

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, The Waterside Health Centre,
Beaulieu Road, Hythe, SOUTHAMPTON, SO45 5WX

Pharmacy reference: 1109645

Type of pharmacy: Community

Date of inspection: 24/04/2019

Pharmacy context

A pharmacy, part of the Day Lewis chain, located in a health centre in Hythe, a town on the outskirts of Southampton. The pharmacy dispenses prescriptions, provides Medicines Use Reviews (MURs), the New Medicine Service (NMS), supervised consumption, multi-compartment compliance aids, Emergency Hormonal Contraception (EHC) and a delivery service.

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 | 2.1 | Standard not met | The pharmacy team are working in a very busy environment and explain they do not have the time to complete all tasks in the pharmacy. |
| 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 records the mistakes it makes during the dispensing process and learns from them. It acts to avoid problems being repeated, but it doesn't share the learning regularly. This could mean that it misses opportunities to spot patterns or trends and finding ways to reduce risks in the pharmacy. The pharmacy generally keeps the records it needs to by law. The pharmacy protects people's personal information and team members understand how to protect vulnerable people.

Inspector's evidence

There was a near miss log in the pharmacy which was seen to be used on a regular basis by the staff to write up their own near miss incidents. The team would upload the near misses onto PharmOutcomes electronically and this would allow them to analyse the near misses every month. The pharmacist explained that he could run an analysis report which would highlight how many of each type of error the team have had and what time of day the errors had occurred. The pharmacist went on to explained that he would normally share the analyses with the team in a monthly meeting, but they had not had a meeting since January as the pharmacists have been on holiday and the team has been very busy.

Dispensing errors which went out to patients were reported electronically on the company's internal reporting system and the pharmacist explained that he would discuss them with the team to ensure they had all been made aware of it and the learnings which could be taken from it.

The team received a monthly patient safety newsletter from their company's head office which included information about drug alerts, near miss information from PharmOutcomes, similar looking packaging and case studies based on incidents in other branches. However, team members explained they did not always have the time to read these newsletters and they could not locate the most recent issues.

There was a workflow in the pharmacy where the staff used specific areas of the dispensary to dispense, prepare and check prescriptions. Multi-compartment compliance aids were dispensed at the back of the dispensary in a dedicated area. Coloured baskets were used to hold prescriptions which were being prepared to allow the team to organise their workload.

SOPs were in place for all the dispensary tasks and were reviewed on a two-yearly basis. The last review had occurred in May 2017 and the next review was due in May 2019. On questioning, the members of staff were all able to explain their roles and responsibilities. One of the dispensers was observed following the SOP for labelling and assembling a compliance aid.

A complaints procedure was in place within the SOPs and the staff were all aware of the processes they should follow if they received a complaint. The complaints procedure was detailed in a poster displayed on the shop floor. The poster explained that any comments, suggestions or complaints could be forwarded to the staff, the Patient Advisory Liaison Service and ICAS. The pharmacy team also held any complaints they received in the clinical governance file.

The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of

their NHS contract. The results of the last CPPQ survey were displayed on the NHS UK website and were seen to be generally positive.

A professional indemnity and public liability insurance certificate from the NPA was displayed in the dispensary and was valid until the end of April 2019. Controlled drug records were seen to be complete. A sample of a random CD was checked for balance accuracy against the CD register and was seen to be correct. The stock balance was checked every week.

The maximum and minimum fridge temperatures were recorded electronically every day and were always within the appropriate temperature range of 2 to 8 degrees Celsius. The stock inside the fridges was laid out in an organised fashion. Dispensed fridge medicines ready for collection were stored in clear plastic bags in the fridge to allow for a visual check when they were handed out to patients.

The responsible pharmacist record was seen to be completed electronically and the correct RP notice was displayed in the main dispensary where patients would see it. The specials records were seen to be complete with all the appropriate information documented and held in a specials file. The private prescription records were kept on an electronic register with all the required information recorded accurately.

The pharmacy team were seen to be following the company's IG procedures and they carried out an IG audit annually to ensure they are following requirements. Each member of the pharmacy team had signed a staff confidentiality agreement which was held in the dispensary. The computer screens were all facing away from the public and were password protected. All confidential information and patient sensitive information was locked away in filing cabinets in the pharmacy and prescriptions which had been filed away were locked in a cabinet in the consultation room. Confidential information was shredded as necessary.

The pharmacist had completed the CPPE level 2 training program on safeguarding children and vulnerable adults and had attended local training sessions about this. The pharmacy team had also been trained on safeguarding children and vulnerable adults, and were also all Dementia Friends, and had signed a training matrix to say they had read and understood the training. The team had a safeguarding vulnerable groups policy which contained all the contact and signposting information should the team suspect a safeguarding incident. A safeguarding poster was also displayed in the consultation room which the staff could use as a quick reference guide.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has cut its staffing back which could affect how well it cares for people and the advice it gives. But the pharmacy team members are appropriately trained for their roles or they are enrolled on appropriate training courses. Team members work in a supportive environment where they feel able to raise concerns if needed. They feel able to use their own professional judgement.

Inspector's evidence

During the inspection, there was one pharmacist, one NVQ level 3 accredited checking technician, three trainee technicians completing their NVQ level 3 course, four NVQ level 2 dispenser and one medicines counter assistant. The staff were observed to be providing support to one another when required.

Although the team members were supportive of one another and they were skilled and qualified, they were observed to be very busy and they explained that they found it difficult to manage the workload. The team were observed to be working hard to clear the backlog of prescriptions whilst also managing the day's work. There were baskets waiting for checking by the pharmacist for walk-ins and for the previous day's work. Due to the location of the pharmacy in a surgery, the pharmacy had a high level of customers and patients walking in and waiting to have their prescriptions dispensed adding to the pressure. The ACT explained she often had to dispense and could not check as the number of walk-in prescriptions was so high.

The pharmacy team received regular training updates via 'Day Lewis Academy'. These came to the team monthly via the company's intranet for each member of staff. They would then have a quiz and gain points depending on the result. The team had a rota on display in the dispensary to show which training modules they would be completing each month.

The staff explained that they were happy to raise any concerns they had instantly with the pharmacist or their area manager. There was also a whistleblowing policy in place, which all the staff explained they were aware of and were happy to use should they require it.

There were targets in place for MURs and NMS but the team explained that they would never compromise their professional judgement to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy, well maintained and suitable for the services it provides. It has a private consultation room which is used regularly. The pharmacy is secure when it is closed.

Inspector's evidence

The pharmacy was built eight years ago as part of the health centre and people could walk straight from the health centre internally to the pharmacy. The pharmacy had a retail space, medicines counter, consultation room, dispensary and staff bathroom. The pharmacy was presented in a professional manner and was well laid out, with the professional areas clearly defined away from the main retail area of the store. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

Medicines were stored on the shelves in a generic and alphabetical manner and the team used a separate area for the preparation of multi-compartment compliance aids. The dispensary was screened to allow for preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard by anyone outside.

The consultation room was fit for purpose and included a clean sink, seating, a computer with the PMR and a sharps bin. The door to the consultation room could be locked from the inside and was kept locked when the room was not in use. This ensured that the consultation room was kept secure and protected from unauthorised access.

There was a clean sink available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines. There was also alcohol hand gel available. The ambient temperature in the pharmacy was suitable for the storage of medicines and this was regulated with air-condition systems. Lighting was good throughout the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy sources, stores and generally manages its medicines appropriately. Team members try to make sure that pharmacy services are provided safely but they do not always identify, or record relevant safety checks when people receive higher risk medicines. This makes it difficult for them to show that the appropriate advice is always provided when these medicines are supplied.

Inspector's evidence

There was step free access into the pharmacy and there was seating for patients or customers waiting for services. The pharmacy team also provided a delivery service to patients who could not attend the pharmacy. Pharmacy services were clearly displayed in the window and on posters in the health promotion area. The health promotion area included seasonal information about hayfever and smoking cessation. One of the dispensers explained that she would change the promotion campaign every month to keep it up to date and relevant.

The team held all the details for the multi-compartment compliance aid patients together in four files corresponding to the four weeks of the compliance aid cycle. Each patient had their own section where information was stored such as their personal details, when they took their medicines and any changes which have occurred to their trays. The team explained that this helped them ensure that the compliance aids for each patient were consistent. The compliance aids were seen to include the descriptions of all the medicines inside and the trays were supplied with the Patient Information Leaflets every month.

The pharmacist explained that for patients who were prescribed warfarin, the team would not routinely record the INR levels or monitor their blood test results as this was normally done at the surgery next door.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing valproate to all patients who may become pregnant. The pharmacist explained that the team had carried out two audits on valproates and they did have a few patients who could be affected by this. They counselled the patients, ensured that the GP had also counselled them and they placed notes on the patient's PMR about this.

The pharmacy delivered a range of PGDs including EHC, erectile dysfunction and malaria prophylaxis. The PGDs were seen to include the service specification, including naming the pharmacists who could provide against the PGD and the completed paperwork.

The pharmacy obtained medicinal stock from Phoenix, AAH and Alliance. Specials were ordered from Quantum. Invoices were seen to demonstrate this. Date checking was carried out quarterly and a date checking matrix was held in the clinical governance file. Each member of the team had their own section of the pharmacy to date check and they explained they would also tidy their section when they

date checked it. If an item was due to go out of stock, the team highlighted the date it would be going out of stock using a sticker.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and seen to be used for the disposal of medicines returned by patients. There was also a bin for the disposal of hazardous waste and a list of hazardous waste medicines which need to be disposed-of in these bins. Documents for waste disposal were all held in the pharmacy. The fridges were in good working order and the stock inside was stored in an orderly manner.

The team received MHRA alerts electronically through the company's intranet and they were actioned appropriately. The team kept audit trails of all the alerts and recall notices they received and of any action they had taken. The team had most recently had a recall notice about Martindale branded chloramphenicol 0.5% eye drops which they had actioned appropriately and displayed in the dispensary.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment and facilities to provide its services safely.

Inspector's evidence

There were several crown-stamped measures available for use, including 500ml, 100ml and 10ml measures. Some were marked to show it should only be used for CDs. Amber medicines bottles were seen to be capped when stored and there were clean counting triangles and capsule counters available.

Up-to-date reference sources were available such as a BNF, a BNF for Children and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The fridges were in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range.

Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. Hazardous waste bins were also available as well as lists of which drugs were hazardous. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

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. |