General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, St. Clare Medical Centre, St. Clare Street, Penzance, Cornwall, TR18 3DX

Pharmacy reference: 9011055

Type of pharmacy: Community

Date of inspection: 24/09/2019

Pharmacy context

The pharmacy is within a large medical centre in Penzance. It relocated to its current location in January 2019. The pharmacy dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also offers flu vaccinations, medicines for minor ailments and drug user services. The pharmacy delivers medicines to people in their own homes.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 its risks appropriately. It reviews its practices to make them safer and more effective. Team members record their errors and learn from them to stop them happening again. Staff are clear about their roles and responsibilities. They work in a safe and professional way. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance for its services. The pharmacy generally keeps up-to-date records as required by the law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had adequate processes in place to monitor and reduce its risks. Near misses were initially recorded on a paper log and then were transferred to Pharmoutcomes. Entries contained details of the error and a brief reflection on the cause and the learning points. Following near misses, look-alike, sound-alike (LASA) drugs such as olsalazine and olanzapine had been separated and were highlighted using stickers on the shelves where they were stored. Storage arrangements of drugs subject to near miss errors had been reviewed and commonly confused medicines were separated. The pharmacy had a separate shelf where high-risk medicines such as methotrexate and prednisolone were stored. Dispensing incidents were reported on an online company form. They were reviewed by the pharmacy team and the pharmacy manager. Following a recent incident where the incorrect formulation of a drug had been supplied, the responsible pharmacist (RP) had reminded all staff that different stages of the dispensing process should be carried out by different people where possible.

A patient safety review was completed monthly and included an analysis of the type of errors that had most commonly occurred, and the timings of the errors. The patient safety review was shared with members of the team through a monthly meeting. The most recent review contained clear actions including to ensure that team members clearly marked boxes to show when they were not complete. This had been the cause of several near miss incidents involving the incorrect quantity of medicine dispensed. The pharmacy received regular patient safety bulletins from the company head office. They reviewed the information and case studies it contained to see how it could apply to their work.

Standard operating procedures (SOPs) were up to date and had been recently reviewed. The pharmacy team were in the process of reading and signing the updated SOPs. Competence and understanding of the SOPs was assessed through observation. A dispenser could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges.

The RP described how, before implementing a new service, she would ensure the pharmacy would able to accommodate the work, and that it would be applicable to the local population. She would review staffing levels to ensure provision of the service could be maintained and would check that she and her staff had access to the appropriate tools and training to provide the service.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. But as the pharmacy had relocated from a different premises nine months before the inspection, the survey had not yet been completed. A complaints procedure was in place and was displayed in the pharmacy.

Following a complaint about the waiting times, the pharmacy team had been reminded to give realistic waiting times when taking in prescriptions.

Professional indemnity and public liability insurances were provided by the NPA with an expiry date of 30 April 2020.

Records of the responsible pharmacist were maintained appropriately and the correct RP certificate was displayed. Controlled drug (CD) registers were maintained appropriately, although records of the receipt of CDs from wholesalers did not always contain the address of the supplier. Balance checks were completed weekly. A random balance check of MST 30mg tablets was accurate. Patient returned CDs were also recorded in a separate register and were destroyed promptly. Records of private prescriptions were made on the patient medication record (PMR) system and were in order. The pharmacy generally made emergency supplies through a locally commissioned Urgent Repeat Medicines (URM) scheme. Appropriate records were kept on Pharmoutcomes and on the PMR. Specials records were maintained, and certificates of conformity were stored with all required details completed.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was dealt with in a secure manner to protect privacy. Some bagged prescriptions were stored behind the healthcare counter with the prescription clearly visible from the customer areas. These were immediately moved to the retrieval system when this was highlighted by the inspector. A privacy policy and a fair data use statement were displayed in the patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed.

All staff were trained to an appropriate level on safeguarding. The RP and the pharmacy technician had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. A safeguarding policy was in place and signed by team members and local contacts were available. Team members were aware of signs of concerns requiring escalation. Local contacts for referrals were displayed prominently in the pharmacy.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff. Team members are appropriately trained for their roles. They keep their skills and knowledge up to date and are supported in their development. Team members suggest and make changes to improve their services. They communicate well with each other.

Inspector's evidence

Staffing was adequate on the day of the inspection, consisting of the RP, an accredited checking pharmacy technician and four NVQ2 trained dispensers. There was also a pharmacy student completing a voluntary week-long placement. The team clearly had a good rapport and felt they could usually comfortably manage the workload with no undue stress and pressure. One of the dispensers was completing an accuracy checking qualification which would free up more pharmacist time to provide additional services. Pharmacy team members had clearly defined roles and accountabilities and tasks were allocated to individuals daily. They worked regular days and hours. Absences were usually covered by rearranging shifts, or by part-time staff increasing their hours. In an emergency, the manager would call on support from another local branch.

Team members completed training packages on the company eLearning system. Copies of certificates of completion of relevant training courses were kept for each member of the team. Courses completed included CPPE packages such as Dementia Friends, internal health and safety packages and revised SOPs. Team members were able to complete learning during working hours. Team members were seen to offer appropriate advice when selling medicines over the counter. They referred to the RP when additional advice was needed.

Staff were set yearly development plans and had six-monthly performance reviews. The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. A dispenser said that she felt empowered to raise concerns and give feedback to the RP, who she found to be receptive to ideas and suggestions. She reported that the team were able to make suggestions for changes to improve efficiency and safety. She was aware of the escalation process for concerns and a whistleblowing policy was in place.

The RP said the targets set were manageable. She was able to use her professional judgement to make decisions and described that all services undertaken were clinically appropriate.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy was located within a large medical centre which also housed three GP practices. The pharmacy had relocated from a nearby premises nine months before the inspection. The pharmacy could be accessed through the medical centre and it also had a separate entrance to the car park. There was a spacious waiting area with plenty of seating. Lots of health-related leaflets and posters were displayed. The dispensary was spacious and had enough bench space to allow prescriptions to be dispensed safely. It was appropriately screened from the waiting area to allow prescriptions to be dispensed in private. A consultation room was available and had health-related posters and information displayed. The room was not locked when not in use. But no confidential information was stored in the room. The room was used for two hours a week by a local weight management service. The RP said that this did not impact on her ability to provide services such as MURs as she could ask the service to vacate the room if she needed it.

The dispensary stock was well organised and tidy. Stock including larger items, creams and liquids was stored on shelves. No stock or prescriptions were stored on the floor, and there were dedicated areas for dispensing and checking. Prescriptions awaiting collection were stored in a retrieval system, out of sight of people using the pharmacy. As described in principle one, the pharmacy team moved some prescriptions that were visible to the public during the inspection.

Cleaning was undertaken each day by dispensary staff. Cleaning products were available, as was hot and cold running water. The pharmacy was clean and tidy on the day of the inspection. The lighting and temperature of the pharmacy were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. The pharmacy offers a range of additional services and the pharmacy team delivers these services safely. Pharmacy team members ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy was wheelchair accessible, as was the consultation room. Services provided by the pharmacy were clearly advertised. The pharmacy made adjustments for those with disabilities including printing large print labels. A hearing loop was available. The pharmacy kept a small selection of disability aids in stock. This included wheelchairs and framed walkers. They were able to order additional aids when requested by people.

The RP explained that if a person requested a service not available at the pharmacy, she would refer them to a nearby pharmacy, phoning ahead to ensure it could be provided there. A range of leaflets advertising company and local services were available, as was a folder containing details of local organisations offering health-related services. The pharmacy was accredited as a Healthy Living Pharmacy and had a dedicated health promotion zone. The topic was changed regularly and was visually eye-catching. Relevant leaflets were stored nearby.

Baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and owings. The labels of dispensed items were initialled when dispensed and checked. Coloured labels were used to highlight fridge items and CDs including those in schedules 3 and 4. Prescriptions were also labelled if they contained items that may require additional advice from the RP, such as high-risk medicines. Each high-risk medicine, such as warfarin, lithium and methotrexate, had an SOP to cover the handout process. Team members checked that people had had the relevant blood tests and additional counselling and support materials were offered when handing out high-risk medicines. Records of these conversations were not usually made on the PMR. Records of significant interventions were mostly recorded.

The RP had completed an audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme (PPP). She was aware that women within the target age range should receive additional counselling to ensure they were aware of the risks of becoming pregnant. Stickers, information booklets and cards were available to be given to eligible women.

The RP was accredited to provide a range of locally commissioned and private services. She had a completed Declaration of Competence to allow her to provide a flu vaccination service. She also had attended training and completed her own learning to allow her to provide medicines for minor ailments, including urinary tract infections. The patient group directions for the services offered were seen and had been signed by the RP.

Drug misuse services were provided for approximately 10 people. The RP described that she had good links with the local drug and alcohol team. She said that she was in regular contact with key workers and prescribers. She said that she followed the local protocol on reporting missed doses and liaised with the key worker to report any concerns she had about individuals accessing the service.

Multi-compartment compliance aids were prepared by the pharmacy for 80 to 100 people based in the community. Each dispenser took responsibility for their preparation on different days of the week. A dispenser said that no formal assessment of need was currently carried out before a person started receiving medicines in compliance aids. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the clinical checking process.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. The RP described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate.

Stock was obtained from reputable sources including Alliance, and AAH. Specials were obtained from Eaststone Specials. The pharmacy had the hardware required by the Falsified Medicines Directive (FMD). But they were not currently scanning compliant packs. A statement was displayed stating that the company would be piloting the use of EMIS Full to become compliant with the FMD over the coming months, with a view to implementing the system across the full estate by January 2020. The dispensary shelves were tidy and organised. The stock was arranged alphabetically and was date checked each week and the entire dispensary would be checked every three months and recorded on a matrix. Spot checks revealed no date expired stock or mixed batches. Prescriptions containing owings were appropriately managed, and the prescription was kept with the balance until it was collected. Drug recalls were dealt with promptly and were annotated with details of the person actioning and the outcome.

CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures recorded. The fridge in the dispensary was clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of two to eight degrees Celsius. Staff were aware of the steps taken if the fridge temperature was found to be out of range, which was to monitor every 30 minutes until back in range.

Patient returned medication was dealt with appropriately, but no hazardous waste bin was in use. Patient details were removed from returned medicines to protect people's confidentiality. The pharmacy could arrange for additional collections of pharmaceutical waste as needed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Computers are used in a way that protects people's private information.

Inspector's evidence

Validated crown-stamped measures were available for liquids. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. Reference sources were available and the pharmacy had online access to materials for the most up to date information. The dispensary sink was clean and in good working order. All equipment including the dispensary fridge was in good working order and PAT test stickers were visible and were in date.

Dispensed prescriptions were stored in a retrieval system with the corresponding bagged items stored in numbered boxes in the dispensary, out of sight of customers. Computers were positioned so that no information could be seen by customers. Phone calls were taken away from public areas.

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.