

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: 05/02/2024

Pharmacy context

This community pharmacy is located opposite a medical centre, on the outskirts of the town centre. It dispenses prescriptions and sells medicines over the counter. The pharmacy provides additional services including Pharmacy First, blood pressure testing and a substance misuse service. The pharmacy supplies some medicines in multi-compartment compliance aid packs, to help make sure people take their medicines at the right time.

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 keeps the records it needs to by law, and it has systems to help ensure people's information is kept safe. Pharmacy team members record their mistakes to help them learn and improve. And the pharmacy has procedures to help ensure that team members work safely. But not all team members are familiar with the procedures, so they may not always work as effectively as they could.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering the tasks and activities in the pharmacy. The procedures did not always contain clear version control details, so it was difficult to identify when they were last reviewed. The pharmacist, who was also the superintendent (SI) pharmacist estimated that he had last reviewed the procedures in 2021. Training sheets had been signed by a few of the pharmacy team members, but other signatures were missing, and one team member confirmed that she had not yet read the procedures since she began working in the pharmacy a few months ago. Through discussion, team members demonstrated an understanding of their roles and responsibilities. But one dispenser was not sure about selling medicines in the absence of a responsible pharmacist (RP). It was confirmed that there was always a pharmacist present on the premises and the pharmacist agreed to review RP regulations with all team members as a priority. The pharmacy had professional indemnity insurance and a certificate displayed was valid until January 2025.

Near misses were discussed when they were identified. Team members then recorded any mistakes on a near miss log. The pharmacist reviewed the log periodically to help identify any underlying trends, but a record of this was not kept as an audit trail. The pharmacy had incident report forms to support the investigation of any dispensing incidents. The pharmacist confirmed that there had been no recent incidents, but previous forms were available for review and where necessary incidents involving controlled drugs (CDs) had been reported to the CD accountable officer.

People using the pharmacy's services could provide feedback verbally to team members. And any concerns were referred to the pharmacist on duty. People could also provide feedback through online reviews.

The correct RP notice was clearly displayed near to the medicine counter. And a paper RP log was in order. CD registers were held electronically, and a running balance was maintained. Recent balance checks had been completed. Records for the supply of private prescriptions and unlicensed specials were generally in order.

Pharmacy team members had a general understanding of confidentiality and they had completed some previous training. A dispenser explained how people's private information was kept safe and there was a shredder for the disposal of confidential waste. However, a few discarded labels were found in a standard waste bin. These were immediately removed and placed for confidential disposal once

identified. And there were some team members who did not yet have their own NHS Smartcards. The pharmacist agreed to ensure these were applied for.

The pharmacist had completed safeguarding training and the contact details of local safeguarding agencies were accessible if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members feel comfortable raising concerns and providing feedback. They are suitably trained for the roles in which they are working. But they do not receive regular ongoing learning and development opportunities. So, the pharmacy may not always be able to show how team members keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team comprised of the pharmacist and three dispensers. The pharmacy also employed two additional dispensers who were not present. The workload appeared manageable at the time of the inspection. Pharmacy team members worked set hours and levels of staffing were arranged so that more support was available on the busier days within the pharmacy. The pharmacist confirmed that the workload was manageable, and the team were up to date with dispensing. Leave within the pharmacy was planned in advance and restricted in order to help maintain suitable staffing levels.

Pharmacy team members were trained for their roles and one trainee dispenser was enrolled on a suitable training programme. One dispenser was currently completing a pharmacy technician training programme, but additional structured ongoing learning and development opportunities were limited. Team members had received some information on services which had recently launched in the pharmacy, such as Pharmacy First and blood pressure monitoring, but other training was ad hoc and the last training records available were from 2022. Team members had not had any recent appraisals. The pharmacist explained that he had plans to complete these in the coming months, but he would usually speak to team members about their development informally, and on an ongoing basis.

Sales of medication were discussed, and a dispenser clearly explained the questions he would ask to help make sure sales were safe and appropriate. The team member was aware of some high-risk medications which may be susceptible to abuse and misuse and any concerns were referred to the pharmacist.

There was an open dialogue amongst pharmacy team members. And they were happy to provide feedback and raise concerns to both of the regular pharmacists.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is well maintained and provides a suitable environment for the delivery of healthcare services. It has a consultation room, so people can speak to pharmacy team members in private.

Inspector's evidence

The pharmacy was suitably maintained and in a good state of repair. Any maintenance issues were escalated to the pharmacist to resolve. There was adequate lighting throughout the premises and the ambient temperature was suitably controlled. Team members had access to WC facilities, which were equipped with suitable handwashing materials.

There was a small retail area, which stocked a range of goods that were suitable for a healthcare-based business. Pharmacy restricted medicines were secured behind the medicine counter. And chairs were available for use by people waiting for their medicines. There was a consultation room available near to the medicine counter. This was not clearly signposted, so people may not always be aware of its availability. The room was compact, but it was equipped with a desk and seating to facilitate private and confidential discussions.

The dispensary had been recently extended and it provided sufficient space for the current volume of work. There were defined spaces for dispensing and checking as well as additional storage areas which helped to keep work benches free from unnecessary clutter.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy's services are accessible and suitably managed. But team members could do more to help to ensure people on high-risk medicines, or those using compliance aid packs, get all of the information they need about their medicines. The pharmacy gets its medicines from reputable sources and team members complete some checks to help make sure that medicines are fit for supply. But they do not always keep records of this. So, the pharmacy may not always be able to demonstrate that it stores and manages medicines appropriately.

Inspector's evidence

The pharmacy had a step free entrance available from the main street. The manual door was visible from the medicine counter, so people who required assistance could be identified. There was a limited amount of advertisement of the pharmacy's services. Some additional health promotion literature was also displayed.

Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. Team members signed 'dispensed' and 'checked' boxes as an audit trail to identify people involved in the dispensing process. Prescriptions for high-risk medicines were not routinely identified for additional counselling and prescriptions forms were not routinely kept alongside medicines until the point of collection. This could mean that some opportunities to provide additional counselling may be missed. The pharmacist was aware of recent changes regarding the supply of valproate-based medicines and explained that this had also been discussed with pharmacy team members. Stickers were used to identify some prescriptions for CDs, 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 prescription could be supplied after the valid 28-day expiry date.

Pharmacy team members ordered prescriptions for people who received their medicines in compliance aid packs. Each patient had a master record of medication which was updated with the details of any changes. Completed compliance aid packs seen had an audit trail for dispensing, but they did not routinely contain descriptions of individual medicines. So, people may not always be able to clearly identify their medicines. And patient leaflets were not always supplied.

The pharmacist completed blood pressure testing and the machine appeared to be well maintained. He discussed one previous referral that had been made to the GP surgery, which had resulted in treatment being initiated. The pharmacist had completed training for the provision of the Pharmacy First service. Copies of the patient group directives for each part of the service were available for reference, but they had not yet been signed.

The pharmacy sourced its stock from a variety of wholesalers and unlicensed specials from a specials manufacturer. A date checking schedule was in place, but team members were slightly behind with checks. Examples were seen where short-dated medicines had been highlighted and recorded, so that they could be removed from the shelves before their expiry. One expired medicine was identified

during random checks of the dispensary shelves. This was removed and placed in a suitable medicines waste bin. Alerts for the recall of faulty medicines and medical devices were received via email. But the system was not always checked daily, so the pharmacy may not always be able to action alerts within the appropriate timeframe, should an urgent alert be received. And they did not keep an audit trail to show the action taken in response to alerts. Team members agreed to action both of these points moving forward.

The two refrigerators were within the recommended temperature range and fridge temperature logs were kept. Recent records were in order but there were occasional gaps in the records for previous months. CDs were stored securely, and random balance checks were found to be correct.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. But it uses some plastic measures when preparing medicines which could lead to inaccuracies as they are not marked to show they are calibrated. Team members use equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to reference materials including the British National Formulary and internet access for additional research. There were a range of approved glass liquid measures available for use. However, a small number of plastic measures were also being used. The measures did not appear to be crown stamped or ISO approved, which may make it difficult for the pharmacy to demonstrate that measures are suitably calibrated.

Electrical equipment was in working order. Computer systems were password protected and screens faced away from public view. A cordless phone was available to help make sure conversations could take place in private, if required.

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.