

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, 271-273 Kilburn High Road,  
London, NW6 7JR

**Pharmacy reference:** 9011167

**Type of pharmacy:** Community

**Date of inspection:** 23/10/2019

## Pharmacy context

The pharmacy recently relocated and opened in the current premises next to a surgery on a busy high street in a residential area. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection and delivery, NHS urgent medicines supply, emergency hormonal contraception, a range of medicines to treat minor illness and seasonal flu vaccination. The pharmacy has healthy living status.

## 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	2.2	Good practice	Continuous learning and development are encouraged and supported.
<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's working practices are safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy manages risk well and keeps people's information safe. It has written procedures to make sure the team works safely. The pharmacy keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand how they can help to protect vulnerable people.

### Inspector's evidence

Near misses were recorded and reviewed although all fields of the near miss record were not yet completed for each incident. A monthly patient safety newsletter was compiled by head office. Topics discussed at the monthly staff meeting included medicines use review for high-risk medicines, monthly patient safety review completed on PharmOutcomes, near misses and actioned drug recalls and alerts. High-risk 'Lookalike, soundalike' (LASA) medicines including prednisolone and different strengths and types of co-codamol had been separated on the dispensary shelves to reduce picking errors.

Workflow: the pharmacist generated dispensing labels from the prescription and reviewed any interactions between prescribed medicines. Baskets were in use to separate prescriptions and medicines during the dispensing process. Another staff member picked the medicines and dispensed the prescription. There were separate dispensing and checking areas. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines.

There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For 'manufacturer cannot supply' items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

Multi-compartment compliance aids were prepared on a rolling basis for a number of patients according to a matrix. The pharmacy managed prescription re-ordering on behalf of patients. The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a compliance aid. There was a folder of information relating to compliance aid patients for each week. Each patient's information was retained in a polythene sleeve and included a neatly printed backing sheet. Labelling included a description to identify individual medicines and patient information leaflets were supplied with each set of compliance aids.

High-risk medicines such as alendronate were supplied separately from the compliance aid. Controlled drugs (CDs) were supplied in the compliance aids and the dates of CD prescriptions were managed to ensure supply within the 28-day validity of the prescription. Sodium valproate was supplied in compliance aids and the stability of the medication had been checked with the manufacturer. Sodium valproate was supplied in a compliance aid to patients who were not in the at-risk group. Levothyroxine and lansoprazole were supplied in compartments positioned to ensure it was taken before other medication and 30 minutes before food. Special instructions were on the backing sheet. Gloves were worn to handle medicines during preparation.

The annual patient questionnaire was conducted. The standard operating procedures (SOPs) included responsible pharmacist, supplying high-risk medicines and complaints procedures. Staff training in SOPs was up to date and via the Day Lewis Academy. The staff member who served at the medicines counter said he would not give out a prescription or sell a P medicine if the pharmacist were not on the premises. Hydrocortisone cream would not be sold for use on the face.

To protect patients receiving services, there was professional indemnity insurance in place provided by the NPA expiring 30 April 2020. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescriptions, emergency and special supplies were generally complete although some prescriber details were missing. The patient group directions (PGDs) were not available at the time of the visit but the regular pharmacist later confirmed that all PGDs were in date. PGDs included treatment of allergic rhinitis, asthma (salbutamol inhaler), chicken pox vaccination, dermatitis (betamethasone cream), erectile dysfunction, hay fever (fexofenadine) and hepatitis B for occupational use. Flu vaccinations administered to patients were reported to the patient's doctor on Sonar online service.

The CD registers were electronic and complete. The date of issue of the prescription and expiry date of validity of the prescription was recorded. The balance of CDs was audited weekly in line with the SOP. A random check of the actual stock of MST 10mg reconciled with the recorded balance in the CD registers. Patient returned CDs were manually recorded in the destruction register for patient returned CDs.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly. There was a leaflet 'How we safeguard your information' and NHS mini poster 'Your data matters to the NHS'. Staff had undertaken safeguarding and dementia friends training and the pharmacist was accredited at level 2 in safeguarding training. The safeguarding policy was retained in the clinical governance folder.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload and they work well together. The pharmacy team members are well trained and supported in keeping their knowledge up to date. They are comfortable about making suggestions to the pharmacist and are involved in improving the pharmacy's services.

### Inspector's evidence

At the time of the visit staff comprised: one regular full-time pharmacist, one full-time pre-registration pharmacist, one apprentice combined dispenser and medicines counter assistant due to complete training and one full-time accredited relief dispenser. The regular pharmacist later confirmed that a full-time dispenser had been recruited. There was a part-time delivery person who was trained in the procedures for delivery and GDPR.

The regular pharmacist was the pre-registration tutor. The pre-registration pharmacist attended Day Lewis training days once a month and training topics included the central nervous system, skin, eye, over-the-counter (OTC) medicines, clinical pharmacy and calculation. The pre-registration pharmacist had five hours protected learning time per week. The pre-registration pharmacist had a short placement in a hospital to broaden his experience. There were 13-week appraisals to monitor progress in pre-registration pharmacist training programme.

Head office provided ongoing training via Day Lewis Academy on the intranet and staff had their own training profile. Staff in training had protected learning time. There were usually three training topics per month to be completed and these might include SOPs such the new procedure for preparation of compliance aids, 'Violence at work', and COSHH regulations for health and safety. For Pharmacy Quality Scheme (PQS), staff had undertaken dementia friends, safeguarding, risk assessment, sepsis and LASA medicines training. There were annual staff appraisals and interim reviews to monitor performance and set objectives. Staff said they felt able to provide feedback to improve services and had suggested a review of the prescription re-ordering system. Instead of emailing a request for a prescription to the surgery, a printout of the request was handed in to the surgery and had resulted in a more reliable service. There was a whistleblowing policy in the clinical governance folder. Staff said targets and incentives were set but not in a way that affected patient safety and wellbeing.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean and suitable for the provision of its services. The consultation room is used regularly so people can speak to the pharmacist in private. The pharmacy prevents people accessing the premises when it is closed.

### Inspector's evidence

The pharmacy opened in its present location beside a doctor's surgery in May 2019. The pharmacy premises were clean and bright and tidy, presenting a professional image. The medicines counter was on the right-hand side upon entering the pharmacy. The dispensary was spacious and located to the rear of the premises. Benches were generally clear and there was a central 'island' bench providing extensive work space for staff. The lavatory facility was clean and handwashing equipment was provided. The consultation room was located to one side of the dispensary and protected patient privacy. There were lockable cabinets to secure documents and equipment. There was sufficient lighting and air conditioning.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively. People with a range of needs can access the pharmacy services. It gets its medicines from reputable sources to protect people from harm. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy team makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe to use. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely.

### Inspector's evidence

There was wheelchair access via an automatic door and a hearing loop to assist hearing impaired people. Large font labels could be printed to assist visually impaired people. Staff could converse in Yoruba, Portuguese, Arabic and Dutch to assist patients whose first language was not English. Patients were signposted to other local services such as the walk-in doctor service, the genito-urinary medicines clinic and family planning. Appropriate information regarding signposting events was recorded on the patient medication record (PMR) or the pharmacy computer system.

The pharmacist explained the procedure for supply of sodium valproate to people in the at-risk group. Information on the pregnancy prevention programme (PPP) would be explained. There was information to give to patients on PPP. The intervention was recorded on the PMR. The pharmacist explained the procedure for supply of isotretinoin to people in the at-risk group. Isotretinoin should be prescribed by a specialist. The prescriber would be contacted regarding prescriptions for more than 30 days' supply of a CD. CD prescriptions were highlighted with a sticker marked with the date to ensure supply within the 28-day validity period. Prescriptions for schedule 4 CDs were stored in a separate box in retrieval. Interventions were recorded on the PMR.

Prescriptions for high-risk medicines were highlighted to prompt counselling to people in an at-risk group. Prescriptions for paediatric patients were stamped 'CHILD!' which the pharmacist explained would alert checking that the dose of the medicine was suitable. There were 'warfarin' and 'methotrexate' stickers to attach to prescriptions to prompt counselling. The pharmacist said when supplying warfarin, people were asked for their record of INR along with blood test due dates. INR was recorded on the PMR. Advice was given about side effects of bruising and bleeding. Advice was given about over-the-counter medicines and diet containing green vegetables and cranberries which could affect INR. People taking methotrexate were reminded about the weekly dose, when to take folic acid and what to do if a dose of methotrexate was missed. People were advised to seek medical advice if they developed an unexplained fever.

Audits had been conducted regarding use of inhalers in the treatment of asthma. One audit identified adults prescribed a salbutamol inhaler for six months but no steroid inhaler. Another audit monitored children treated for asthma but who did not have a spacer or asthma treatment plan. Both phases of the sodium valproate audit had been conducted and were due to be conducted again. An audit had been conducted to identify people for referral for prescription of a proton pump inhibitor for gastric protection during the non-steroidal anti-inflammatory drug (NSAID) audit. There was an audit of dates of last foot checks and retinopathy screening for diabetic people.

The healthy living display increased public awareness of nicotine replacement therapy to quit smoking, hay fever treatment and there were lifestyle advice leaflets. There were flu vaccination posters promoting uptake of flu vaccination. Previous health campaigns had included oral health, stroke, reducing intake of antibiotics to minimise bacterial resistance, and Stoptober. To meet PQS criteria, the flu service had been risk assessed to manage risk to patients.

Medicines and medical devices were delivered outside the pharmacy by a trained delivery person shared with another branch of the pharmacy. Prescriptions requiring delivery were placed in green baskets to be dispensed. A drop sheet was prepared by attaching a bag label for each patient. A second bag label was attached to a separate, single page of a delivery record book.

Medicines and medical devices were obtained from Alliance, AAH and Day Lewis. Floor areas were clear, and stock was neatly stored on the dispensary shelves. Stock was date checked and recorded. No date-expired medicines were found in a random check. Liquid medicines were marked with the date of opening and medicines were stored in original manufacturer's packaging. Cold chain items were stored in two medical fridges. Uncollected prescriptions were cleared from retrieval every month after the patient had been contacted. CD prescriptions were highlighted. Waste medicines were stored separate from other stock. Falsified medicines directive (FMD) hardware and software was not operational at the time of the visit. Drug alerts were received on the intranet, printed, actioned and filed. A record of responses to drug alerts and recalls was maintained.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy's equipment keeps people's private information safe.

### Inspector's evidence

Current reference sources included BNF and Drug Tariff. There were clean standard glass measures to measure liquids and the dispensary sink was clean. The medical fridges were in good working order. Minimum and maximum temperatures were monitored daily and found to be within range two to eight Celsius. Flu vaccines were stored in one fridge. The CD cabinet was fixed with bolts. There was an empty sharps bin on the bench in the consultation room and adrenalin injection devices were in date. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly. There was a leaflet 'How we safeguard your information' and NHS mini poster 'Your data matters to the NHS'.

### 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.