

Registered pharmacy inspection report

Pharmacy Name: Day Lewis Pharmacy, 220 Tollgate Road, East Becton, LONDON, E6 5JS

Pharmacy reference: 1040204

Type of pharmacy: Community

Date of inspection: 12/02/2024

Pharmacy context

This pharmacy is located within the same building as a GP practice, in East London. It serves a mixed local population. The pharmacy mainly dispenses NHS prescriptions and provides several services, including an anticoagulant clinic, ambulatory blood pressure measuring, and the Pharmacy First service. It provides medicines in multi-compartment compliance packs for people who need this additional support. And it delivers medicines to some people's homes.

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 manages the risks associated with its services. It keeps the records it needs to by law, so it can show that supplies are made safely and legally. People who use the pharmacy can provide feedback and the pharmacy team members have received training to help them protect the welfare of vulnerable people. When a dispensing mistake occurs, team members react appropriately.

Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) and these had been signed by all team members to confirm they had read them. The pharmacy carried out risk assessments before starting a service, and these covered areas such as staff training, staffing levels, equipment needed, the suitability of the premises, and more.

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were routinely recorded. The near miss record was reviewed every month and the team completed a patient safety review which was submitted to the pharmacy's head office. Team meetings were held to discuss areas for improvement and any learnings. The team had placed warning stickers on the shelves where medicines were stored to highlight medicines that looked or sounded alike. Head office also sent a monthly safety report which highlighted mistakes at other branches, which the team found very helpful. A procedure was in place for dealing with dispensing mistakes which had reached a person (dispensing errors), which included documenting the mistake and informing the person's GP. The responsible pharmacist (RP) described the action the pharmacy had taken in response to a dispensing error, which included separating the medicines involved.

The pharmacy had current indemnity insurance cover. The correct RP notice was displayed. Samples of the RP record were seen to be well maintained. Other records required for the safe provision of pharmacy services were completed in line with legal requirements, including those for private prescriptions and emergency supplies. A sample of controlled drug (CD) registers was inspected, and these were filled in correctly. The physical stock of a CD was checked and matched the recorded balance.

People were able to give feedback or raise concerns online or verbally. The pharmacy also conducted its own annual patient satisfaction questionnaire, results of which were collated by head office. The complaints procedure was displayed in the retail area and team members said that head office promptly responded to complaints.

Members of the team had completed training on information governance and the General Data Protection Regulation. Confidential waste was collected by the pharmacy's head office, computers were password protected and smartcards were used to access the pharmacy's electronic records. Cordless telephones were available so that members of team could have private conversations away from people.

The RP had completed Level 3 training on safeguarding children and vulnerable adults. Other team members had completed in-house training. They were aware of the 'Safe Space' initiative and knew where to access the details for the local safeguarding board.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

During the inspection there was a regular pharmacist, an accuracy checking technician and three trained dispensers. Another regular pharmacist and trainee dispenser also worked at the pharmacy. The team members were on top of their workload and were observed managing the pharmacy's services well throughout the inspection. Emergency and annual leave was covered within the team or by requesting additional cover from head office.

Team members were able to describe their roles and responsibilities. They all had a good understanding of the services that were available at the pharmacy. They had access to an online platform through which they could complete ongoing training. They were provided with time to complete their training and were sent reminders by the regional manager if they had not completed their modules on time. Team members were observed giving appropriate advice to people in the pharmacy. And they referred to the pharmacist for further advice when needed.

Team members were observed to be supportive of one another and said they openly discussed concerns. Team meetings were held every month to discuss any ideas and issues, or to update the team, for example, on new services and processes. Formal appraisals were carried out annually and team members had the opportunity to give feedback and request further training. They said that the pharmacy's head office was responsive to their feedback. There were some targets in place, but the team said that these were realistic and did not affect their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had a small retail area and a spacious dispensary. The dispensary was on a platform which allowed for more privacy when preparing prescriptions. There was sufficient work and storage space, and dispensary workbenches were kept tidy. The fixtures and fittings had not been replaced for some time but were generally fit for purpose. Pharmacy-only medicines were stored behind the medicines counter, and away from people's reach. There was a spacious consultation room which was located beside the medicine counter. The door to the room was kept locked when it was not in use, and the room did not contain any confidential documents. Cleaning chores were shared by the team, and these were done daily. There was air conditioning throughout the pharmacy and lighting in the pharmacy was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has a range of services which are accessible to people, and it provides them in a safe way. It obtains its medicines from reputable sources and stores as well as manages its medicines appropriately. Team members identify people taking higher-risk medicines so that they can be given any extra information they may need to take their medicines safely.

Inspector's evidence

Access into the pharmacy was step-free. There was sufficient space in the retail area, and this assisted people with restricted mobility or using wheelchairs. The pharmacy had a small seating area for people to use when they wanted to wait. Some members of the team were multilingual, and the RP described contacting team members at other branches to help translate, if needed. Services were listed on the window and there were leaflets available near the medicine counter. The pharmacy had an online booking application, which people could use to book a service.

There was sufficient workspace and baskets were used to separate prescriptions and prevent transfer between people. Dispensing audit trails to identify who dispensed and checked medicines were completed. Team members were observed confirming people's details before handing out dispensed medicines. People were sent a text message to remind them to collect their medication.

A QR code was displayed at the medicine counter which directed people to the pharmacy's mobile phone application. People were able to reorder their repeat prescription via the application. The request was sent directly to their GP practice, who then sent the prescription to the person's nominated branch. Team members said the application simplified the prescription ordering process for people.

Team members were aware of the updated guidance about sodium valproate and the requirement to only dispense original packs. The pharmacy had conducted an audit and the RP said that currently, the pharmacy was not providing this medicine to anyone in the 'at-risk' group. The pharmacy checked if people taking other higher-risk medicines, such as methotrexate and lithium, were being routinely monitored. Their prescriptions were marked with a coloured sticker, and they were referred to the pharmacist for additional counselling. Prescriptions for Schedule 3 and 4 CDs were highlighted once dispensed. This helped reduce the risk of handing out these medicines past the valid date on the prescription. The patient medication record system also alerted the pharmacy of any expiring prescriptions, so that they were removed from the retrieval system.

The pharmacy provided several services via patient group directions (PGDs), including period delay, malaria prophylaxis, weight loss (orlistat), erectile dysfunction, and contraception. The pharmacist had completed the relevant training, which was up to date. People were signposted to the consultation room for more privacy and were asked to complete a medical questionnaire. The RP would then assess this against the PGD criteria, before dispensing the medication. People were asked for consent to share information with their regular GP.

Multi-compartment compliance packs were assembled by an offsite hub. Prepared packs observed were labelled with product descriptions and mandatory warnings. The pharmacy had clear audit trails

for the service to help keep track of when people were due their packs, when their prescriptions had been ordered and when they were collected. Prescriptions were always clinically checked by the RP before they were sent to the hub. The team said they would report any errors to the hub and include photographs of the pack.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. The pharmacy team said they checked the expiry dates of medicines at regular intervals and kept clear records of this. No expired medicines were found on the shelves in a random check in the dispensary. 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. Drug alerts and recalls were received electronically. A report was completed to document any action taken in response to an alert and this was sent to the pharmacy's head office.

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

There were two plastic measures available. The RP said he would replace these with glass measures. There were several tablet counting triangles, including separate triangles for cytotoxic medicines. This helped avoid cross-contamination. There were two pharmacy fridges, one in the dispensary and another in the consultation room. Both were suitable for the storage of 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.