

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, 1 Alpine Court, Park Road,  
PETERSFIELD, Hampshire, GU32 3FB

**Pharmacy reference:** 1110371

**Type of pharmacy:** Community

**Date of inspection:** 03/10/2019

## Pharmacy context

This is a community pharmacy located in Petersfield, Hampshire. The pharmacy dispenses NHS and private prescriptions. It offers a range of services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations, Emergency Hormonal Contraception (EHC) and several private services such as supplying medicines for the prevention of malaria, for hay fever, asthma and hair loss. In addition, the pharmacy also provides multi-compartment compliance aids to people if they find it difficult to manage their medicines.

## 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

The pharmacy identifies and manages risks appropriately. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They protect people's privacy well. And, some team members understand how they can protect the welfare of vulnerable people. The pharmacy generally maintains its records in accordance with the law. But, some details about private prescriptions are missing from its records. This means that the team may not have all the information needed if problems or queries arise.

### Inspector's evidence

The pharmacy was busy during the inspection and initially somewhat cluttered. This was cleared as the team worked. The pharmacy's stock was mostly stored in an organised manner and there was an organised workflow. The latter involved a separate bench for the responsible pharmacist (RP) and areas for staff to process and dispense prescriptions. Prescriptions for multi-compartment compliance aids were assembled and dispensed at the very rear. This helped to reduce the risk of errors caused by distractions. In addition, staff processed 'walk-in' prescriptions on a PC in the dispensary which meant that their backs were facing the front counter. This also helped reduce the likelihood of errors occurring.

Staff routinely recorded their near misses. They were collectively reviewed every month by the regular pharmacist and details were shared with the team. An annual patient safety report was seen completed with key learning points recorded. Staff explained, that to minimise risks, medicines involved in previous errors had been separated and highlighted. This included creating designated boxes for pregabalin and different strengths of prednisolone.

The pharmacy held a range of documented standard operating procedures (SOPs) to support the provision of its services. The SOPs were reviewed between 2017 and 2019, staff had read and signed them, they understood their roles, responsibilities and limitations and knew when to refer to the pharmacist. The correct RP notice was on display and this provided people with details of the pharmacist in charge of operational activities on the day.

People were informed about the pharmacy's complaints process as details were on display. Incidents were handled by pharmacists and their process was in line with company's requirements. Records for previous incidents were seen, the last error involved the wrong strength of a medicine being supplied, the root cause was due to the similarity of the packs, the medicines involved were separated, and staff made aware.

There was no confidential material left within areas facing the public. Staff described using the consultation room if people needed to discuss details in private. They segregated confidential waste before this was disposed of through an authorised carrier and details on dispensed prescriptions awaiting collection were not visible from the retail area. The pharmacy informed people about how their privacy was maintained. Some members of the team required prompting about how they safeguarded the welfare of vulnerable people, they could not readily identify signs of concern but would refer to the RP in the event of a concern. The RP was trained to level two via the Centre for Pharmacy Postgraduate Education and some of the team described being trained through completing a

relevant module on the company's intranet. There were contact details for the local safeguarding agencies present and information on display to guide staff about this.

Most of the pharmacy's records were maintained in line with statutory requirements. This included records of emergency supplies, a sample of registers seen for controlled drugs (CD) and records of unlicensed medicines. For CDs, balances were checked and documented every week. On randomly selecting CDs held in the cabinet, their quantities matched entries in corresponding registers. However, there were missing details of prescribers and sometimes incorrect information recorded in the electronic record for supplies made against private prescriptions.

The maximum and minimum temperatures for the fridge were checked every day and records were maintained to verify that medicines were being stored appropriately here. Staff kept a record of CDs returned by people and destroyed by them although there was the occasional missing entry of destruction seen. The pharmacy's professional indemnity insurance was through the National Pharmacy Association. This was due for renewal after 30 April 2020.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. The pharmacy now ensures that all its team members are undertaking appropriate training for their roles. And, team members are provided with ongoing training to help keep their skills and knowledge up to date.

### Inspector's evidence

The staffing profile consisted of a regular pharmacist, three trained dispensing assistants and three medicines counter assistants (MCAs), two of whom were trained through accredited routes. One of the dispensing assistants was undertaking accredited training for the NVQ 3 in dispensing and another was training to become an accuracy checking technician (ACT). There was also a delivery driver. A company employed RP, one dispensing assistant and two MCAs were present during the inspection. Team members usually covered each other for annual leave or absence. However some members of the team were on annual leave or taking exams at the point of inspection and this had left the team slightly short staffed. Although the pharmacy was busy at times, they were managing the workload appropriately. Name badges were worn by staff and certificates for the team's qualifications obtained were seen.

One of the MCAs was serving people with medicines, handing out dispensed medicines and was also responsible for selling the beauty range. They described being supervised by the pharmacist and had worked at the pharmacy for the past year. At the point of inspection, they had not been enrolled onto accredited training to support this activity. This was not in line with the GPhC's minimum training requirements which specifies that any assistant given delegated authority to carry out certain activities should have undertaken or be undertaking an accredited course relevant to their duties within three months of commencing their role. This was discussed at the time and immediately following the inspection, the regional manager provided evidence that they had subsequently been enrolled onto the appropriate training.

Trained staff asked some relevant questions before they sold over-the-counter (OTC) medicines, if they were unsure, they asked the RP and demonstrated a suitable amount of knowledge of OTC medicines. Staff in training completed their course material at work and described receiving set aside time for this. To assist with ongoing training needs, team members used resources from the company on their intranet system and described completing modules and quizzes. Members of the pharmacy team described sometimes having formal appraisals with their regional manager. According to the RP, there was an expectation to complete the maximum number of MURs and to deliver the private services where possible. This was described as manageable.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a professional environment for the delivery of its services. The pharmacy is kept secure from unauthorised access. And, there is plenty of space available for its services to be provided safely.

### Inspector's evidence

The pharmacy premises consisted of a spacious retail area and an open plan dispensary at the rear, with stock and staff areas at the very rear. There was plenty of space available to dispense and carry out the pharmacy's activities. The pharmacy was professional in appearance and clean although the dispensary floor required sweeping. It was suitably lit and well ventilated. However, there were some bulky dispensed prescriptions awaiting collection that were stored directly on the floor. This meant that medicines could potentially be damaged, or they could be a trip hazard.

Most Pharmacy (P) medicines were stored behind the front counter although some were stored in boxes in the retail space. Staff stated that people did not usually try to help themselves and counter staff were always within the vicinity. The pharmacy premises included a signposted consultation room. This was kept locked when not in use and one entrance led into the pharmacy's back areas. Confidential information was appropriately contained within the room and the space was of a suitable size for its intended purpose.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services in a safe manner. The pharmacy sources, stores and manages its medicines appropriately. And, the pharmacy team makes suitable adjustments to help people with different needs access the pharmacy's services.

### Inspector's evidence

The pharmacy could be accessed at street level through an automatic front door. There were clear, open spaces and wide aisles inside the pharmacy. This helped people with wheelchairs to easily access the pharmacy's services. Three seats were available for people waiting for prescriptions or services. Staff used written details to help communicate with people who were partially deaf, and they explained details verbally or physically assisted people who were visually impaired. Team members signposted people to other organisations from their own local knowledge of the area and they could use online information. There were some leaflets on display and the pharmacy's opening hours were listed on the front door.

The pharmacy had recently started to provide an extensive range of private services against Patient Group Directions (PGD). PGD information for the services were readily available and had been signed by the regular pharmacist. The RP explained that influenza vaccinations were popular because of the convenience provided by the pharmacy setting. The consultation room was used, informed consent was obtained, and risk assessments were completed before vaccinating. Once people were vaccinated and they were asked to wait in the pharmacy for ten minutes and details were shared with their GP provided their consent was obtained. Equipment to safely provide the service was present. This included adrenaline in case of a severe reaction to the vaccine.

During the dispensing process, the team used baskets to hold prescriptions and medicines. They were colour co-ordinated to help identify priority and different types of prescriptions. Dispensing audit trails were used to identify staff involved in various processes. This was through a facility on generated labels. The team stored prescriptions once they were assembled inside an alphabetical retrieval system. Fridge items and CDs (Schedules 2 to 4) were identified using stickers. Assembled CDs that required safe custody, compliance aids and fridge lines were stored within clear bags, this helped to assist with identifying the contents when they were handed out.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare and AAH. Unlicensed medicines were obtained through Eaststone Specials. Staff had some knowledge about the processes involved for the EU Falsified Medicines Directive (FMD) and described the pharmacy decommissioning medicines that had been received from one wholesaler only.

Medicines were date-checked for expiry every week and a schedule was available to verify the process. Short-dated medicines were identified using stickers. There were no mixed batches or date-expired medicines seen. Liquid medicines were marked with the date upon which they were opened. Medicines requiring cold storage were stored appropriately in the fridge and CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight. Drug alerts were received by email. The process involved checking for stock, acting as necessary and an audit trail was present to verify the process.

Medicines returned for disposal were stored within designated containers, this included hazardous and cytotoxic medicines and there was a list available for the team to readily identify as well as separate the latter. People returning sharps to be disposed of, were referred to the local council. Returned CDs were brought to the attention of the RP, they were segregated in the CD cabinet prior to destruction and relevant details were entered in a CD returns register.

People prescribed higher-risk medicines were identified, counselled, relevant parameters were checked, and details documented according to the team. The team asked about the International Normalised Ratio (INR) level for people prescribed warfarin. However, no records were seen to verify this, and this process did not take place for people receiving deliveries. Staff were aware of the risks associated with valproates, there was literature available to provide to people upon supply of this medicine and staff explained that no prescriptions had been seen for females at risk.

Medicines were supplied to people within compliance packs after assessing the person's suitability for them and liaising with their GP. The pharmacy ordered prescriptions on behalf of people and when received, details on prescriptions were cross-referenced against individual records to help identify any changes or missing items. They checked with the prescriber and audit trails were maintained to verify this. Patient information leaflets (PILs) were routinely supplied, descriptions of medicines within the compliance aids were provided and all medicines were de-blistered into them with none left within their outer packaging. Mid-cycle changes involved compliance aids being retrieved, amending, re-checking and re-supplying them.

The pharmacy provided a delivery service and it kept records to help demonstrate and verify the process. CDs and fridge items were highlighted. People's signatures were obtained when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy with notes left to inform people about the attempt made and medicines were not left unattended. The driver had read the relevant SOP and explained that he had been trained by shadowing the previous driver.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment helps to protect people's privacy and is generally kept clean.

### Inspector's evidence

The pharmacy was appropriately equipped with suitable equipment. This included a range of clean, crown-stamped conical measures for liquid medicines, counting triangles as well as a separate triangle for cytotoxic medicines. One of the triangles however had tablet residue and required cleaning, this meant that there was a risk of cross-contamination. The sink used to reconstitute medicines was clean but had some lime-scale. There was hot and cold running water available as well as hand wash present. The medical fridge was operating at appropriate temperatures for the storage of medicines and the CD cabinet was secured in accordance with statutory requirements.

The dispensary only contained previous versions of reference sources although staff could access online resources and the RP thought that the consultation room contained the most current versions. These were not seen. Computer terminals were positioned in a manner or location that restricted or prevented unauthorised access. There were also cordless phones which enabled private conversations to take place away from the retail space if required. Staff used their own NHS smart cards to access electronic prescriptions and took them home overnight.

### 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.