

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 8 The Triangle Shopping Centre, Rochford Way, FRINTON-ON-SEA, Essex, CO13 0AU

Pharmacy reference: 1031171

Type of pharmacy: Community

Date of inspection: 30/09/2024

Pharmacy context

This pharmacy is located within a shopping centre in the town of Frinton-on-sea in Essex. It provides a variety of services including New Medicine Service (NMS), dispensing NHS prescriptions and the Pharmacy First service under patient group directions (PGDs). It also provides medicines in multi-compartment compliance packs to people who need additional support to take their medicines.

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 manages the risks associated with its services well. And it has appropriate insurance arrangements in place. The pharmacy largely keeps the records it needs to by law. And it handles people's private information appropriately. People can give feedback about the pharmacy's services. And the team knows how to protect vulnerable people.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in a prominent location in the pharmacy. The pharmacy had up-to-date standard operating procedures (SOPs) which were available electronically. These had been read by all team members and were updated regularly by the pharmacy's head office. The team regularly recorded near misses (dispensing mistakes spotted before they reached a person) on paper log sheets in the dispensary in an adequate level of detail. The team recorded dispensing errors (dispensing mistakes that had reached a person) electronically and in more detail than near misses. The team explained that when occurred, an error report was written, and a copy was sent to head office for review. A copy was also kept in the pharmacy for the team to refer to if necessary. The team also had a meeting to discuss any errors that occurred in the pharmacy. The team said that as a result of a previous error two similar sounding medicines had been separated on the shelves in the dispensary and warning notices had been put up to remind the team to be more vigilant when picking medicines.

The pharmacy had a complaints procedure. People could make a complaint or leave feedback on the company's website. The RP confirmed that people could also give feedback or complain in person or over the phone if they wished to. Complaints were usually dealt with by the team in store but could be escalated to head office if necessary. Confidential material was disposed of in a dedicated waste bin. When this bin was full, the waste was collected by an external company and taken away for safe disposal. No confidential waste was found in the general waste bins. And no person-identifiable information could be seen from outside the dispensary.

The RP had completed safeguarding level two training with the e-Learning for healthcare (e-lfh). Other team members had also completed appropriate safeguarding training. They were aware of what to do if they had a safeguarding concern. The team said there had not been a safeguarding issue for some time, but it had access to details of local safeguarding contacts to report concerns.

The pharmacy had current indemnity insurance. Controlled drug (CD) records were kept electronically, and all records seen were in line with legal requirements. The pharmacy completed regular CD balance checks, and records were seen to confirm this. A random check of a CD showed that the running balance matched the quantity in stock. The pharmacy kept its private prescription records electronically, and the ones seen were largely complete. However, some records were missing the name and address of the prescriber. This could make it harder to locate a prescriber if required. The RP said that the prescriber's details would be included on all private prescription records going forward. However, records seen of emergency supplies of medicines had an appropriate reason for supply recorded and records seen about unlicensed medicines had all required details recorded. The RP record was largely complete with only a couple of entries seen all entries seen missing a finish time.

Principle 2 - Staffing ✓ Standards met

Summary findings

On the whole, the pharmacy has enough team members to manage its workload effectively. And its team members have completed the required training for their roles. They can raise any concerns they have. And they get ongoing training to help keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team consisted of the RP who worked in the pharmacy during the week and another pharmacist who worked on Saturday. There was also an accuracy checking technician, three dispensers and a counter assistant. The RP stated that the pharmacy had enough team members to manage the workload and they were up to date with dispensing. The RP stated that all team members had completed an appropriate training course with an accredited training provider. The team was observed working safely and efficiently during the inspection. And team members knew what could and could not be done in the absence of an RP and were seen confirming people's details before handing out medicines. The team was provided with ongoing training in the form of eLearning by head office. The team members said they did not have any issues raising any concerns. Team members would usually go to the RP first but could speak to head office if they needed to. The RP confirmed that she was set some targets in the pharmacy relating to blood pressure checks and the Pharmacy First service, but that these targets did not affect her or the pharmacy team's ability to provide a safe service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy and has plenty of space for team members to carry out their work. And it is kept secure from unauthorised access. The pharmacy has a consultation room where people can have conversations with a team member in private.

Inspector's evidence

The front fascia of the pharmacy was in an adequate state of repair. The pharmacy was generally clean and tidy, and the shop floor area was clean and bright, and it had chairs for people waiting for services. The pharmacy had a consultation room for people who wished to have a conversation in private. The room was generally clean and tidy and allowed for a conversation at a normal level of volume to take place and not be heard from outside. Pharmacy only (P) medicines were stored behind the counter and in clear boxes on the shop floor area with notices to ask staff for assistance if wishing to purchase. The entrance door to the pharmacy had a bell which would ring each time someone entered or left the pharmacy, and the shop floor area could easily be seen from the dispensary area. The dispensary had plenty of floor and desktop space for the team to work in and it had a sink for preparing liquid medicines which was clean. The temperature and lighting of the pharmacy were adequate. The pharmacy had a staff toilet with access to hot and cold running water and hand wash. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. And people with a range of needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources and stores them appropriately. And its team responds appropriately to safety alerts and recalls ensuring that people get medicines and medical devices are fit for purpose.

Inspector's evidence

The pharmacy had step-free access via a manual door. The pharmacy could cater for people with accessibility issues, for example by printing large-print labels for people with sight issues. There was enough space on the shop floor for wheelchairs and pushchairs to access the dispensary counter. The dispensary had separate areas for dispensing and checking medicines. Baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines that were seen contained a dispensing label which had the initials of the dispenser and checker, and this provided an audit trail.

Multi-compartment compliance packs were prepared in a separate part of the pharmacy. Packs seen were labelled with all the necessary dosage and information as well as a description of the shape, colour and any markings on the medicines to help people identify their medicines. But packs did not have the necessary safety information required for certain medicines printed on the labels. So, people could be missing out on important information about their medicines. The team provided assurances that this information would be added to all packs going forward. The team confirmed that Patient Information Leaflets (PILs) were always included with the packs every month. Team members stated that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy provided a medicine delivery service to people in their own homes. This involved the delivery driver using a secure electronic device when delivering medicines to people. The team also kept a paper copy of deliveries in the pharmacy. If there was a failed delivery, a note was put through the door to arrange redelivery and the medicines returned to the pharmacy.

The pharmacy obtained medicines from licensed wholesalers and invoices were seen to confirm this. CDs requiring safe custody were stored securely. And the team stated that the expiry date of CD prescriptions was recorded and highlighted on all CD prescriptions to reduce the chance of a medicine being handed out after the prescription had expired. The pharmacy had two fridges. Fridge temperatures for both were recorded daily, and all records seen were in range. And the current temperatures were found to be in range during the inspection. Expiry-date checks were carried out every two months on a rota basis with different sections being checked each time. A random check of medicines on the shelves revealed no expired medicines.

Safety alerts and recalls of medicines and medical devices were received online via email. Alerts were printed and the action taken recorded on the alerts after which they were archived in a folder kept in the pharmacy. Team members were aware of the risks associated with sodium valproate and knew where to apply a label to a box of sodium valproate so as not to cover any important safety information. The team was aware of the guidance change for supplying sodium valproate in its original

pack. The pharmacy had access to the appropriate in-date PGDs for the Pharmacy First service available in the pharmacy. These had been read and signed electronically by the RP.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment to deliver its services safely. And it uses this equipment to protect people's confidentiality.

Inspector's evidence

The pharmacy computers had access to the internet, allowing the team members to access any online resources that they needed. The computers were password protected and screens faced away from public view to protect people's privacy. The team were observed using their own NHS smartcards. And the pharmacy had cordless phones to allow any conversations to be had in private. Electrical equipment had been safety tested in August last year and was now overdue retesting. The RP said she would arrange for electrical equipment to be retested. The pharmacy had appropriate calibrated glass measures with separate ones reserved for certain liquids. There were tablet triangles for counting out tablets including a separate one for cytotoxic medicines such as methotrexate. The pharmacy had access to a blood pressure monitor; the RP said that it had recently been recalibrated. The pharmacy also had access to an appropriate otoscope for providing the Pharmacy First service.

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.