

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, 151 High Street, Harwich,  
Essex, CO12 3AX

**Pharmacy reference:** 9011395

**Type of pharmacy:** Community

**Date of inspection:** 15/11/2024

## Pharmacy context

This pharmacy is located on a busy high street in the town of Harwich 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 multicompart ment 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
<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 manages the risks associated with its services well. It 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 RP was a relief pharmacist who had worked in the pharmacy before. The regular pharmacist arrived part-way through the inspection. 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. The team said that near misses were discussed with the team member involved and the records were reviewed every month to identify any patterns or trends. 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 an error occurred, a report was written, and the team had a meeting to discuss what had gone wrong. The team said that there had not been a dispensing error in the pharmacy for some time.

The pharmacy had a complaints procedure. People could make a complaint or leave feedback on the pharmacy'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 person-identifiable information could be seen from outside the dispensary. There was a privacy notice on display in the shop area explaining how the pharmacy used people's personal information.

The pharmacy had current professional 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. Records of unlicensed medicines had all required details recorded. The RP record was also complete with all entries seen having a start and a finish time recorded.

The RP had completed safeguarding level two training. And the other team members had completed level one training. The team was aware of what to do if there was a safeguarding concern and had details of local safeguarding contacts to report concerns. The team said there had not been a safeguarding issue for some time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload effectively. And its team members have completed the required training for their roles. And they get regular ongoing training to help keep their knowledge and skills up to date. Team members are comfortable raising any issues they have.

### Inspector's evidence

The pharmacy team on the day of the inspection consisted of the RP and two dispensers. There was also a pharmacy technician, who normally worked as an accuracy checker, and another dispenser who were not present during the inspection. The RP was satisfied that the pharmacy had enough team members to manage the workload and confirmed they were up to date with dispensing. 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. 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. Team members confirmed that they were set some targets relating to blood pressure checks and the Pharmacy First service. They said these targets were sometimes difficult to achieve, but they always prioritised providing essential pharmacy services over meeting targets.

## 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 clean and tidy, and the retail area was clean and bright and had chairs for people waiting for services. The pharmacy had a weekly cleaning rota in place to help keep it clean. There was a private consultation room for people who wished to have a conversation in private. The room was clean and tidy and allowed for a conversation at a normal volume not to be heard from outside. Pharmacy only (P) medicines were stored securely behind the counter. The dispensary had plenty of floor and desktop space and it had a clean sink for preparing liquid medicines. The temperature and lighting were adequate. There was 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

The pharmacy provides its services safely. And people with a range of needs can access the pharmacy's services. It gets its medicines from licensed 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. It could cater for people with accessibility issues, for example by printing large-print labels for people with sight issues. There was plenty of space on the shop floor for wheelchairs and pushchairs to access the dispensary counter. The pharmacy's website had incorrect opening times for the pharmacy, listing it as open between 1-2pm when it was actually closed for lunch. This could cause confusion and mean people may attend the pharmacy when it is closed.

The dispensary had separate areas for dispensing and checking medicines. Baskets were used to separate prescriptions and prevent them getting mixed up. Dispensing labels were initialled by the dispenser and checker, and this provided an audit trail. The pharmacy provided a medicine delivery service to people in their own homes. The delivery driver used a secure electronic device to record deliveries. If there was a failed delivery, a note was put through the door to arrange redelivery and the medicines returned to the pharmacy.

Multi-compartment compliance packs 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 the individual medicines. But packs did not have the cautionary and advisory labels for certain medicines printed on the labels. So, people could be missing out on important information about their medicines. The team confirmed that Patient Information Leaflets (PILs) were always supplied with the packs. 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 obtained medicines from licensed wholesalers and invoices were seen to confirm this. CDs requiring safe custody were stored securely. And the team printed off additional labels with the expiry date which were attached all CD prescriptions for team members to check before giving out a medicine to prevent expired prescription being handed out. The pharmacy had two fridges. Fridge temperatures for both were recorded daily, and all records seen were in range.

Expiry-date checks were carried out every three months. A random check of medicines on the shelves found no expired medicines. Safety alerts and recalls of medicines and medical devices were received electronically. 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 by the RP and other regular pharmacist. There was an anaphylaxis kit in the consultation room in case anyone experienced

an allergic reaction to a vaccine. The kit was in-date and fit for use.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment to deliver its services safely. And it uses its 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 the previous year. The pharmacy had appropriate calibrated glass measures with separate ones reserved for use with certain liquids only. 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 in the consultation room. The RP said that it had recently been recalibrated and was aware of the need to routinely do this to ensure the machine provided accurate readings. The pharmacy also had an appropriate otoscope for providing the Pharmacy First service. All equipment seen appeared clean and fit for use.

### 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.