This could cause confusion and mean that people could think that they had been given the wrong medicine. Patient information leaflets were not routinely sent which meant that some people might not be getting all the information they needed to take their medicine safely. On the compliance pack checked the pharmacist had signed the backing sheet to show who had checked the pack, but the dispenser hadn't signed the 'dispensed by' box which meant that there was an incomplete audit trail. The pharmacist said that she would remind the team to sign.

Medications and medical devices were date checked every three months. Records were maintained for the date-checking process which showed when this process took place. A sample of medicines was found to be within date. Some but not all opened bottles of liquid medications were marked with the date of opening to help ensure they were fit for purpose when being used for dispensing.

The pharmacy delivered medications to some people. The person receiving the medicine signed to confirm they had received the prescription to create an audit trail. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist could explain the process for drug

alerts. However, the last alert in the folder was from November 2019. The pharmacist said that she didn't know if alerts had been actioned since then. The superintendent subsequently provided evidence that the pharmacy had implemented drug alerts. The pharmacy had Falsified Medicine Directive compliant scanners in place and the computer had the software capability, but they had not started implementing the process.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services that it offers. It mainly maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy used crown-marked measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. CDs were stored appropriately. Staff said that electrical equipment was safety tested but there were no records available to show when the last test had taken place. Equipment seen looked in a reasonable condition.

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.