

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 493 Bath Road, Saltford, Bristol, Somerset, BS31 3HQ

Pharmacy reference: 9011115

Type of pharmacy: Community

Date of inspection: 25/01/2023

Pharmacy context

This is a community pharmacy located on a parade of shops in Saltford, Bristol. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccinations and supplies medicines in multi-compartment medicine devices for people to use living in their own homes.

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	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive time to complete it.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy was equipped with a 24-hour collection point, which increased the accessibility of medicines to people when the pharmacy was closed.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. Risk assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. People were encouraged to wear face masks when attending the pharmacy. The pharmacy team continued to wear face coverings while working.

Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred, and the pharmacist would discuss the incident with the members of the dispensary team. The near miss log was demonstrated during the inspection. Based on previous near misses involving quantity errors, the pharmacy team were circling quantities on some prescriptions to raise awareness of the issue. 'Look alike' and 'sound alike' medicines were separated on the dispensary shelves. The form of omeprazole was now highlighted on prescriptions due to previous errors.

Dispensing incidents were recorded electronically, and this included a root cause analysis as part of the error investigation. Every month, a review was carried out by the pharmacist looking for trends as well as any changes that need to be made to reduce the risk of errors. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of. These reviews were regularly completed by the pharmacy team and accessible in the dispensary.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and those examined had been reviewed within the past two years. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team encouraged people to submit feedback to their head office or online. A certificate of public liability and indemnity insurance was held and was valid and in date.

Electronic records of controlled drugs (CD) were kept. CD balances were checked regularly. A responsible pharmacist (RP) record was kept and an RP notice was displayed in pharmacy where people could see it. The RP sign that was displayed was inaccurate at the start of the inspection, but this was rectified by the pharmacist immediately. The time that the RP signed out was often omitted. The fridge

temperatures were recorded electronically daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year and records of this were seen to be completed appropriately. Short-dated stock was marked for with stickers. The private prescription records occasionally omitted the prescriber's details. The emergency supply and specials records were retained and were in order.

Confidential waste was collected in confidential waste bins and this was removed by the company for destruction. An information governance policy (IG) was in place and the healthcare team was required to complete an e-learning programme on IG. Staff had all completed a training package on the General Data Protection Regulation (GDPR).

There was a safeguarding children and vulnerable adults e-learning program on the company training website which all the members of staff were required to complete. The pharmacist had completed the CPPE level 2 safeguarding package. Staff were aware of the signs to look out for that may indicate safeguarding concerns. But staff could not locate local contact details to raise safeguarding concerns or ask for advice about them. The pharmacy team agreed to address this.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist and two dispensing assistants present during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles, or were on an appropriate training course.

Staff performance was monitored and formally reviewed annually. In these reviews, a development plan would be introduced to help further develop and train the members of staff. The staff reported that they had completed training online and had regular updates to their knowledge and understanding of the services and medicinal products provided. The pharmacy team gave an example of completing 'Ask for ANI' training which had made them more aware of issues surrounding the safeguarding of potential domestic abuse victims. The pharmacy team had also recently discussed the indications and contraindications of the over-the-counter sale of Lovima 75mcg tablets.

The pharmacy team reported that the pharmacy team would hold patient safety meetings monthly and advise all staff of the main learning points. Professional standards documents were released by head office regularly. These were read, discussed and signed by each member of the pharmacy team.

Staff explained that they felt comfortable with raising any concerns they had with the pharmacy manager or their area manager. Staff were aware of the whistleblowing procedure on questioning. There were targets in place at the pharmacy, but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects people's private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. It was next door to a GP surgery. Boxes of stock were stored on the floor in the dispensary which may increase the risk of trip hazards to staff.

There were sinks available in the dispensary and consultation room with hot and cold running water with sanitiser to allow for hand washing. Medicines were stored on the shelves in a generic and alphabetical manner. P medicines were stored close to the retail area of the pharmacy, but the pharmacy team reported that they were on hand to intervene if people were trying to self-select P medicines.

The consultation room was well soundproofed and was routinely kept locked when not in use. The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Information about the services provided was detailed in posters and leaflets around the pharmacy. Access to the pharmacy was step free. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users. People could also collect their medicines when the pharmacy was closed by using a collection point that was open 24-hours per day. The pharmacy had received good feedback from people about this service, explaining that it increased accessibility to their medicines.

The pharmacy team dispensed multi-compartment compliance aids for approximately 70 patients. The multi-compartment compliance aids were organised on a four-weekly rota. Information sheets were kept for each patient to document when changes to medicines were made by the GP surgery. One compliance aid was examined. Audit trails to demonstrate who had dispensed the compliance aid were present. Descriptions were provided for the medicines contained within the compliance aids. Patient information leaflets (PILs) were supplied to people regularly.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to female patients. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they were aware of these and query if they had effective contraception in place.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Day Lewis warehouse to obtain medicines and medical devices. Specials were ordered via Eaststone specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was also available. Gabapentin 100mg capsules was found in the normal designated waste bin rather than in the CD cupboard awaiting destruction.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. Both the month and the year of expiry were marked with stickers on these medicines.

The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Records were kept to verify this and these contained audit trails.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities needed to provide the services it offers. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a range of crown stamped measure available for use. Separate crown stamped measures were used for methadone dispensing. There was a 250ml plastic measure that was not crown stamped, but this was disposed of during the inspection. Amber medicines bottles were capped when stored. A counting triangle was available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and the consultation room, including a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There were two fridges in use which were in good working order. The maximum and minimum temperatures were recorded electronically daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store medicines. The computers were all password protected and patient information was safeguarded.

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.