General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 642 Cranbrook Road, Ilford, IG6 1HJ

Pharmacy reference: 9011721

Type of pharmacy: Community

Date of inspection: 30/05/2022

Pharmacy context

This pharmacy is situated in a parade of shops on a main road opposite a health centre. As well as dispensing NHS prescriptions the pharmacy provides a range of private services. It also provides a flu and travel vaccination service including yellow fever vaccinations. The inspection was undertaken during the Covid-19 pandemic.

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	1.2	Good practice	The pharmacy proactively reviews dispensing incidents and continuously learns from them.
2. Staff	Standards met	2.2	Good practice	Team members get time set aside for ongoing training and the pharmacy monitors their training.
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 the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It protects people's personal information well and it regularly seeks feedback from people who use the pharmacy. And team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. SOPs had been recently updated and team members were due to read through the updates. SOPs were reviewed and updated by head office. Any changes or updates were highlighted at the beginning of the SOPs and team members were also made aware of these. Team members were allocated SOPs depending on their job roles. Team members had read the previous version of SOPs which were relevant to their roles. The team had been routinely ensuring infection control measures were in place and cleaned the pharmacy regularly through the day. Team members had been provided with personal protective equipment (PPE) and plastic screens had been fitted at the counter.

The pharmacy consistently recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Near misses were logged on a sheet displayed in the dispensary and electronically. The electronic system then had the ability to analyse the data from the near misses and show trends and patterns. The pharmacy manager had recently looked at the annual report which also took into consideration the timings of when errors had occurred. This had identified a two-hour window in the morning when near misses occurred the most. As a result of this the team had staggered the workload and set filters on the system so that non-urgent prescriptions could be dispensed during quieter periods. In addition to this the pharmacy manager also looked at monthly reports which were discussed with the team. As a result of past reviews medicines with similar sounding names were separated on the shelves and ramipril capsules and tablets had also been separated. Head office had issued all branches with a list of medicines which sounded alike. The team added additional medicines to this list as they identified them during reviews. Dispensing errors were investigated and reported on the intranet to head office. As a result of a past error losartan and levothyroxine had been separated on the shelves and warning labels had been stuck on the shelves near where they were kept. The team also received a monthly patient safety newsletter from head office via email and a number of hard copies were also sent.

The correct RP notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and a notice informing people of the procedure was displayed. Complaints were dealt with by the pharmacy manager. Where the matter could not be resolved in store it was referred to head office.

Records for private prescription, emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and RP records were generally well maintained. Some prescriber details on private prescription records were not accurate and all pharmacists were not signing out. CDs that people had

returned were recorded in a register as they were received. Although, returns received over the weekend had not been recorded. The pharmacy manager provided an assurance that these would be done after the inspection. A random check of a CD medicine quantity complied with the balance recorded in the register. CD registers were kept electronically. CD balance checks were carried out regularly.

Assembled prescriptions were stored behind the counter and people's private information was not visible to others using the pharmacy. The pharmacy had an information governance policy available. Relevant team members who accessed NHS systems had smartcards. Pharmacists had access to Summary Care Records (SCR); consent to access these was gained verbally. Confidential waste was collected in a segregated bag and collected by a contractor for destruction. All team members had also completed training on confidentiality online.

Team members had completed safeguarding training. The pharmacy manager had completed level three training and the RP and trainee pharmacist had completed level 2 safeguarding training. Details were available for the local safeguarding boards. The company also had a safeguarding officer at head office who team members could contact.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members for the services provided. And the pharmacy supports them by giving them time at work to do ongoing training to help keep their knowledge and skills up to date. They do the right training for their roles. They work effectively together and are supportive of one another.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of two pharmacists and three trained dispensers. The pharmacy manager was provided with additional pharmacist cover one day a week. Team members worked well together and communicated effectively to ensure that tasks were prioritised and the workload was well managed. Since relocating to the new premises the workload had increased and more team members had been recruited to manage the additional workload. The pharmacy manager said that there were an adequate number of team members for the services provided. Team members counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment.

Individual performance and development were monitored by the pharmacy manager. Appraisal meetings were held annually with an interim review. Team members were also provided with on-the-spot feedback.

Team members had personal access to a training suite which helped them keep up to date. Online eLearning was also completed on the 'Day Lewis Academy' which had a range of mandatory modules (such as safeguarding, risk management) and other optional ones which team members received points for completing. Points were also received for attending seminars and training sessions. Earning a certain number of points enabled them to reach the next level (gold, silver or bronze). Team members said there was a monthly module to complete and they were set deadlines by when certain modules needed to be completed. Team member's training was monitored by head office. Team members had recently completed health and safety training. Team members were given set-aside time to complete training modules. The trainee pharmacist attended monthly training sessions arranged by the company. He was also given time to complete training and said his tutor was supportive. Team members described that training opportunities were available. Two of the dispensers were due to commence vaccination training.

The pharmacy team held monthly meetings. Some agenda points to be discussed were set by head-office and the team added additional points which were relevant to the pharmacy. Team members felt able to feedback concerns and suggestions. Team members were rewarded for ideas and suggestions if these were implemented. As a result of previous feedback from teams the company had changed uniforms and the system used for payslips.

Targets were in place for services provided although there was no pressure to meet these. The pharmacy manager said that the targets would not affect his professional judgement.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy premises were modern, large, bright, clean, and organised. The dispensary was spacious, there was ample workspace which was clutter-free and clear. Workbenches were also allocated for certain tasks. A sink was available for the preparation of medicines. Hand sanitiser was also available for team members to use. Cleaning was carried out by team members in accordance with a rota. The pharmacy had an external automated collection point which could be used by people to collect their dispensed medicines during opening times as well as out of hours.

A consultation room was available. The room allowed a conversation at a normal level of volume to take place inside without being overheard. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services safely. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. People with a range of needs can easily access the pharmacy's services.

Inspector's evidence

There was a small step to access to the pharmacy. Team members helped people who needed to come into the pharmacy and if people preferred their medicines were brought out to them. The pharmacy was able to produce large font labels for those with visual problems. Some team members were multilingual. Team members described that there was a large South Asian population locally and a few of the team spoke a number of South Asian languages which helped with translating. The team also used online translation applications and gave an example of recently using it to translate Russian. Team members used the internet to find details of other local services. They described that there was an online service for local services which was used routinely and people were handed print outs containing information they required.

The pharmacy manager felt the General Practice Community Pharmacist Consultation Service (GP CPCS) had the most impact on the local population. There had been a large drive for referrals in the last month and the pharmacy had completed more than 100 consultations. The pharmacists described that along with the skills he had picked up as part of his independent prescribing course and the clinical summaries provided, he was able to refer people back to their GP or recommend over the counter treatment where suitable. He also felt that the company were making best use of the technology available and using robots to prepare multi-compartment compliance packs not only made the service more accurate and freed up time for team members to spend with people and provide more services. Since the pharmacy had moved all packs to be dispensed at the hub there had been an increase in the number of vaccinations provided as well as New Medicine Service consultations carried out.

As part of the Healthy Living scheme, the pharmacy ran a number of health campaigns. Campaigns were organised in line with either national or local campaigns. The team also tried to focus on campaigns relevant to the local population. Recent campaigns had included diabetes, healthy weight as part of which information was provided on working out the BMI and people were shown what a healthy plate looked like.

The pharmacy had an established workflow. Colour-coded baskets were used as part of the dispensing process to separate prescriptions. Warning stickers were attached to some of the prescriptions by the RP during the checking process. Stickers were for where a person needed to be counselled by a pharmacist or if there was a fridge line or CD dispensed. Prescriptions for children and those for sound alike medicines were stamped. It was very rare that the RP had to self-check as he did not work on his own. Dispensed and checked-by boxes on labels were initialled by members of the team to create an audit trail for the dispensing and checking processes.

The RP and team members were aware of the guidance for dispensing sodium valproate. Posters were displayed in the dispensary and the team had discussed dispensing sodium valproate at the previous

meeting. Where possible sodium valproate was dispensed in its original packaging. Placement of the dispensing label on the container was discussed with the team.

The pharmacy did not often dispense warfarin as another local pharmacy ran anticoagulation clinics. However, in the event that someone presented to collect a prescription for warfarin, they were asked for their yellow book. And it was confirmed that the person was having their INR checked routinely. Additional checks were carried out when people collected medicines which required ongoing monitoring. The pharmacy encouraged prescribers to prescribe methotrexate 2.5mg tablets. However, one practice still prescribed the 10mg strength. The team had highlighted this to ensure the wrong strength was not picked when dispensing.

The collection point could be used by people to collect their medicines during opening hours and out of hours. People needed to consent to use this service and were sent a text message with a code when their prescription was ready to collect. If people needed to be counselled on how to take their medicines, any CDs and medicines which needed to be stored in the fridge could not be collected from the collection point.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. To help organise and manage the service people were allocated to different weeks which were colour-coded. The intranet showed which colour was to be processed each week and the electronic system also notified team members of the prescriptions which needed to be ordered. Team members contacted the surgery with any queries if the GP had not informed them of the changes. Very few local hospitals sent the pharmacy discharge summaries and, in most cases, people brought these in personally. The pharmacy was able to access systems for some hospitals. All records were kept electronically. Any notes or communication was also recorded on people’s individual electronic record. Clinical checks were completed in store by the pharmacist. A backing sheet was then prepared, this was also checked as this was sent to head office and used to prepare the packs. Packs were prepared by a robot at head office and checked there by an accuracy checking technician (ACT). Prepared packs were sent back to the pharmacy in sealed clear bags. Assembled packs were labelled with product descriptions and mandatory warning. Where available a photograph of the medication was included. A QR code was available on the tray which brought up the patient information leaflets (PILs) when scanned.

The pharmacy had a delivery driver, delivery records were kept. In the event that a person was not home a note was left by the driver and the medicines bag was returned to the pharmacy. Signatures were no longer obtained when medicines were delivered and this was to help infection control.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; these were observed to be within the required range for the storage of medicines. CDs were held securely.

Expiry date checks were carried out by one of the dispensers. Short-dated stock was highlighted with a sticker. A date-checking matrix was in place. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were segregated from stock and then collected by licensed waste collectors.

Drug recalls were received on the company’s intranet. The team printed these and checked against stock, if the affected batches were found these were quarantined and action was taken following instructions received from head office. The pharmacy was required to respond to head office reporting on the action taken. If the system was not updated someone would call to check.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

The pharmacy had calibrated glass measures, and tablet counting equipment. Equipment was mainly clean and ready for use. A separate tablet counting triangle was used for cytotoxic medicines to avoid contamination. Two fridges of adequate size were available. A blood pressure monitor was available, this was new and arrangements were in place for calibration. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy.

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.