

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, 5 Peterwood Park, CROYDON,  
CR0 4UQ

**Pharmacy reference:** 1121767

**Type of pharmacy:** Dispensing hub

**Date of inspection:** 12/12/2019

## Pharmacy context

This is a pharmacy which provides most of its services to people at a distance. The pharmacy is open five days a week. It's set in an industrial unit in Croydon. Most people who use it work at its head office. It dispenses NHS and private prescriptions. It occasionally sells over-the-counter (OTC) medicines. And it offers winter influenza (flu) vaccinations to a few people at its premises. The pharmacy also makes up multi-compartment compliance packs (blister packs) for a 'spoke' pharmacy. It provides an 'amnesty' stock service. And it receives short-dated products from the company's other pharmacies. So, they can be supplied to another pharmacy before they expire.

## 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 has written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It mostly keeps all the records it needs to by law. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They identify and manage risks appropriately. They record the mistakes they make and learn from them to try and stop them happening again. They understand their role in protecting vulnerable people. And they keep people's private information safe.

### Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions tried to keep the dispensing workstations tidy. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not delivered or sent to the 'spoke' pharmacy until they were checked by the responsible pharmacist (RP) who also initialled the dispensing label. The pharmacy had systems to record and review dispensing errors and near misses. Members of the pharmacy team discussed and recorded individual learning points when they identified a mistake. They also reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again, for example, they have separated some look-alike and sound-alike drugs to help reduce the risks of them picking the wrong product from the dispensary shelves.

The pharmacy had a clear process for its 'amnesty' stock service. Its team carefully checked the stock it received from other pharmacies to make sure each product met the service's criteria, for example, only stock with at least six months left before it expired was accepted. The products were stored in an organised fashion separately to the pharmacy's dispensing stock. The pharmacy only received and shipped products to a pharmacy owned by the same company. It kept an audit trail of the products it received and supplied. And it used a licensed wholesaler to deliver the products to the other pharmacies.

The pharmacy displayed a notice that identified the RP on duty. Members of the pharmacy team explained what they could and couldn't do and when they might seek help, for example, they wouldn't supply any prescriptions if there wasn't a pharmacist on duty. Staff roles and responsibilities were described within the pharmacy's SOPs. A complaints procedure was in place. The pharmacy team asked people who used its services for their views. And the pharmacy's practice leaflet, which was available to head office staff, told them how they could provide feedback about the pharmacy or its services. The pharmacy team tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). It didn't have any controlled drug (CD) stock at the time of the inspection. But it had a CD register. It hadn't supplied any unlicensed medicinal products.

The nature of the emergency within its records for emergency supplies made at the request of patients didn't always provide enough detail for why a supply was made. The pharmacy's RP records were generally in order. But sometimes the pharmacist forgot to record the time they stopped being the pharmacy's RP. The wrong prescriber's details were occasionally entered into the pharmacy's private prescription records.

The pharmacy had a 'Data, Security and Protection' policy in place. And its team members were required to read and sign a confidentiality agreement. Arrangements were in place for confidential waste to be collected and then destroyed securely. People's details were routinely removed from patient-returned pharmaceutical waste before being disposed of. The pharmacy had safeguarding procedures and a list of key contacts if its team needed to raise a safeguarding concern. Members of the pharmacy team were required to complete safeguarding training relevant to their roles. And they could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to provide safe and effective care. The pharmacy's team members are encouraged to keep their skills up to date. Staff are comfortable about giving feedback to improve the pharmacy's services. They use their judgement to make decisions about what is right for the people they care for. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

### Inspector's evidence

The pharmacy opened for 42½ hours a week. And it dispensed about 90 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time dispensing assistant, and a full-time and three part-time members of staff who provided the pharmacy's 'amnesty' service. The pharmacy was managed by the RP. And deliveries were made to people by either the dispensing assistant or the RP. The pharmacy relied upon relief staff and team members from one of the company's other branches to cover absences. The RP, the dispensing assistant and two 'amnesty' members of staff were working at the time of the inspection.

The pharmacy team supported each other so the workload was appropriately managed. And they didn't feel their professional judgement or patient safety were affected by company targets. The RP supervised and oversaw the supply of medicines. The pharmacist assessed the clinical appropriateness of any OTC request. The RP declined to sell an antifungal oral gel to someone who was taking anticoagulant medication. The pharmacy had an induction training programme for its team. Its team members, including 'amnesty' members of staff, needed to complete mandatory training during their employment. And they were required to undertake accredited training relevant to their roles after completing a probationary period. The pharmacy's team members discussed their performance and development needs with their line manager throughout the year and at colleague reviews. They were encouraged to ask questions and read company's newsletters. They were also encouraged to complete online training to make sure their knowledge was up to date. Staff could train while they were at work or during their own time. Team meetings were held to update staff and share learning from mistakes or concerns. The pharmacy had a whistleblowing policy in place. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. And they knew how to raise a concern if they had one. Their feedback led to changes to the way they processed prescriptions for the 'spoke' pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment to deliver its services. And its premises are clean, secure and appropriately maintained.

### Inspector's evidence

The registered pharmacy premises were located on the ground floor of an industrial unit. They were secure from unauthorised access. The pharmacy was air-conditioned, bright, clean and adequately presented. It had ample storage and workspace available for its current workload. Its dispensing workstations and storage area were separate to where 'amnesty' stock was stored. And there was flexibility with its layout. So, its storage capacity and dispensing workspace could be increased easily if needed. The pharmacy had a consultation room for the services it offered and if people needed to speak to a team member in private. It was cleaned regularly. And the pharmacy team was responsible for keeping the premises tidy. The pharmacy's sink was clean. And the building had a supply of hot and cold water. It also had appropriate handwashing facilities for the pharmacy team.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are generally safe and effective. It offers flu vaccinations and keeps records to show that it has given the right vaccine to the right person. It gets its medicines from reputable sources and it stores them appropriately and securely. Its team members mostly carry out the checks they need to. So, they can make sure the pharmacy's medicines are fit for purpose. And they generally dispose of waste medicines safely too.

### Inspector's evidence

The pharmacy provided its essential NHS services at a distance. People could contact the pharmacy by post, email or telephone. The RP counselled people over the phone or visited them in person. The pharmacy's services were advertised in its practice leaflet. The pharmacy team knew what services were offered from the pharmacy and where to signpost people to if a service couldn't be provided. The pharmacy team delivered medicines to people. And it used a licensed wholesaler to deliver the blister packs it assembled to the 'spoke' pharmacy. But it didn't always keep an audit trail for each delivery as required by the pharmacy's SOPs.

The pharmacy provided a winter flu vaccination service. The pharmacy had a valid, and up-to-date, patient group direction and appropriate anaphylaxis resources for this service. It kept a record for each vaccination. This included the details of the person vaccinated and their written consent, an audit trail of who vaccinated them and the details of the vaccine used. The pharmacy team made sure the sharps bin was kept securely when not in use. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service. The pharmacy used a disposable and tamper-evident system for people who received their medicines in blister packs. The pharmacy team checked whether a medicine was suitable to be repackaged into a blister pack. And it kept an audit trail of the person who had assembled each blister pack and who had checked it. The pharmacy team provided a brief description of each medicine contained within the blister packs. And patient information leaflets were routinely supplied. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks and short-dated products were marked. The pharmacy stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't decommissioning stock despite the pharmacy having the appropriate equipment to do so. The pharmacy's SOPs needed to be revised to reflect the changes FMD would bring to the pharmacy's processes. The pharmacy was scheduled to be FMD compliant by the beginning of next year. Procedures were in place for the handling of obsolete and patient-returned medicines and medical devices. But the pharmacy didn't have a receptacle for the disposal of hazardous waste, such as cytostatic and cytotoxic products. And a few cytostatic products were found in a receptacle intended for non-hazardous waste. The pharmacy had a process in place for dealing with alerts and recalls about medicines and medical devices. And staff described the actions

they would take and the records they would make when the pharmacy received a concern about a product.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. And, its team makes sure the equipment it uses is clean.

### Inspector's evidence

The pharmacy had a range of clean glass measures. It had equipment for counting loose tablets and capsules too. And staff made sure the equipment they used to measure or count medicines was clean before using it. The pharmacy team had access to up-to-date reference sources. And it could contact the NPA to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. Access to the pharmacy computers and the patient medication record system was restricted to authorised team members and password protected. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

### 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.