

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: 13/08/2020

Pharmacy context

The pharmacy is in a medical practice in a residential area of Great Yarmouth and serves a wide cross-section of the community. The inspection took place during the Covid-19 pandemic. The pharmacy mainly dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy administers flu vaccinations during the winter season. Other usual services including blood pressure testing have been suspended during the 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

The pharmacy identifies and manages the risks associated with its services to help provide them safely. And it adapts processes to take account of changing circumstances such as the Covid pandemic. It records and regularly reviews its mistakes and can show how the team learns and improves from these events. It keeps the records it needs to by law and its team members have clear roles and responsibilities. It asks the people who use the pharmacy for feedback. Team members know how to protect vulnerable people. And they keep people's personal information safe.

Inspector's evidence

The pharmacy kept records about dispensing mistakes that were identified before they were handed out to a person (near misses) and those where dispensing mistakes had reached a person (error logs). These records 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.

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. Risk assessments for team members had been done as part of the Covid-19 pandemic response.

People were encouraged to provide feedback via the annual survey. The electronic customer feedback pad on the front counter had been removed during the pandemic to reduce the risk of virus transmission. 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. 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. The pharmacy team members had implemented additional SOPs specifically related to the pandemic and ensured that everyone was kept up to date.

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) and records for the supplies of unlicensed medicines. The CD registers were appropriately maintained. CD balance checks were done regularly. 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

securely disposed of. Prescriptions were stored securely in the dispensary. The team had 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.

Inspector's evidence

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

The pharmacy used an online training suite with a minimum of two topics each month. This included subjects such as revised procedures during the pandemic. 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 was aware of the requirements for revalidation.

Team members had a suggestion page on the company intranet and ideas were reviewed centrally to identify potentially innovative 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 rearranged the stock shelves to improve workflows. And had also introduced a text message service to tell people when their prescription was ready. The team had moved to a single lunch break and closed the pharmacy for an hour rather than staggering breaks during the height of the pandemic. 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 met

Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes. People can have a conversation with a team member in a private area. There are adaptations in place to help minimise the risk of Covid transmission.

Inspector's evidence

The pharmacy had solid vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were observed to be clean. The pharmacy was cleaned throughout the day.

Bench space was limited for the volume of dispensing but there were clear workflows in place to minimise the impact of this. The pharmacy had fitted a clear plastic screen in front of the pharmacy counter and there was a barrier tape to maintain distance between team members and customers. 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, and this was kept locked when not in use. It was a clean, bright and well-maintained with handwashing facilities and a good level of soundproofing where people could consult pharmacy team members in private. The pharmacy had obtained a tall screen to assist with consultations and the expected flu vaccination programme.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. It gets its medicines from reputable suppliers and stores them properly. Its team members identify and give advice to people taking high-risk medicines to make sure that they are taken safely. And team members take 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.

Inspector's evidence

The pharmacy was accessed via a wide entrance just inside the automatic opening door of the medical practice. People could ask for large print labels to be generated. The pharmacy team members had trained as Dementia Friends.

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 records to support this.

The pharmacy team members 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 counselled people on high-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about whether they were having blood test related to these medicines. They also provided additional advice to people about how to take these medicines safely. Results from people's blood tests were routinely recorded on the patient's medication record (PMR). 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 the people they had dispensed valproate-containing medication for and issued the published support materials.

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 had offered a delivery service during the pandemic, but this was being withdrawn because funding was stopping. The pharmacy stored its CDs securely. The pharmacy had a process for each CD 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 separated 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 equipment it needs for its services and it maintains it well. It has appropriate infection control equipment. The pharmacy uses its equipment to help protect people's personal information.

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 certain liquids), and labelled equipment for dispensing cytotoxic medication such as methotrexate.

The pharmacy team had an appropriate range of Personal Protection Equipment available including masks, visors and gloves. The pharmacy team wore PPE where possible but said that it was often uncomfortable in hot weather. Masks were always worn during patient facing activity. There was a hand sanitising station at the pharmacy counter. The pharmacy had stopped blood pressure monitoring during the pandemic but had appropriate equipment for when it resumed.

All electrical equipment appeared to be in good working order and had been safety tested. Fire extinguishers were serviced under an annual contract. The pharmacy stored sensitive records securely. 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.