

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, 13 Camberwell Church Street,  
LONDON, SE5 8TR

**Pharmacy reference:** 1087107

**Type of pharmacy:** Community

**Date of inspection:** 18/03/2024

## Pharmacy context

This pharmacy is located on a busy main road and serves a mixed local population. It is open Monday to Friday. The pharmacy's main activity is dispensing NHS prescriptions. It also offers other services such as the NHS Pharmacy First scheme, substance misuse treatment, and multi-compartment compliance packs to people who need help managing 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
<b>1. Governance</b>	Standards met	1.2	Good practice	The pharmacy reviews and monitors risks for the safe and effective delivery of its services. It reflects on how it can improve and puts improvements in place.
<b>2. Staff</b>	Standards met	2.2	Good practice	Team members are supported to complete ongoing training to keep their skills and knowledge up to date. And they are provided with time to complete training.
<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 appropriately manages the risks associated with its services. And it keeps the records it needs to by law, so it can show that supplies are made safely and legally. Team members respond appropriately when mistakes happen during the dispensing process. People who use the pharmacy can provide feedback. And team members are provided with some training about safeguarding to help ensure that incidents are dealt with appropriately.

### Inspector's evidence

Up to date standard operating procedures (SOPs) were held electronically as well as in paper format for easy access. Team members could also access the SOPs via a mobile telephone application. They had read and signed the SOPs to confirm that they had understood them.

The accuracy checking technician (ACT) said that risks associated with the dispensing service were reduced as prescriptions underwent several checks. The prescription was dispensed by a dispenser, checked by the pharmacist, then checked again by the ACT. The medicine counter assistant (MCA) would then bag the medicines and carry out an additional check. This helped reduce dispensing mistakes. Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were seen to be routinely recorded. The record was analysed to identify patterns, for example, if near misses were occurring at a particular time of day. These reviews were documented to help keep track of any action the team needed to take. The pharmacy team had made some changes because of reviewing dispensing mistakes, including clearly marking higher-risk medicines and medicines that looked or sounded alike on the shelves. A procedure was in place for dealing with dispensing mistakes which had reached a person, or dispensing errors. This included reporting the mistake to the pharmacy's head office and the person's GP.

The correct responsible pharmacist (RP) sign was displayed. Team members understood their roles and responsibilities. RP, private prescription, and emergency supply records were kept in order. Audit trails were maintained for unlicensed medicines. The pharmacy had current indemnity insurance cover. Controlled drug (CD) registers were maintained in accordance with requirements. A random stock check of a CD agreed with the recorded balance.

People were able to give feedback or raise concerns verbally or by leaving reviews online. The complaint procedure was displayed clearly in the retail area and included the contact details for the pharmacy's head office.

Confidential waste was stored in a separate bag and collected by an approved contractor. Computers were password protected and smartcards were used to access the pharmacy's electronic records. Team members described speaking discreetly to people and providing slips of paper for them to write their details down. The MCA was observed politely requesting for a person to wait in the retail area rather than in front of the medicines counter so that the pharmacist could have a conversation with another person. Members of the team completed annual training on information governance and the General Data Protection Regulation.

All members of the team had completed the relevant safeguarding training and had read the

pharmacy's chaperone policy. They said they would raise concerns to the pharmacist or contact the local safeguarding board. They knew how to obtain the contact details of the local board. The pharmacy had not had any safeguarding concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to help manage its workload. The team is well supported in their development and in keeping their knowledge and skills up to date. And they feel comfortable about providing feedback or raising concerns.

### Inspector's evidence

During the inspection, the pharmacy was staffed by a pharmacist, an ACT and an MCA. The pharmacy also employed a part-time dispenser. Two pharmacy students were completing a one-week work experience placement at the pharmacy and had started on the day of the inspection. Team members said there was sufficient staffing, but it was a struggle to complete tasks, particularly when a member of the team was on leave. Otherwise, they were on top of their workload.

The MCA was observed asking several questions before selling Pharmacy-only medicines. She described refusing some sales, for examples those for higher-risk medicines. She had a good understanding of services and had a polite manner when serving people.

Team members had access to ongoing training via an online platform and were alerted when a new module was made available. The pharmacy's head office had recently launched a mobile telephone application through which team members could access training modules and SOPs. They were provided with time to complete this training and had recently completed modules on antibiotics and the Pharmacy First service.

Formal appraisals were done with the pharmacy's regional manager. Team members had the opportunity to provide feedback to senior management, which they said was generally taken on board. They knew about the pharmacy's whistleblowing policy. Targets with incentives were set but team members said that these did not affect their professional judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are secure, generally clean, and suitable for the services provided. And the pharmacy has appropriate facilities to meet the needs of people requiring privacy when using its services.

### Inspector's evidence

The pharmacy premises were tidy and there was enough storage and workspace. Cleaning tasks were shared amongst the team and were done regularly, but fittings had not been changed for some time and some shelves were dusty or marked. A sink, with hot and cold water, was fitted in the dispensary and this was relatively clean. Team members kept floor spaces clear to reduce the risk of trip hazards. There was a small retail area which had two chairs for people wanting to wait for a service. A disinfecting station was fitted at the retail area. There was a soundproof consultation room which team members used for private conversations with people and when providing services. The room was not used to store any confidential information. The pharmacy was secure and there was restricted public access to the dispensary during the opening hours.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services that are suitably accessible to people. And it generally manages them well. The pharmacy receives its medicines from reputable sources and stores them appropriately. And team members carry out checks to help ensure they keep medicines in good condition.

### Inspector's evidence

The pharmacy had a level entrance and a wide door to the main retail area. The pharmacy displayed its opening hours and some pharmacy services in the window. The team also kept a range of healthcare information posters and leaflets for people to read, these included information on the Pharmacy First service and blood pressure monitoring. Team members described verbally referring people to services that they were eligible for and signposting people to other service providers. The pharmacy had recently started providing the Pharmacy First service, but uptake had been relatively slow. People were able to walk in to access the service or book an appointment. The pharmacy was providing all seven pathways of the service and the RP said that he followed the step-by-step guidance when making supplies or recommendations. The person's national care records were checked before supplies were made and the relevant system was updated so that the person's GP was informed of any supplies.

Dispensing audit trails were maintained to help identify who was involved in dispensing and checking a prescription. Members of the team were observed confirming people's names and addresses before handing out dispensed medicines. Baskets were used throughout the dispensing process to help prevent the mixing of people's prescriptions.

Team members were aware of the checks and labelling requirements of dispensing sodium valproate to people in the at-risk group and said they would dispense this medicine in its original pack. Team members described making additional checks when dispensing other higher-risk medicines, such as requesting INR levels of people taking warfarin. But prescriptions for these medicines were not always highlighted if people had been taking them long term. This may mean that they were not referred to the pharmacist for up-to-date advice and counselling. A computerised dispensing system was used to measure out liquid for substance misuse treatment. Instalments were dispensed every morning to help reduce distractions throughout the day. Prescriptions were filed in day order so that it was clear to team members which prescriptions were due to be dispensed. The computerised dispensing system was calibrated daily before the instalments were dispensed, to help ensure accuracy. Its operation manual was kept near the terminal, for team members to refer to, should any issues arise. Team members said that the introduction of the system helped improve efficiency and reduce the risk of errors.

The pharmacy provided multi-compartment packs to people living in their own homes and needed help with their medicines. There were clear audit trails for the service to help keep track of when people were due their packs and when their prescriptions were ordered. Once prescriptions were received, they were reviewed against a master backing sheet and changes were confirmed with the prescriber. The packs were assembled by the dispenser and checked by the RP. But several trays were found to be stored without any labels. The ACT explained that the packs were labelled just before they were due to be delivered. The risks of this practice were discussed with the team. Following the inspection, the RP

sent evidence to confirm that the packs had been labelled with backing sheets. He added that the process had been reviewed, and team members were briefed to label the packs at the time of dispensing. A QR code was printed on each pack, and this directed people to the relevant patient information leaflets.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines at regular intervals and kept a record. No expired medicines were found on the shelves in a random check in the dispensary. Fridge temperatures were checked and documented daily. The pharmacy received drug alerts and recalls electronically and kept a record of any action taken in response to these. Waste medicine was stored appropriately, in suitable containers.



## 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

The pharmacy had several glass measures, with some used to measure certain liquids only. There were clean tablet counting triangles. There were two pharmaceutical fridges, and these were clean and suitable for the storage of medicines. A computerised dispensing system was used to measure out certain liquids. This was calibrated daily and serviced regularly. New blood pressure monitors were in use. 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.