

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, Newtown Surgery, 147 Lawn Avenue, GREAT YARMOUTH, Norfolk, NR30 1QP

Pharmacy reference: 1121846

Type of pharmacy: Community

Date of inspection: 25/04/2019

Pharmacy context

The pharmacy is in a medical practice in Great Yarmouth and serves a wide cross-section of the community. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. It offers a substance misuse service to a small number of people. People can ask to have their blood pressure and blood glucose tested. The pharmacy offers a range of sexual health services including contraception under the C-Card scheme, chlamydia treatment, sildenafil and emergency hormonal contraception. It also provides malaria prophylaxis and flu vaccinations.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	3.1	Standard not met	The area used as a consultation room is accessible to members of the medical practice. This means that the pharmacy can't properly protect the items inside.
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 safe and effective working practices. It manages risk well by doing regular reviews and it keeps people's private information safe. It regularly asks people for their views and uses their feedback to improve its services. It keeps the records required by law to ensure that medicines are supplied safely and legally.

Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed monthly to identify any trends or patterns. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. The pharmacy had identified several potential risks with similarly packaged medicines such as furosemide and gliclazide.

Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist. They talked about the no-blame culture in the pharmacy where mistakes were discussed to reduce future risk.

People were encouraged to provide feedback on the annual survey. There was an electronic feedback pad on the front counter and this gave a weekly report with areas to develop. The team had introduced a cleaning rota in response to feedback and had worked to make the pharmacist more available for advice.

The pharmacy had current professional indemnity insurance in place. The pharmacy had the right Responsible Pharmacist (RP) notice on display and RP records were correctly completed. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present.

The pharmacy had a comprehensive range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents, and other pharmacy services. There was evidence that members of staff had read and signed SOPs relevant to their roles. But some of the SOPs such as those for higher risk medicines were not actively being followed.

The records examined were maintained in accordance with legal and professional requirements. These included: the electronic private prescription register (for private prescriptions and emergency supplies), records for the supplies of unlicensed medicines and the RP record. The CD registers were appropriately maintained. CD balance checks were done each week. There was also a book where patient returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards were in use. The patient medication record (PMR) was password protected and sensitive waste was generally securely disposed of. Prescriptions were stored securely in the dispensary. The team had recently undertaken training on the general data protection regulation.

The pharmacy had safeguarding procedures in place and team members described the actions that would be taken in the event of a safeguarding concern. There were contact details for the local safeguarding team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have a good understanding about their roles and responsibilities. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback and get regular appraisals to identify any opportunities for development or learning.

Inspector's evidence

There was one regular pharmacist who worked five days a week. There was one full-time trainee technician and three part-time trained dispensers. All the team members were counter trained. The pharmacy team were up-to-date with dispensing and most other routine tasks.

The pharmacy used an online training suite with a minimum of two topics each month. This included subjects such as fire safety, new products and seasonal subjects. There were annual appraisals for all team members which looked at areas where they were performing well and areas for improvement or opportunities to develop. The pharmacy team members were routinely encouraged to spot their own mistakes and were equally comfortable approaching the pharmacist in the same way. They described an open culture where the focus was learning rather than blame. The pharmacist and trainee technician were aware of the requirements for revalidation.

Team members had a suggestion page on the company intranet and these were reviewed centrally to identify potential good ideas across the company. The dispensary team had reorganised the workflows in the dispensary to keep the benches clear as workspace was very limited. They had also rearranged the stock shelves to improve workflows. Targets and incentives were in place, but the pharmacist said that these did not impact on patient safety or professional judgement.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy team keeps the pharmacy secure and generally tidy. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes. The consultation room can be accessed by staff from the medical practice and is used as a general storeroom. This means that the pharmacy can't properly protect the items inside.

Inspector's evidence

The pharmacy had solid vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were generally observed to be clean, but the sink was stained and would benefit from an additional clean. The floor was swept and mopped weekly but the vinyl in the dispensary was dirty in places. Bench space was limited for the volume of dispensing but there were clear workflows in place to minimise the impact of this. There were good levels of lighting throughout. Ambient temperatures in the dispensary were monitored and maintained appropriately using air-conditioning.

There was a consultation room within the medical practice. This was kept locked when not in use, but the medical practice also had a key and use of the room. There were some items in the room which were not therefore properly protected from unauthorised access. The floor was dirty and stained in places and did not look clinical and professional. The pharmacist said that they would try to clean the floor. The room was used for flu vaccinations, but the pharmacist said they would struggle to lie a person on the floor if they had an adverse reaction. The pharmacy premises were secure.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy gets its medicines from reputable suppliers and stores them properly. It takes the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use. The team members follow safe practice to assemble devices which help people to take their medication. They identify and give advice to people taking higher-risk medicines to make sure that they are taken safely.

Inspector's evidence

The pharmacy was accessed via a wide entrance just inside the automatic opening door of the medical practice. People could ask to use a magnifying glass and large print labels were available on request. The pharmacy team had trained as Dementia Friends and the pharmacist was about to start a course in British Sign Language.

The pharmacy obtained stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked monthly and there were some records to support this. But these had not been completed since January 2019.

The pharmacy team were aware of the Falsified Medicines Directive and were actively testing hardware and software to ensure the pharmacy achieved compliance. The system was not yet fully up and running. The pharmacy team members monitored patients on higher-risk medicines such as lithium, warfarin and methotrexate as part of the MUR process. And, and gave advice about these medicines where appropriate. But they did not routinely enquire about blood test results related to these medicines as required by the SOPs. This could make it harder for them to monitor people's results. They said that they would do this in future.

The pharmacy team members were aware of the risks associated with dispensing valproate containing products and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of all their patients who took valproate containing medication. The had the published leaflets and issued these.

The pharmacy kept medicines requiring cold storage in a pharmaceutical fridge. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored the CDs securely. The pharmacy had a process for each controlled drug prescription to help ensure that medicines were not issued after the prescription had expired.

The pharmacists had undertaken anaphylaxis training. Pharmacy staff described a safe procedure for handling needles in the pharmacy and had received training in needlestick injury avoidance. Patient returns were clearly segregated into designated bins and disposed of appropriately. Drug alerts were received electronically and printed out in the pharmacy. The sheets were endorsed with any actions taken and maintained in a file in the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for its services and generally makes sure that it is looked after properly. It uses this equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for methadone), and labelled equipment for dispensing cytotoxic medication such as methotrexate. Some of the glass measures were slightly scaled and the dispenser agreed to address this to reduce the risk of medicines becoming contaminated.

The pharmacy had a blood pressure monitor and this was replaced periodically. There was a glucose meter available, but this had not been used and was not therefore calibrated. All electrical equipment appeared to be in good working order and had been safety tested.

Fire extinguishers were serviced under an annual contract but the seals on both the fire extinguishers had been broken. The pharmacist said that they would ask for these to be serviced. The pharmacy stored sensitive records in the dispensary and the locked consultation room, but the medical practice had access to this room. The patient medication record was password protected. Confidential waste was taken off site for secure disposal.

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.