General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, On the site of Burton Medical Centre, 123 Salisbury Road, Burton, Christchurch, BH23 7JN

**Pharmacy reference:** 9011401

**Type of pharmacy:** Community

**Date of inspection:** 01/02/2022

## Pharmacy context

A pharmacy located on the same site as a medical centre in the Burton area of Christchurch, Dorset. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing their medicines at home and they provide the flu vaccines. The pharmacy provides a local delivery service.

## 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's working practices are safe and effective, and it has made suitable adjustments to those working practices to help protect people from the coronavirus. Team members keep people's information safe, and they help to protect vulnerable people. The pharmacy also keeps the records it needs to by law, and it records its mistakes. Any mistakes are formally reviewed regularly to learn from them and to prevent them from happening again.

### Inspector's evidence

A near miss log was displayed in the dispensary and was seen to be used by the team. The near misses would be discussed verbally with each team member, highlighting their own errors and changes they could make. Near misses were recorded manually and electronically on PharmOutcomes, which allowed the team to generate reports at the end of each month showing the types of mistakes they had. The team used this to implement changes in the way they worked. As an example, the team had an incident where rosuvastatin 20mg tablets and rivaroxaban 20mg tablets were mixed up. The team then placed these two drugs on their 'Look Alike Sound Alike' (LASA) list and whenever these items were labelled on prescriptions, the prescriptions would be stamped with a 'LASA' marking to highlight that the dispenser should be cautious when dispensing these items. The pharmacy also regularly received an end of month newsletter from their head office informing them of the trends in mistakes that had happened across the company and what they can do to prevent these mistakes happening.

There was a workflow in the pharmacy where labelling, dispensing, checking and the preparation of multi-compartment compliance aids were all carried out at different areas of the work benches. Standard Operating Procedures (SOPs) were in place for the dispensing tasks. The team members had all signed the SOPs to say they had been read and understood. Staff roles and responsibilities were described in the SOPs and they were reviewed every two years. There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The complaints procedure was detailed in a poster displayed in the pharmacy. The poster explained that any comments, suggestions, or complaints could be forwarded to the staff, the Patient Advisory Liaison Service and Independent Complaints Advocacy Service (ICAS). The team kept records of all the complaints they received and any follow up action they had taken. The staff explained that patient demand had increased a lot recently and the team were working hard to ensure that they could meet expectations, despite the problems caused by the COVID-19 pandemic. A certificate of public liability and indemnity insurance from the NPA was available.

A sample of MST 30mg tablets was checked for balance accuracy against the Controlled Drug (CD) register and was seen to be correct. The balance check was carried out weekly and records of this were complete. The pharmacy kept an electronic CD register and team members explained that they found it was easy to use and saved them valuable time.

The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in pharmacy where the public could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were in the 2 to 8 degrees Celsius range. The electronic private prescription records were completed appropriately. The specials records were

complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential wastepaper was collected in baskets on the workbenches and later shredded. The pharmacist and technicians had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module from the company. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy in the Clinical Governance file which contained all the contact and signposting information should the team suspect a safeguarding incident. The policy also included a flow chart should the team suspect a safeguarding incident.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. It makes sure its team members are appropriately trained for the jobs they do. They complete regular additional training to help them keep their knowledge up to date.

### Inspector's evidence

During the inspection, there was one regular locum pharmacist, one accredited checking technician, one registered technician, one NVQ level 3 dispenser who was in the process of registering as a technician and two dispensers. The staff were seen to be working well together and supporting one another.

The pharmacy team received regular training updates via 'Day Lewis Academy'. These came to the team via the company's intranet for each member of staff and included mandatory training as well as clinical training. The team explained that they could also complete additional training as they wished, and they were all provided with protected training time.

The team would complete staff satisfaction surveys annually where their opinions about their job and working environment were considered and they could provide feedback to the company about their work. There was a whistleblowing policy for the company which all the members of staff had signed to say they read and understood. There were targets in place, but the team did not feel pressurised to deliver the targets and would never compromise professional judgement to do so.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy's premises are clean, tidy, and suitable for the provision of its services. The pharmacy has made suitable adjustments to its premises to help protect people from COVID-19. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

### Inspector's evidence

The pharmacy was located in a small building at the back of a medical centre. It included a retail area, medicine counter, consultation room and dispensary. There was also a small staff area. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

A screen had been installed in front of the dispensary to help protect staff and the public from airborne viruses. There was enough space for the staff to socially distance and only two members of the public were allowed in at a time due to social distancing measures.
The pharmacy was new and had recently been fitted out. It was bright, spacious, professional in appearance and clean. Team members explained that they cleaned the pharmacy between themselves every day according to their cleaning rota and they had also increased the frequency of cleaning during the COVID-19 outbreak. The shelves were clean, and the dispenser explained that they clean the shelves when they put stock away.

The dispensary was suitably screened to allow for the preparation of prescriptions in private. Conversations in the consultation room could not be overheard and the consultation room included seating, a table and computer and a sharps bin. The consultation room could also be locked. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

### Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the retail area of the pharmacy and in the consultation room. There was a small step as well as a ramp to access the pharmacy and the team explained that they provided a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should a patient require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy which the team were observed using regularly.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were on valproates. The team explained that they use valproate information cards and leaflets every time they dispense valproates.
The team organised the preparation of multi-compartment compliance aids into a four-week cycle and maintained audit trails to prepare and deliver them. The labels on a sample of compliance aids were seen to have the descriptions of the medicines as well as being signed by the person who dispensed and checked the items. The technician explained that every month, they supply each patient with the relevant Patient Information Leaflets.

The pharmacy obtained medicinal stock from the Day Lewis Warehouse, AAH and Alliance. Specials were obtained via Middlebrook. Invoices were seen to demonstrate this. Date checking would be carried out every three months and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste and a list of hazardous waste medicines was available. The fridges were in good working order and the stock inside them was stored in an orderly manner. The CD cabinets were appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team from their head office, and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for Santen Oy. The recall notices were printed off in the pharmacy and annotated to show the action taken.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure it works and is accurate.

### Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations inside the consultation could not be overheard.

Electrical equipment appeared to be in good working order and was PAT tested annually and the team regularly calibrated their blood pressure machine and maintained records of this.

## 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. |