

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 22 High Street, Carisbrooke, NEWPORT, Isle of Wight, PO30 1NR

Pharmacy reference: 1032535

Type of pharmacy: Community

Date of inspection: 29/08/2024

Pharmacy context

This is a pharmacy located next door to the medical centre in Carisbrooke, on the isle of Wight. The pharmacy provides services for local residents and tourists visiting the island, including dispensing of prescriptions, vaccinations, the sale of medicines and providing advice. The pharmacy is open 9am-6pm (closed 1-2pm for lunch) Monday – Friday.

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 has safe and effective working practices. Members of the pharmacy team monitor the safety of their services well. They routinely record their mistakes and review them to help improve the pharmacy's internal processes. Team members proactively protect the welfare of vulnerable people and they understand how to suitably protect people's private information. The pharmacy maintains its records appropriately in accordance with the law.

Inspector's evidence

The pharmacy has electronic written procedures in place. These had recently been received on the new Pharmsmart system to replace the existing printed version and could easily be reviewed and updated to reflect changes. There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded and reported electronically to head office via the electronic system. And the assistant manager demonstrated that dispensing incidents were reviewed regularly and errors discussed with staff members to ensure appropriate reflection and learning, particularly in relation to look-alike and sound-alike (LASA) medicines. The pharmacy investigated errors and near misses so that they could learn from these and reduce the risk of these occurring in the future. There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used individual baskets to hold dispensed medicines to prevent them mixing up different prescriptions. Dispensing labels were also seen to have been completed indicating who had dispensed and who had checked a prescription. The pharmacy's team members understood what their roles and responsibilities were when questioned. There was a business continuity plan in place. There was a complaints procedure in place and displayed for people to see. Staff were all clear on the processes they should follow if they received a complaint. Recent online reviews of the pharmacy services were generally positive and the pharmacy responded to any concerns highlighted.

The pharmacy had appropriate public liability and indemnity insurance cover in place. Records of controlled drugs (CD) and patient returned controlled drugs were kept. The electronic CD balance was checked regularly. The responsible pharmacist (RP) record was generally correctly completed, although care should be taken to ensure that the RP signs out at the end of their shift. The RP notice was displayed and could be clearly seen by the public. There was a fridge in use and temperatures were recorded and monitored daily. Date checking of medicine stock was in place and records were maintained for this. The private prescription, emergency supply and specials records were maintained appropriately.

The pharmacy's team members were seen to be following the company's information governance procedures during the inspection. The computer screens were all facing away from the public and were password protected with personal smartcards being used. Confidential waste was collected separate to normal waste and disposed of appropriately. On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. There was a safeguarding policy in place at the pharmacy. The pharmacist and technicians had completed CPPE level 2 safeguarding training. Contact details for local safeguarding advice, referral and support were available for the staff to use should the need arise.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient staff to manage its workload safely. Pharmacy team members are suitably trained and skilled for the tasks they undertake. They have a clear understanding of their responsibilities. And, team members keep their skills and knowledge updated by completing regular training.

Inspector's evidence

The pharmacy was adequately staffed by suitably skilled team members. This helped to manage the workload safely. Staff present during the inspection included a relief pharmacist, two accuracy checking technicians together with two additional dispensers and a counter assistant.

The team worked well together to provide a good service to people. They helped each other to make sure people were seen to as quickly as possible and to ensure prescriptions were dispensed safely. Team members understood their role and responsibilities, they asked appropriate questions before selling medicines over the counter, held a suitable level of knowledge to sell medicines safely and referred when required. The team were observed undertaking their tasks with very little direction required from the RP. The pharmacist manager helped identify training needs with staff members. And assisted with their ongoing training needs to improve and keep their knowledge up to date.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to deliver its services. The pharmacy is clean and it is professional in its appearance. And, it has sufficient space to safely provide its services.

Inspector's evidence

The pharmacy was generally clean and tidy and appropriately equipped for the services provided. The pharmacy fixtures and fittings were appropriate for the service provided and the pharmacy was well lit with adequate storage and workbench space available. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing. The consultation room was clean bright and professional in appearance. And the pharmacy had a chaperone policy in place. The pharmacy had air-conditioning in place.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. The pharmacy team members are helpful and ensure the pharmacy's services are easily accessible. The pharmacy obtains its medicines from reputable sources. It stores and manages them appropriately

Inspector's evidence

The pharmacy's opening hours and the local out of hours pharmacy rota services were being displayed to people entering the pharmacy. Entry into the pharmacy was from the carpark via a ramp and the premises consisted of wide aisles. This assisted people with wheelchairs or restricted mobility to easily use the pharmacy's services. The pharmacy team supplied multi-compartment compliance packs for around 100 people for use in their own homes. Most of these were assembled and prepared at the head office dispensing hub which helped manage the workload.

Members of the pharmacy team knew that women or girls able to have children mustn't take a valproate unless there was a pregnancy prevention programme in place. They knew that people in this at-risk group who were prescribed a valproate needed to be counselled on its contraindications. They were aware of the new rules on dispensing valproate-containing medicines in the manufacturer's original full pack. And they had the resources they needed when they dispensed a valproate. The pharmacy was also aware of the new legislation around the supply of puberty blocking drugs.

The pharmacy offered the Pharmacy First scheme. The pharmacist had the equipment and had received the appropriate training to provide this service. The pharmacy used authorised wholesalers to obtain medicines and medical devices. Specials were ordered via licensed specials manufacturers. The pharmacy team had access to destruction kits for the destruction of controlled drugs. Designated bins were available and being used for the disposal of medicines returned by patients. Waste collection was at regular intervals and the team explained they would contact the contractors if they required more frequent waste collection. The pharmacy did not currently have a hazardous waste bin for disposal of cytostatic and cytotoxic waste. However, the pharmacy had a process for isolating and separating hazardous waste and arranging for the disposal of this separately. Medicines and medical devices were stored within their original manufacturer's packaging.

Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridge was in good working order. MHRA drug alerts and recalls were received and actioned appropriately by the pharmacy team. Records and audit trails to demonstrate this were kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. The pharmacy keeps its equipment clean and uses its facilities appropriately to protect people's privacy.

Inspector's evidence

The pharmacy was equipped with current versions of the reference sources as well as access to the online reference sources it needed together with access through the National Pharmacy Association information service.

The equipment it had was clean and this included measures for liquid medicines and counting triangles. The pharmacy provided a blood pressure monitoring service and the blood pressure machine, together with the equipment used for the Pharmacy first scheme was checked on a regular basis. The pharmacy restricted access to its computers and PMR system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members made sure their NHS smartcards weren't used when they weren't working.

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.