

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, 5/6 Trinity Church Square,  
Richmond, North Yorkshire, DL10 4HY

**Pharmacy reference:** 9012152

**Type of pharmacy:** Community

**Date of inspection:** 24/01/2024

## Pharmacy context

This is a community pharmacy in the mostly affluent town of Richmond, North Yorkshire. Its main activity is dispensing NHS prescriptions. And it supplies medicines in multi-compartment compliance packs for some people who need help remembering to take their medicines at the right times. The pharmacy offers a medicines delivery service. And the pharmacy team advises on minor ailments and medicines' use.

## 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	N/A	N/A	N/A
<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 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. The pharmacy protects people's personal information well and team members understand their role in protecting vulnerable people.

### Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define its working practices. SOPs were regularly reviewed and updated by the head office team. And all team members had signed to say that they had read them within the last twelve months. Team members described their roles within the pharmacy and the processes they were involved in and accurately explained which activities could not be undertaken in the absence of the responsible pharmacist (RP). Team members described the process for branch closure when there was no responsible pharmacist available. The pharmacy employed an Accuracy Checking Pharmacy Technician (ACPT). Team members described the process for prescriptions being clinically checked by the pharmacist prior to dispensing and how this was clearly marked on the prescriptions. This enabled the ACPT to complete the accuracy check.

Team members kept records about dispensing mistakes that were identified in the pharmacy, known as 'near misses.' And they recorded errors that had been identified after people received their medicines. They reviewed all near misses and errors each month to learn from them and they introduced strategies to minimise the chances of the same error happening again. The team held a list of 'Look Alike, Sound Alike' (LASA) medicines and stored these medicines on dedicated shelves in the dispensary to ensure it took extra care when selecting them. The team received a newsletter at the end of each month from the superintendent pharmacist's team. The newsletters informed team members of the trends in mistakes that had happened across the company and what they could do to help prevent these mistakes happening.

The pharmacy had current indemnity insurance. It displayed the correct responsible pharmacist notice and had an accurate responsible pharmacist record. From the records seen, it had accurate private prescription records and complete records for unlicensed medicines. The pharmacy kept digital controlled drug (CD) records with running balances. A random balance check of two CDs matched the balance recorded in the register. Stock balances were observed to be checked on a weekly basis. The pharmacy had a CD destruction register to record CDs that people had returned to the pharmacy. And the pharmacy backed up electronic patient medication records (PMR) to avoid data being lost.

The pharmacy's practice leaflet provided people with information about how they could raise a concern or provide feedback about the pharmacy. And it informed them how the pharmacy managed their personal information. Pharmacy team members were aware of the need to protect people's private information and they engaged in mandatory learning on confidentiality. They separated confidential waste for shredding. No person-identifiable information was visible to the public. The pharmacy had a documented procedure to help its team members raise any concerns they may have about the safeguarding of vulnerable adults and children. A team member explained the process they would follow if they had concerns and this involved raising concerns to the RP. They had access to local contact details and processes. The pharmacy had a chaperone policy in place and displayed a notice on

the consultation room door telling people this.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a suitably skilled team to help manage its workload. Team members receive support to help them develop their skills and keep their knowledge up to date. Team members feel comfortable providing feedback to improve the pharmacy's services.

### Inspector's evidence

The pharmacy employed one full-time pharmacist manager, a full time ACPT, a full-time dispenser and a part-time trainee dispenser. Two part-time delivery drivers provided a home delivery service. The pharmacy team was seen to be managing the workload. Team members spoken to during the inspection were experienced in their roles and had been working at the pharmacy for several years. They worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. They were well-supported by the area support team and knew who to speak to if they needed help.

The pharmacy planned learning time for all team members to undertake regular training and development. Team members showed there were regular e-learning modules to complete, and they were set deadlines to complete certain modules. Team members' training was monitored by head office. The pharmacy provided team members undertaking accredited courses with additional time to complete coursework. The RP had completed e-learning modules and face-to-face training to gain the necessary skills and accreditation required for the upcoming NHS 'pharmacy first' service. And they had discussed the service with the rest of the team.

Team members were observed to work on their own initiative. They asked appropriate questions when supplying over-the-counter medicines and referred to the pharmacist when required. They demonstrated an awareness of repeat requests for medicines intended for short-term use. And they dealt appropriately with such requests. Pharmacy team members understood the importance of reporting mistakes and were comfortable openly discussing their own mistakes with the rest of the team to improve learning. They felt able to make suggestions and raise concerns to the manager or area support team. The team had occasional team meetings. The pharmacy had a whistleblowing policy that team members were aware of.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy has premises that are secure, clean and hygienic. It has a consultation room that is professional in appearance. And it is an appropriate space for people to sit down and have a private conversation with pharmacy team members.

### Inspector's evidence

The pharmacy had relocated to new premises six months before the inspection. It was average-sized and included a retail area, two separate dispensing areas and staff facilities. The lower dispensary was screened and people were not able to see activities being undertaken in the dispensary. The premises were clean, hygienic and well maintained. There were sinks in the dispensary and toilet. These had hot and cold running water, soap, and clean hand towels. Its overall appearance was professional. The pharmacy had clearly defined areas for dispensing and the RP used a dedicated area to complete their final checks of prescriptions.

The pharmacy had a consultation room which was clean and tidy with a desk, chairs, sink and computer. And the door closed which provided privacy. It provided a suitable environment for the administration of vaccinations and other services. The door was kept locked when not in use to prevent unauthorised access. Temperature and lighting were comfortable throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services to support people in managing their health. The services are well managed by the team, and the processes team members follow help people to take their medicines correctly. The team stores medicines appropriately and undertakes regular checks to ensure they are fit for purpose.

### Inspector's evidence

The pharmacy was accessed from street level by means of an entrance with a low step. The pharmacy advertised some of its services and its opening hours in the main window. Team members wore badges showing their name and role. Pharmacy team members followed a logical and methodical workflow for dispensing. They used coloured baskets to differentiate between different prescription types and to separate people's medicines and prescriptions. And they attached coloured labels to bags containing people's dispensed medicines to act as an alert before they handed out medicines to people. For example, to highlight the presence of a fridge line or a CD that needed handing out at the same time. Team members initialled dispensing labels to provide an audit trail of who had dispensed and checked medicines.

The pharmacy provided a medicine delivery service. A team member prepared the day's deliveries and uploaded details onto an online delivery platform. This allowed team members to view the day's scheduled deliveries. This was useful if people called the pharmacy asking about their expected delivery. Delivery drivers used an electronic device to take photos as proof of delivery.

The pharmacy supplied medicines in multi-compartment compliance packs for people who needed extra support with their medicines. Pharmacy team members managed the dispensing and the related record-keeping for these on a four-weekly cycle. They kept master backing sheets for each person for each week of assembly. These master sheets documented the person's current medicines and administration times. There were notes of previous changes to medication, creating an audit trail of the changes. The pharmacy sent some packs to be prepared by a robot at another of the company's pharmacies, known as the "hub" pharmacy. Team members prepared a backing sheet which they used to record the pharmacist's clinical check. This record was then sent electronically to the hub and used to prepare the packs offsite. Packs were accuracy checked at the hub pharmacy and sent back to the pharmacy in sealed clear bags. The ACPT then checked the packs again at the pharmacy before they were stored to await collection. Packs were labelled so people had written instructions about how to take their medicines. These labels included descriptions of what the medicines looked like, so they could be identified in the pack.

The pharmacist undertook clinical checks and provided appropriate advice and counselling to people receiving higher-risk medicines including methotrexate. People were supplied with written information and record books if required. And the pharmacist demonstrated how they made records of interventions on people's individual PMR. The pharmacy had put the guidance from the valproate Pregnancy Prevention Programme in place. It had undertaken a search for people in the 'at-risk' group. The pharmacy did not supply valproate to anyone in this group. Team members knew to apply dispensing labels to valproate packs in a way that prevented any written warnings being covered up. And they dispensed valproate in the original pack.

The pharmacy offered some additional services including flu vaccinations. The signed patient group direction (PGD) for the recent flu vaccination service was available. The pharmacy provided an NHS hypertension case-finding service. Team members demonstrated examples of where they had identified people who had high blood pressure and referred them to the GP for further review and treatment. The pharmacy also offered the NHS New Medicines Service. The pharmacist contacted people prescribed new medicines to check that they were taking their medication correctly and not experiencing side effects. Follow-up consultations were sometimes completed by a pharmacist who worked remotely from head office. Team members asked people for consent before providing the service in this way. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) and received regular referrals, from both NHS111 and the GP practice.

The pharmacy used a 24-hour collection point machine and team members sent a text message to let people know their medication was ready for collection. People collected their prescriptions from the machine using a unique PIN code. This was at their own convenience even when the pharmacy was closed. The pharmacy excluded some medications such as CDs and items that required refrigeration. And team members regularly checked the machine for uncollected items which they removed and contacted people to let them know.

The pharmacy obtained medicines from recognised suppliers. It stored medicines in their original packaging on shelves. The pharmacy protected pharmacy (P) medicines from self-selection to ensure sales were supervised. And team members followed the sale of medicines protocol when selling these. The pharmacy stored items requiring cold storage in two medical fridges and team members monitored and recorded minimum and maximum temperatures daily. They took appropriate action if these went above or below accepted limits. Team members checked expiry dates of medicines on a rolling three month cycle. And those inspected were found to be in date. The pharmacy had disposal bins for expired and patient-returned stock. The pharmacy actioned Medicines and Healthcare products Regulatory Agency (MHRA) recalls and safety alerts on receipt and kept records about what it had done.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services. And it uses its facilities appropriately to help protect people's confidentiality.

### Inspector's evidence

The pharmacy had resources available including current editions of the British National Formulary (BNF) and BNF for Children. It had internet access to provide a range of further support tools. This meant the pharmacy team could refer to the most recent guidance and information on medicines.

The pharmacy kept equipment required to deliver pharmacy services in the consultation room where it was used with people accessing its services. This included a blood pressure meter which was calibrated as per the manufacturer's guidance. Team members kept clean crown-stamped measures by the sink in the dispensary, and separate marked ones were used for substance misuse medicines. The pharmacy team kept clean tablet and capsule counters in the dispensary and kept a separate marked one for cytotoxic tablets. The pharmacy stored paper records in the dispensary inaccessible to the public. Team members had their own NHS Smartcards which were not shared, and computers were all password protected and screens were not visible to the public. The pharmacy had cordless phones, so that team members could have conversations with people in private.

### 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.