

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: 30/06/2022

Pharmacy context

This is a community pharmacy located in the town centre of Petersfield, Hampshire. The pharmacy dispenses NHS and private prescriptions. It offers a range of services including providing multi-compartment compliance aids to people if they find it difficult to manage their medicines. The pharmacy is part of the Day-Lewis group.

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	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
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 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 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 in place to protect people if things go wrong. The pharmacy team protects the welfare of vulnerable adults.

Inspector's evidence

The pharmacy had written procedures in place and these had been updated and were in the process of being read and signed by the team. There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded and reported to the superintendent pharmacist. The pharmacy team kept a near miss mistake log in the dispensary. And the assistant manager demonstrated that this had been reviewed regularly and errors discussed with staff members to ensure appropriate reflection and learning. Particularly in relation to look-alike and sound-alike (LASA) medicines. 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 individual baskets 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.

The pharmacy team understood what their roles and responsibilities were when questioned. The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. A risk assessment had been carried out in relation to the impact of COVID-19 on the pharmacy and its services. Face masks and PPE were available for the team and hand sanitiser was readily available for people entering the pharmacy to use. There was a business continuity plan in place.

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 had received positive online comments about the staff and the pharmacy services.

A certificate of public liability and indemnity insurance was on display.

Electronic records of controlled drugs (CD) and patient returned controlled drugs were kept. The CD balance was checked regularly. There were some out of date CDs that had been separated from regular CD stock and labelled appropriately. The responsible pharmacist (RP) record was generally correctly completed although on a few occasions the RP had forgotten to sign out at the end of the day. The RP notice was displayed and could be clearly seen by the public. There were two fridges in use and temperatures were recorded and monitored daily. Date checking of medicine stock was carried out and records were kept to demonstrate this. The emergency supply and specials records were maintained

appropriately.

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.

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. The pharmacist and two technicians working had completed CPPE level 2 safeguarding training. Contact details for local safeguarding advice, referral and support were available for the staff to use should the need arise.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team has the appropriate skills, qualifications and training to deliver services safely and effectively. Despite being short of staff the pharmacy team members work well together and prioritise their work to ensure that patient care is prioritised. Going forward it is important that support is provided to ensure that staffing levels are maintained. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

During the inspection there was a locum pharmacist, two pharmacy technicians, a relief dispenser and one trained counter assistant present. They were all seen to be working well together however due to long standing members of the team leaving and holiday, some activities for example tidying the dispensary had fallen behind. In addition the pharmacy was currently closing at lunchtimes to enable the team to help catch up with outstanding issues and any backlog. Steps are being taken to recruit additional staff to ensure resilience in the service.

Staff performance was monitored and reviewed and they kept their knowledge up to date in a variety of ways including the Day Lewis training academy and this was monitored by training department and followed up by the area manager if necessary.

Bulletins were regularly released from head office and staff would read and discuss these. The pharmacy team received time to complete any required training.

The team explained that they held briefings to update staff on any developments and to enable them to individually feedback any concerns around the operation of the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and it provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team take appropriate steps to reduce the risk of COVID-19 infection.

Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. Fixtures and fittings were appropriate for the service provided and the pharmacy was generally clean and was presented in a professional manner. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing. There was a plastic screen separating the retail area from the dispensary. The consultation room was clean and appropriate checks were made on patients' current health including having their temperatures taken before entering it.

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 to all people and effectively managed and safely delivered. The pharmacy obtains, stores and supplies its medicines to people appropriately and safely.

Inspector's evidence

Pharmacy services were detailed in leaflets and posters available around the pharmacy. 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 team supplied multi-compartment compliance packs for around 40 people for use in their own homes.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to people who may become pregnant. The staff explained that they 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.

The pharmacy used recognised wholesalers such as Day Lewis, AAH and Alliance healthcare to obtain medicines and medical devices. Specials were ordered via Eaststone specials. Invoices from these wholesalers were seen. The pharmacy team had access to destruction kits for the destruction of controlled drugs.

Designated bins were available and being used for the disposal of medicines returned by patients. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

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 were received and actioned appropriately by the pharmacy team. 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. Measures were seen to be clean.

Medicines bottles were capped when stored and there were counting triangles available for use.

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. The pharmacy had adequate supplies of personal protective equipment for staff.

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.