

Registered pharmacy inspection report

Pharmacy Name: Day Night Pharmacy, 20 Albion Street, BRIERLEY HILL, West Midlands, DY5 3EE

Pharmacy reference: 1119569

Type of pharmacy: Community

Date of inspection: 30/01/2020

Pharmacy context

This community pharmacy is located opposite a GP surgery, on the outskirts of the town centre. It dispenses prescriptions and sells a range of over-the-counter (OTC) medicines. It supplies some medicines in multi-compartment compliance aid packs to help make sure people take them at the correct time. And it offers a home delivery service. The pharmacy also provides Medicines Use Reviews (MURs) and a substance misuse treatment service.

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 identifies and manages risks adequately. It keeps people's private information safe and maintains the records it needs to by law. Pharmacy team members are clear about their roles and responsibilities and they understand how to raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOP) covering operational tasks and activities. The procedures were due to be reviewed and did not always define the responsibilities of individual staff members. Signature logs confirming staff acknowledgement and understanding of the procedures were sometimes incomplete, but through discussion team members demonstrated an understanding of their individual roles in the pharmacy and were clear about the activities which were permissible in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance covering pharmacy services provided by the National Pharmacy Association (NPA).

The pharmacy kept records of near misses. The team were comfortable in recording the details of near misses that they were involved with and said that the superintendent pharmacist reviewed the log periodically. A dispenser discussed some medications which had been separated in response to previous mistakes. A procedure was available to support the recording of dispensing incidents. This was discussed with the pharmacist and some previous records of dispensing incidents were reviewed which indicated that appropriate action had been taken.

The pharmacy had a complaint procedure and records were seen where responses had been submitted to previous concerns that had been raised. A dispenser said that comments and reviews could be recorded via the internet and the pharmacy had also previously participated in a Community Pharmacy Patient Questionnaire (CPPQ). The results of the most recent survey were not seen.

The correct RP notice was displayed near to the medicine counter and the RP log was in order. As were records for emergency supplies and private prescriptions and specials procurement records, which provided an audit trail from source to supply. Controlled Drugs (CD) registers kept a running balance and regular balance checks were carried out. A patient returns CD register was in place and previous destructions had been signed and witnessed.

The team discussed how they kept people's private information secure. They said that conversations regarding confidentiality had taken place, so they were clear what this meant. Confidential waste was shredded on the premises and completed prescriptions were filed out of public view. The pharmacy was registered with the Information Commissioner's Office (ICO) and a valid certificate was displayed. Some team members held their own NHS smartcards and others advised that they were taking the necessary steps to apply for a card. The smartcard of the superintendent pharmacist was present in a dispensing terminal on the day. The pharmacist was not present, and this may indicate that cards are not always suitably secured when not in use.

Some safeguarding information was held in the SOP folder and the pharmacist informed the inspector that he was in the process of updating his current safeguarding training. He discussed some of the types of concerns that he might be watching for and the contact details of local agencies were available to support the escalation of concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together to effectively manage the dispensing workload. They can provide feedback on pharmacy services which is used to make improvements and they are suitably trained for the jobs that they do. But they have limited access to ongoing learning and development, so some individuals may find it more difficult to keep their knowledge up to date.

Inspector's evidence

On the day of the inspection the regular pharmacist was working, alongside three dispensers. The pharmacy also employed another dispenser who was not present. This was the average staffing level for the day and staffing levels were planned so that more staff were present during core working hours, to help make sure the workload was suitably managed. The dispensing workload on the day was managed adequately and team members confirmed that there was no backlog in dispensing. They completed leave requests which were reviewed and approved in line with restrictions which were set, and the team then arranged any necessary cover amongst themselves. Cover had already been planned for some upcoming paternity leave.

The sale of medications was discussed with a dispenser. For a range of products, the dispenser explained the questions that she would ask to help make sure sales were suitable and she described the additional counselling that would be provided. Any concerns were referred to the pharmacist. The dispenser discussed some medications which may be considered high-risk and provided a suitable response to a scenario regarding the supply of pseudoephedrine-based medications.

Pharmacy team members were qualified for the roles in which they were working, and one team member was completing a dispensary training programme with the NPA. Most of the work for this was completed outside of working hours, but the pharmacist said that support was available from the pharmacy, if required. Additional ongoing learning and development was limited. The pharmacist attended meetings in the local area and then provided the team with any relevant updates. A recent event that had been attended was provided by the local drug and alcohol team. Some team members had completed one-to-one development reviews with the pharmacist, but records of this were not available. Development was also reviewed on an ongoing basis and any issues were discussed at the time they were identified. The regular pharmacist and the superintendent pharmacist, who also worked at the pharmacy discussed training and development regularly, and there were plans in place for a dispenser to be enrolled on an NVQ3 pharmacy technician training programme for further career progression.

The pharmacy team worked together closely as a team. They were happy to raise concerns and provide feedback and they discussed some changes that had been made to adapt the provision of multi-compartment compliance aid packs. This had taken place following difficulties which had been experienced when two long standing team members had left. There were no formal targets in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is suitably maintained for the provision of healthcare services. It has a consultation room to enable it to provide members of the public with access to an area for private discussions.

Inspector's evidence

The pharmacy was in a suitable state of repair and portrayed a professional appearance. Repair work to address any maintenance concerns was arranged by the pharmacist or the superintendent pharmacist. And pharmacy team members completed daily housekeeping duties. On the day the pharmacy was generally clean and tidy. There was adequate lighting and the temperature was suitable for the storage of medicines.

The pharmacy retail area stocked a range of goods which were in-keeping with a healthcare-based business and pharmacy restricted medicines were secured from self-selection. Near to the pharmacy entrance was a section which displayed a range of health promotion literature and chairs were available for use by people waiting for their medicines. Off the retail area, there was an enclosed consultation room. The room was not clearly advertised so people may not always be aware that it is available, and the door had a glass panel, which was not covered and could impact on people's privacy. The room was otherwise suitably maintained and had a desk and seating to facilitate confidential discussions.

The dispensary had an adequate amount of space for the current dispensing workload. The main dispensary work area had two labelling terminals and an adjacent work bench was used for dispensing. The pharmacist used a separate island work bench for accuracy checking, to ensure clear segregation. Further dispensing space was available in a rear area of the pharmacy if required. The pharmacy had a sink for the preparation of medicines, which was equipped with suitable cleaning materials.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible and suitably managed so that people receive appropriate care. But pharmacy teams do not routinely identify people on high-risk medications. So, some people may not get all the information and advice they need about their medicines. The pharmacy sources medicines appropriately and team members carry out some checks to make sure medicines are fit for supply.

Inspector's evidence

The pharmacy had step-free access. The manual door was visible from the medicine counter and team members provided assistance to anyone that needed it. Additional adjustments could be made for people with different needs including the provision of large print labels from the pharmacy computer system.

A leaflet was available on the medicines counter, which listed some of the pharmacy's services, but this needed updating as it incorrectly stated that the pharmacy provided services such as blood glucose testing, which were no longer available. A range of health promotion literature was displayed, and pharmacy team members had access to some information to support signposting.

Colour coded baskets were used to separate prescription forms and prioritise the dispensing workload. Signatures were not always kept recording the full details of those involved in dispensing and checking, which may make it difficult to identify those involved in the process. And original prescription forms were not always retained until the point medications were collected. This may mean that access to some important information is not available at the time of supply. The pharmacy had several stickers to identify prescriptions which may require additional counselling and monitoring. Prescriptions for CDs were highlighted, but this did not include schedule 3 and 4 CDs, which are not subject to safe custody requirements. This may increase the risk that a supply could be made beyond the valid 28-day expiry date. Prescriptions for high-risk medicines were not routinely identified for additional counselling and records of monitoring parameters were not maintained. The pharmacist was aware of the risks of valproate-based medicines in people who may become pregnant. The team had previously read the relevant guidance on the safety warnings and the safety literature was available in the pharmacy, but the the team members were not always clear on when it should be supplied. This was reinforced on the day and the team were advised to re-read the guidance issued by the Medicines and Healthcare products Regulatory Agency (MHRA).

The pharmacy ordered repeat prescriptions for people who used multi-compartment compliance aid packs. The pharmacy team ordered medications for compliance packs using the Patient Ordering Direct (POD) system which operated in the area. Requests for external and 'when required' medicines were placed at patient direction. The pharmacy kept a record of requests to ensure that all prescriptions were returned. No high-risk medications were placed into compliance packs. The team said that packs were usually requested by a local practice pharmacist, to help people with compliance issues. Completed packs had an audit trail for dispensing, the labelled backing sheets were loose, which may

increase the risk of them being misplaced and the backing sheets did not routinely record descriptions of individual medicines, which may make them more difficult to identify. Patient leaflets were not always supplied as they should be. So people may not get all the information they need about their medicines.

Signatures were obtained for deliveries that were made to patients and a card was left for any patient who was not in. Medications were then returned to the pharmacy. A few delivery records were noted to state that medication should be posted if there was no answer. This was not in keeping with the pharmacy SOPs. The pharmacist discussed the checks that would be made to make sure that this was suitable, but audit trails confirming the checks were not routinely kept.

Stock medications were sourced through licensed wholesalers and specials from a licensed manufacturer. Stock medications were stored in the original packaging provided by the manufacturer. Medications were generally organised, and team members completed regular date-checking, where short-dated medications were highlighted. No expired medicines were identified during random checks of the pharmacy shelves. Obsolete medicines were placed in suitable medicines waste bins. The pharmacy was not fully compliant with the requirements of the European Falsified Medicines Directive (FMD). A scanner was available to enable compliance, but the pharmacist confirmed that verification and decommissioning checks were not taking place. Alerts for the recall of faulty medicines and medical devices were received via email. Action had been taken in response to a recent alert that had been received. Stock had been segregated for return and an audit trail was maintained, recording the actions that had been taken.

CDs were stored securely, and expired medicines were clearly segregated from stock. CD denaturing kits were available for use. The pharmacy had two refrigerators which were both equipped with maximum and minimum thermometers. The temperature for the main refrigerator was checked and recorded each day. But records sheets for a second fridge could not be located. The pharmacist addressed this issue during the inspection. Both refrigerators were within the recommended range on the day.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services and its team members use equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy team had access to paper-based reference materials and internet access was available for additional research. Access was also available to NPA information services, to help with additional queries. The pharmacy had a range of measuring cylinders available for use and counting triangles for loose tablets were clean and suitably maintained.

Electrical equipment was in working order and computer systems were password protected. Screens faced away from public view to help protect privacy and a cordless phone was available to enable conversations to take place in private.

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.