General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, Tessa Jowell Health Centre, 72H East Dulwich Grove, London, SE22 8EY

Pharmacy reference: 9011538

Type of pharmacy: Community

Date of inspection: 18/11/2021

Pharmacy context

This pharmacy is located within a health centre. The pharmacy serves people of all age ranges and receives most of its prescriptions electronically. It provides flu vaccine and medicine delivery services. It also provides medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines. The inspection took place during the Covid-19 pandemic.

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 adequately manages the risks associated with its services. People who use the pharmacy can provide feedback and the pharmacy team have received training to help protect the welfare of vulnerable people. When a dispensing mistake occurs, team members generally react appropriately. But they do not always make records of or review dispensing mistakes. So, they might be missing opportunities to learn and make the services safer.

Inspector's evidence

The pharmacy had made some changes as a result of the Covid-19 pandemic. Personal protective equipment, including face masks were available for the team. Hand sanitizers were placed at the medicines counter, dispensary and in the consultation room. A plastic screen had been fitted at the front counter and consultation room desk. A Covid-19 folder contained the relevant standard operating procedures (SOPs), audits, risk assessments and copies of training certificates. Members of the team had completed training on reducing antimicrobial resistance, antibiotic guardianship, Covid-19 mRNA vaccine, and infection prevention and control.

SOPs had been signed by members of the team to confirm they had been read and understood. Head office had recently sent out a new version of the SOPs which the team were in the process of reading. The roles and responsibilities of team members were outlined in the SOPs.

The responsible pharmacist (RP) said that near misses, where a dispensing mistake was identified before the medicine was handed to a person, were discussed with the staff member involved and documented electronically. But the last near miss recorded was in August 2021.The RP said that there had been some near misses since then but they had not been documented. There did not appear to be a review process for near misses, but the RP described making some changes to help minimise errors, for example, separating the various strengths of higher risk medicines such as warfarin and rivaroxaban. A procedure was in place for dealing with dispensing mistakes which had reached a person (dispensing errors). The RP said there had not been any for some time.

The incorrect RP sign was displayed but this was changed to the correct one during the inspection. The time the pharmacist ceased responsibility was not recorded most of the time in a sample of the RP log checked. This may make it difficult to identify who the RP was at a particular time. The RP said he would ensure that the record would be better maintained. The pharmacy had current professional indemnity insurance. Other records required for the safe provision of pharmacy services were generally completed in line with legal requirements, including those for private prescriptions, emergency supplies and unlicensed medicines. Controlled drug (CD) registers were maintained electronically and in accordance with requirements. CD balance checks were checked at regular intervals. The physical stock of a CD was checked and matched the recorded balance.

A complaints procedure was in place. Members of the team said that they would try and deal with any complaints in house or provide the contact details of the regional support manager.

Prescriptions awaiting collection were stored in the dispensary and were not visible to people. Confidential information was collected by an approved waste contractor. Computers were password

protected but members of the team shared NHS smartcards. The RP said he would ensure that smartcards were not shared. An information governance policy was in place and all members of the team had completed training on the General Data Protection Regulation.

The pharmacist and dispensers had completed online courses on safeguarding children and vulnerable adults. Both dispensers said they would speak to the pharmacist if they had any safeguarding concerns.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team get regular feedback and discuss ideas to help them to improve pharmacy services.

Inspector's evidence

During the inspection there was the RP and two qualified dispensers. The pharmacy also employed a third dispenser who was not present during the inspection. Work appeared to be managed effectively. The RP said that annual and emergency leave was covered by relief pharmacists and dispensers, who worked across branches in the pharmacy group.

The dispenser said he kept his knowledge and skills up to date by reading pharmacy-related literature on a regular basis. He described sharing ideas with the team as well as other branches of the pharmacy group, for example, he had advised one branch to review their retrieval system to help minimise hand-out errors and their storage of higher-risk medicines. He added that he had recently discussed enrolling onto the Level 3 technician training course with the regional support manager, who was supportive of the idea.
The second dispenser said that she had not been able to complete much ongoing training as she had been off for some time due to personal reasons. She said that the pharmacy had been very busy, particularly since starting the flu vaccine service, but the team was very supportive and there was sufficient cover. She said that the team regularly held meetings and shared ideas to improve services, for example, she had suggested that one dispenser should manage the multi-compartment compliance pack service to ensure continuity. All members of the team were fully trained on managing the service and could take over if needed.

Team members worked well together and were happy to communicate any issues or concerns to the RP, or regional manager. Performance was discussed every six months. Team members said that targets were achievable and they did not feel under pressure to achieve them.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are suitable for the services offered and they are kept secure. There is a room where people can have private conversations with a team member.

Inspector's evidence

The pharmacy, which was located within a health centre, had recently relocated to the current premises. Fixtures and fittings were new and well maintained. There was ample work and storage space. Dispensary workbenches were generally tidy, and stock was stored in an organised manner on the shelves. The premises were secure from unauthorised access.

General cleaning was done by members of the team. The pharmacy was maintained to a level of hygiene suitable for the provision of its services. The ambient temperature and lighting were suitable for the services provided. A signposted consultation room was available for private conversations or other services. The room was easily accessible and generally clean, but some shelves were dusty. A small kitchenette and toilet were available for the pharmacy team.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy has organised processes in place. It obtains its medicines from reputable sources and stores as well as manages its medicines appropriately. And it supplies medicines inside multi-compartment compliance packs safely. But the pharmacy doesn't always identify people who receive higher-risk medicines and make the relevant checks. This limits its ability to show that people are provided with appropriate advice when supplying these medicines.

Inspector's evidence

There were two entrances, one from the street and another directly from the health centre. Both were step-free. There was ample space in the retail area, and this assisted people with restricted mobility or using wheelchairs. Services were listed on the window and on the NHS website. The pharmacy had a small seating area for people to use when they wanted to wait. This was set away from the counter to help with social distancing.

There was ample workspace and baskets were used to separate prescriptions and prevent transfer between people. Dispensing audit trails to identify who dispensed and checked medicines were not always completed. This may make it harder to identify who was involved in these processes, for example, if a dispensing mistake occurred.

Both dispensers were aware of the checks and labelling requirements of dispensing sodium valproate to people in the at-risk group but could not define the at-risk group accurately. The pharmacist said he would ensure that the team was up to date on the guidance. Information leaflets and cards were not available at the pharmacy. The dispenser said that he would order additional supplies. The RP said that the pharmacy did not routinely check if people taking other higher-risk medicines, such as warfarin, were being monitored.

The pharmacy did not routinely identify prescriptions for Schedule 3 and 4 CDs where additional checks may be required. A prescription for zopiclone and one for tramadol which had both been dispensed were found still in the retrieval system and both prescriptions were no longer valid. The RP said he would review this and ensure that these prescriptions were highlighted.

Multi-compartment compliance packs were assembled in the dispensary, on a designated work bench. Prepared packs observed were labelled with product descriptions and mandatory warnings, but patient information leaflets were not supplied regularly. The dispenser said she would start to provide these with every supply. The pharmacy had clear audit trails for the service to help keep track of when people were due their packs, when their prescriptions were ordered and when the packs had been delivered. Assembled and checked packs were stored in clear plastic bags.

The pharmacy offered a delivery service to people's homes. Signatures were not being requested from people to confirm receipt of their medication to help minimise cross-infection. Team members kept a log of the delivery schedule at the pharmacy for reference. A call card was posted, and medicines were returned to pharmacy if a person was not home.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its

medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team said they checked the expiry dates of medicines at regular intervals but did not keep clear records of this. No expired medicines were found on the shelves in a random check in the dispensary. Team members said they would review the date-checking process and ensure records were clear.

Two fridges were in use, one for stock and one for dispensed medicines awaiting collection. Dispensed medicines were stored in clear plastic bags to allow members of the team to double check items when handing them out. The fridge temperature was monitored daily. Records indicated that the temperatures were maintained within the recommended range. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. But several bags of waste medicines were stored in the staff toilet. The RP said he would contact the regional manager to arrange for their collection. Drug alerts and recalls were received via the company's intranet and actioned. The RP said the regional manager would contact the pharmacy if an alert had not been acknowledged within two days.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had several glass measures and tablet counting triangles, including a separate triangle for cytotoxic medicines. This helped avoid cross-contamination. There were two fridges, one was used to store dispensary stock and another for dispensed medicines. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several up-to-date reference sources.

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.