

# Registered pharmacy inspection report

**Pharmacy Name:** Day Lewis Pharmacy, 28 High Street, Rye, East Sussex, TN31 7JG

**Pharmacy reference:** 9012035

**Type of pharmacy:** Community

**Date of inspection:** 10/09/2024

## Pharmacy context

This is a community pharmacy on a high street in the seaside town of Rye. It provides NHS services such as dispensing and sells medicines over the counter. It offers additional NHS services such as the Pharmacy First service and seasonal flu vaccinations. It supplies medicines in multi-compartment compliance packs to a small number of people who need this additional support. And it offers a supervised administration service for people taking certain medicines. This was the first inspection since the pharmacy relocated from nearby premises.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy stores its pharmacy-only medicines on open display, including medicines liable to misuse. It cannot sufficiently demonstrate that it has identified and manages the risks associated with this.
<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 not all met

### Summary findings

The pharmacy has pharmacy-only medicines, including medicines liable to misuse, on open display. It is unable to demonstrate that it has sufficiently considered and mitigates the risks of doing this.

Otherwise however, the pharmacy adequately manages the risks associated with its services. People using the pharmacy can provide feedback and raise concerns. Team members know how to protect the welfare of vulnerable people. The pharmacy generally keeps the records it needs to by law. And team members record and regularly review any dispensing mistakes to help make the pharmacy's services safer.

### Inspector's evidence

The pharmacy's standard operating procedures (SOPs) were available electronically, and a record was kept of when team members had read through them. Most team members had read through the relevant SOPs, and one of the newer team members was in the process of doing this. A team member had some difficulty in locating individual SOPs on the computer, which could make it more difficult for staff to refer to them. Team members were able to explain what they could and could not do if the pharmacist had not turned up in the morning.

Dispensing mistakes which were identified as part of the dispensing process (near misses) were recorded on an ongoing basis. The near misses were reviewed monthly by the pharmacy's patient safety champion to help identify any patterns or trends and the reviews were usually documented. An example of pattern identified was where split boxes had been dispensed which contained the wrong quantities. This had been discussed in the team, and team members had been asked to double check quantities, which had reduced the amount of these mistakes. Dispensing errors, where a mistake had happened and the medicine had been handed out, were recorded on the company's intranet. Staff were not aware of any recent errors that had occurred but could explain what they would do if one was identified.

The company had a 'Quality Criteria' scheme, which included a monthly audit about various aspects of the pharmacy and its services. Previous audits had included controlled drugs (CDs) where the pharmacy had been asked to confirm it was undertaking the necessary tasks. Other audits had focussed on date checking, and whether the SOPs had been read. Staff felt that the audits were useful to check that everything was being done correctly. And said that the pharmacy's head office sent out information in advance of each month's activity. Head office monitored the results of the audits and could provide additional support where needed.

Pharmacy-only (P) medicines were kept on shelves on the shop floor. Some were in plastic boxes with a pull-out drawer which asked people to seek assistance if they wanted those medicines. But most medicines seen were not in these boxes. There was a wall of P medicines perpendicular to the counter, and several codeine-containing products liable to misuse were on this wall. Several boxes of Paramol were seen, and they were 'live' packs which contained the medicines. On the same wall and an adjacent one further away from the counter there were pseudoephedrine-containing products. The RP was not aware if any risk assessments had been done and was not aware of any additional training team members had received about P medicines being kept on open display. Dispensary stock was stored behind the pharmacy counter and in the dispensary.

The pharmacy had a complaint procedure and there was a sign in the public area which explained to people how they could provide feedback or raise concerns. The RP showed several examples of positive feedback the pharmacy team had received.

The pharmacy had current indemnity insurance, and the right responsible pharmacist (RP) notice was displayed. Records about private prescriptions largely contained the required information. Some records about emergency supplies did not detail the nature of the emergency, which could make it harder to find this information if there was a query. CD registers were kept electronically, and the CD running balances were checked on a regular basis. A random stock check of a CD found that the quantity in stock matched the recorded balance.

No confidential information was visible from the public area. Confidential waste was kept separate from general waste and then sent offsite for secure disposal. Team members had completed training about the General Data Protection Regulation. Most team members had smartcards for accessing the electronic NHS systems, except the new trainee pharmacist who was about to apply for one.

Team members had completed training about safeguarding. The RP could explain what he would do if he had a concern about a vulnerable person. Contact details of local safeguarding agencies were not readily accessible, which could cause delays if there was a concern. The RP said that these would be printed out, and they were made aware of the NHS safeguarding app.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to provide its services, and they do the right training for their roles. Team members are supported when in training and do ongoing training to help them keep their knowledge and skills up to date.

### Inspector's evidence

Present at the inspection was the RP, two trained dispensers (one of whom was the assistant manager), and a trainee pharmacist. Another trained dispenser came through part-way through the inspection. The pharmacy was often busy during the inspection, but the team was generally up to date with its workload. The foundation year trainee pharmacist had recently started working at the pharmacy. They felt supported during their training and able to ask any questions as they arose.

There was structured ongoing training for team members, which included e-learning packages with mandatory and optional training. Team members tried to do the ongoing training in work during quieter periods. The RP had oversight of people's progression with the training and they received reminders from head office if training was due. Team members felt comfortable about raising any concerns. No numerical targets were set for the staff.

## Principle 3 - Premises ✓ Standards met

### Summary findings

Although space is limited, the premises are suitable for the pharmacy's services and generally kept clean and tidy. The premises are secure from unauthorised access when closed. And people can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy was generally clean and tidy, and lighting was good. The dispensary was relatively small with restricted storage space, but the available space had mostly been used well. There were baskets of dispensed items on the dispensary worktop, but there was still enough clear space for staff to dispense. The dispensary was narrow and became quickly congested if there were several team members present. There were some boxes on the floor, but these had been pushed to the side to help prevent tripping hazards. Cleaning of the pharmacy was done by staff using a rota system.

The consultation room was largely clean and tidy, and provided a decent level of soundproofing. The room was unlocked at the start of the inspection and some items inside were therefore not kept secure. The room was locked when this was highlighted with the team and was seen to remain locked during the inspection when it was not in use. The premises were secure from unauthorised access when closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

There are risks about how the pharmacy stores its pharmacy-only medicines as described under Principle one. But the pharmacy otherwise provides its services safely and stores its medicines properly. It orders its medicines from reputable sources, and it stores its medicines requiring cold storage appropriately. The pharmacy's services are accessible to people with a range of needs.

### Inspector's evidence

There was step-free access through a manual door. There was enough space in the shop area for people with wheelchairs or pushchairs to manoeuvre. Opening times were displayed in the window, alongside posters advertising the pharmacy's services. There was a seating area for people to wait while their prescriptions were dispensed. The pharmacy's computers could generate large-print labels if required.

Dispensing baskets were used to keep different people's medicines separate, and there was one area of the dispensary used for checking dispensed medicines. Team members were aware of the updated guidance about valproate-containing medicines and these medicines were supplied in their original packs. The pharmacy did not currently have any people taking these medicines who were in the at-risk group. Prescriptions for CDs were highlighted, to help team members know to check if the prescriptions were still valid when handing out. Prescriptions for higher-risk medicines were not always highlighted, and a dispensed prescription for warfarin was seen that had not been highlighted. This may mean that team members miss out on opportunities to provide additional counselling information with these medicines. This was discussed with the RP, who said that he would order a stamp so that the prescriptions could be highlighted.

There was an electronic audit trail of when deliveries had been made to people's homes. Staff in the dispensary were able to see these records on the dispensary computer. If a person was not in, the medicines were returned to the pharmacy.

The pharmacy dispensed medicines in multi-compartment compliance packs for only a small number of people. Team members said this was because there was only limited space available in the dispensary. Only one set of dispensed packs was available to be examined. The packs were not supplied with the patient information leaflets, which could make it harder for people to have up-to-date information about how to take their medicines safely. The person dispensing the packs initialled the labels, but not the person who had checked them. The packs seen contained medicines which did not require mandatory warnings. It was discussed with the team the need to ensure that mandatory warnings should be included if the medicines inside required them. People were assessed about their need for the packs by the pharmacy or their GP.

There were copies of the patient group directions (PGDs) for the Pharmacy First service, and the RP confirmed he had completed the required training and declarations of competence. The RP said that the service was going well so far. There were some expired PGDs for other medicines, but the RP said that these were only used very rarely, and he had not made any supplies under them since they had expired. The need to have valid in-date PGDs before any supplies were made under them was discussed with the RP.

The pharmacy obtained its medicines from licensed wholesale dealers and special suppliers and stored them in a generally tidy way in the dispensary. Expiry dates of stock were checked regularly, and this activity was recorded. No date-expired medicines were found during a random check of the stock. CDs were kept in a suitable cabinet. Medicines requiring cold storage were kept in a fridge and the temperatures were monitored and recorded daily. Records seen were within the appropriate temperature range. Medicines people had returned and other waste medicines were kept separate from current stock until they could be collected by a licensed waste carrier.

The pharmacy received drug alerts and recalls from several sources. These were printed off and filed with a note made about the action taken. A recent alert about Ponstan had not been printed off, but this was done during the inspection and the pharmacy had no affected stock.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment it needs for its services, and it maintains it appropriately. It uses its equipment to help protect people's personal information.

### Inspector's evidence

Clean calibrated glass measures were available for measuring liquids, with some marked for use with only certain liquids. The sink in the dispensary was clean. There were clean tablet and capsule counters available, and there was a new otoscope in the consultation room. The blood pressure meter was new. Computer terminals were password protected and people using the pharmacy could not see the information on the screens. The phone was cordless and could be moved to a more private area to help protect people's personal information.

### 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.