

# 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:** 08/04/2021

## 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 and the supply of Covid-19 lateral flow tests. The inspection was undertaken during the Covid-19 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
<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

Overall, the pharmacy adequately identifies and manages the risks associated with the provision of its services. Its team members have defined roles and accountabilities. 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 keeps the records it needs to by law.

### Inspector's evidence

The pharmacy had a set of electronic up-to-date standard operating procedures (SOPs); records showed that these had been read by staff. The dispensing assistant knew the questions that should be asked to sell over-the-counter medicines safely and had a good 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, 3 and 4 CDs. There were also stickers to highlight prescriptions with warfarin or methotrexate. When checked some prescriptions for schedule 4 CDs had stickers, but some didn't. Not highlighting a dispensed CD prescription could increase the chance of supplying it beyond its 28-day validity.

The pharmacy had a process for recording dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time and then recorded in the near miss log. Learning points and action taken recorded in the near miss log were limited. The pharmacist said he regularly carried out reviews, but a written record wasn't always made.

The pharmacy maintained appropriate records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) log, the controlled drug (CD) registers and the private prescription record. Records showed that CD running balances were regularly audited. A random check of the recorded running balance of a CD matched the actual stock. Patient-returned CDs were recorded in accordance with requirements. Dispensed CDs waiting collection in the CD cupboard were clearly separated, in clear bags, and were in date. Professional indemnity insurance was in place.

There was a complaints procedure in place. 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 paperwork was stored securely. Confidential waste was shredded securely. The pharmacy was General Data Protection Regulation compliant. 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 met

### Summary findings

The pharmacy's team members adequately manage the workload within the pharmacy. They can raise concerns if needed. The team members receive training from the pharmacist which helps them to keep their skills and knowledge up to date.

### Inspector's evidence

The pharmacy had a notice showing who the RP in charge of the pharmacy was. The RP records showed who the RP in charge of the pharmacy had been. During the inspection the pharmacy team adequately managed the workload. There was a pharmacist, three qualified dispensers present and a pharmacy apprentice.. Certificates of accredited training were available.

Staff said that they had 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; recent training had included the requirements for the supply of Covid-19 lateral flow tests. The apprentice said that she was happy with the support she received.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe, secure and largely appropriately maintained. The pharmacy has processes to keep customers and staff safe during the Covid-19 crisis. 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. The pharmacist said that some renovation work was being carried out on the front of the pharmacy. The pharmacy was equipped with adequate heating and lighting and hot and cold running water. The dispensary was a reasonable size for the services provided, with an adequate dispensing bench available for assembling medicines.

There was a small consultation room near the front door which was currently not being used because it was too small to maintain appropriate distancing.

The pharmacy mainly had appropriate Covid-19 processes in place. There was a sign on the door restricting access to two people at a time. There was a sign asking customers entering the pharmacy to wear face masks. There was a Perspex screen at the pharmacy counter to provide re-assurance to both the staff and the customers. There was hand sanitiser available. The pharmacy was cleaned on a daily basis. On arrival not all staff were wearing masks but they did put them on for the duration of the inspection. The inspector highlighted the additional risks to the staff and of the need to self-isolate if a member of staff had a positive Covid-19 test.

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 pharmacist is easily accessible to people who use the pharmacy. 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.

### Inspector's evidence

The pharmacy had a push-pull door and flat access which provided reasonable access for a wheelchair or those with physical disability. Once inside there was a clear route to the dispensary counter. The opening hours and services were displayed on the window.

The pharmacist understood the signposting process and used local knowledge to direct people to local health services. During the inspection the pharmacist and the pharmacy team were heard giving advice to people about a range of matters. This included new medicines, antibiotics and how to take over-the-counter medicines. The pharmacist said that he gave advice to people taking higher-risk medicines such as warfarin, lithium and 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 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 keep medicines and prescriptions separate to reduce the risk of error.

There was a process to make sure that each person who received their medicines in a multi-compartment compliance pack got them 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 some, but not all, of the medicines. This meant it wasn't always easy for the customer to easily identify the medicine. Patient information leaflets were routinely sent.

Medicines were stored on shelves tidily and in original containers. Records for the date-checking process showed that medicines were checked every three months. A sample of medicines was found to be within date. 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. This number had increased during the Covid-19 pandemic. The person delivering the prescription maintained appropriate distance. They did this by putting the medicine on the doorstep; ringing the bell and then standing back and waiting for the person to come to the door to pick up their medicine. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacy had a process for managing drug alerts.

## 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 safely. 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
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.