

Registered pharmacy inspection report

Pharmacy Name: Daynight Pharmacy Ltd, 41 Sherrard Street,
MELTON MOWBRAY, Leicestershire, LE13 1XH

Pharmacy reference: 1116805

Type of pharmacy: Community

Date of inspection: 01/09/2021

Pharmacy context

This is a community pharmacy situated on the high street of a small town. Most of its 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 home. Other services that the pharmacy provides include the substance misuse service and delivering medicines to people's homes. 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
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

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 manages people's personal information safely. The pharmacy mainly has adequate procedures to learn from its mistakes. But it doesn't always record learning points or record the regular review of its mistakes so it could be missing opportunities to learn from them.

Inspector's evidence

The pharmacy had a set of up-to-date electronic standard operating procedures (SOPs). They had been read by the pharmacy team who mainly followed them. For example, the staff were observed following the SOP relating to dispensing medicines. But the 'dispensed by' and 'checked by' boxes on the dispensing labels were not always filled in. The SOPs seen were not fully comprehensive, for example they did not clearly show how often running balance audits of the Controlled Drug (CD register) should be carried out.

The dispensing assistant asked had a good understanding of how to sell medicines safely. She was aware that prescriptions had a six-month validity from the date on the prescription apart from controlled drugs (CDs) which had a 28-day validity. However, prescriptions waiting collection that contained a CD were not highlighted which increased the risk that they might be handed out beyond their 28-day validity. The pharmacy manager said that she would consider highlighting these prescriptions.

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 a near miss log. Learning points and action taken were not routinely recorded. There were no records available for April, May and June. The pharmacist said that these records had been shredded. The pharmacist said that the near miss log was reviewed regularly, and learning points were discussed with the team. But, a record of these wasn't made.

The pharmacy adequately maintained appropriate legal records to support the safe delivery of its services. CDs people had returned were recorded in accordance with requirements. Out-of-date CDs were clearly separated. Dispensed CDs waiting collection in the CD cupboard were clearly separated and the corresponding prescriptions were in date. An audit of a random CD showed that the running balance in the register and the quantity in the CD cupboard matched. The pharmacy displayed who the RP in charge of the pharmacy was. The RP record mostly showed who the RP in charge of the pharmacy had been. The pharmacy was split into two shifts and recently the pharmacist on the second shift did not always complete the record which created an incomplete audit trail. The pharmacist said he would make sure that he made the required entries.

The pharmacy had appropriate professional indemnity insurance. There was a complaint procedure in place. Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. Access to the patient medication record was password protected. Confidential paperwork was stored securely. Confidential waste was shredded. The pharmacist was aware of safeguarding

requirements; but didn't have local contact details. She subsequently confirmed that they were now available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work well together and adequately manage the workload within the pharmacy. They are suitably trained for the roles they undertake. Team members can raise concerns if needed.

Inspector's evidence

During the inspection the pharmacy team adequately managed the day-to-day workload. There were two pharmacists and three trained dispensing assistants present. Staff said they could raise concerns if necessary. Team members had ongoing informal training from the pharmacist to keep their skills and knowledge up to date. For example, they had received training on the supply of Covid-19 lateral flow tests.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. The pharmacy makes changes to help keep staff and people using the pharmacy safe during the pandemic.

Inspector's evidence

The pharmacy was maintained to a suitable standard. The pharmacy had an air conditioning system to maintain a suitable temperature; there was adequate lighting and hot and cold running water was available. The dispensary was a suitable size for the services provided, there was a separate area for assembling multi-compartment compliance packs which was also suitable.

The pharmacy had appropriate processes in place to support safe working during the Covid-19 pandemic. The pharmacy had a sign on the door which restricted access into the pharmacy to one person at a time. There was counter to ceiling clear plastic screening at the pharmacy counter to provide re-assurance to both the staff and the customers. There was hand sanitiser available. The pharmacy was cleaned daily. The pharmacy team were having twice weekly Covid-19 lateral flow tests. They didn't report the results to NHS England; the pharmacist said she would check if this was still required. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers healthcare services which are mainly adequately managed and are accessible to people. The pharmacy has changed the way it provides services during the Covid-19 pandemic to keep its staff and the people who use its services safe. The pharmacy gets its medicines and medical devices from reputable sources. It mainly stores them safely and it takes the right actions if medicines or devices are not safe to use to protect people's health and wellbeing. But, the pharmacy does not routinely highlight prescriptions for higher-risk medicines. This could make it harder for staff to identify these prescriptions and provide the information people need to take these medicines safely.

Inspector's evidence

The pharmacy team understood the signposting process and used local knowledge to direct people to local health services. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacist gave a range of advice to people. Examples she gave included advice about changes in dose, new medicines or interactions. She also gave advice to people taking higher-risk medicines such as warfarin, lithium and methotrexate. But prescriptions for these medicines were not routinely highlighted which could make it harder for staff to identify these prescriptions and provide people with up-to-date information about the medicines they were taking. The pharmacist said she would review the process.

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 completed each task. The pharmacy also used baskets during the dispensing process to keep medicines and prescriptions separated to reduce the risk of a mistake being made. 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. The compliance packs seen had the colour and shape of medicines recorded to make them easily identifiable. Occasionally the identifier was wrong because a different brand of the medicine was used; the dispenser usually changed the identifier, but this didn't always happen. Patient information leaflets were not sent every month.

Medicines were stored on shelves tidily and mainly in original containers. However, some original containers had cut blisters from other containers and other brands. This increased the risk of out-of-date or recalled medicines being supplied. The pharmacist said she would review this process. Some bottles of liquids had the dates that they had been opened recorded, but some bottles were seen that had a shorter expiry date once opened that didn't have the opening date recorded. The pharmacist said that she would remind staff to record the date when opening a bottle. Date checking was carried out regularly, a sample of medicines checked were in date. CDs were stored appropriately.

The pharmacy team had only recorded the current fridge temperature for the last two months rather than the maximum and the minimum temperatures. The records had been made on a daily basis and the temperature recorded was within the range of 2 and 8 degrees Celsius. The current fridge temperature of both fridges was also within the required range, but the maximum temperature of the thermometers was above the range. The pharmacist said that she would remind staff of the need to record the maximum and minimum fridge temperatures and would review the fridge temperatures to make sure they were accurate.

The pharmacy only used recognised wholesalers to supply them with medicines. The pharmacy delivered medicines to some people. The person delivering the prescription maintained appropriate distance due to the pandemic. The pharmacy had a procedure 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 it offers safely.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. It had up-to-date reference sources. The pharmacy had two fridges. Records showed that portable electrical equipment had been recently safety tested.

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.