

# Registered pharmacy inspection report

**Pharmacy Name:** Mayfield Healthcare Limited, 2 Bogwood Court,  
Mayfield, Easthouses, DALKEITH, Midlothian, EH22 5DG

**Pharmacy reference:** 1042615

**Type of pharmacy:** Community

**Date of inspection:** 13/02/2024

## Pharmacy context

This is a community pharmacy in a town on the outskirts of Edinburgh that changed ownership in July 2023. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It delivers medicines for some people to their homes and supplies some people with their medicines in multi-compartment compliance packs to help them with taking their medicines. The pharmacy team advises on minor ailments and provides the NHS Pharmacy First service.

## 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

Overall, the pharmacy suitably manages risk to help team members provide safe services. And they keep the records they must by law. The team know what to do to help protect the health of vulnerable people. Team members record and learn from the mistakes they make when dispensing.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to help pharmacy team members manage risks associated with the services it provides. But there were some procedures which did not have an SOP. For example, the pharmacy did not have a documented procedure for dealing with concerns about children and vulnerable adults. But the pharmacy team understood their obligations to manage safeguarding concerns and were familiar with common signs of abuse and neglect. Team members had signed a record of competence to show they understood the SOPs. The pharmacy superintendent (SI) reviewed the SOPs regularly, however some SOPs were past their review date of 2022. Team members were observed working within the scope of their roles and could explain their responsibilities. They were aware of the responsible pharmacist (RP) regulations and of what tasks they could and couldn't do in the absence of an RP.

Pharmacy team members recorded mistakes they identified during the dispensing process, known as near misses, on an electronic record. They explained errors were highlighted to them by the pharmacist, and the team member would enter it onto the record after discussion with the pharmacist. This allowed them to reflect on the mistake. Team members explained that after an error, they would implement actions to reduce the likelihood of a similar error happening again. Recently there had been an increase in errors involving medicines which looked alike, or names sounded alike (LASA), for example trazodone and tramadol. The team had separated the medicines to reduce the recurrence of this type of error. Team members also recorded details of any errors which were identified after the person had received their medicines, known as dispensing incidents. These incidents were recorded on an electronic platform and were then reviewed by the SI. The pharmacy team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the complaint, they would escalate to the manager or SI.

The pharmacy had current indemnity insurance. The RP notice displayed contained the correct details of the RP on duty, and it could be seen clearly from the retail area. The RP record was compliant. The pharmacy had an electronic controlled drug (CD) register and the entries checked were in order. Team members completed regular audits of CD balances. The pharmacy held certificates of conformity for unlicensed medicines and full details of the supplies were included to provide an audit trail. Accurate records of private prescriptions were maintained.

A privacy notice was displayed in the retail area informing people how the pharmacy handled their data. Team members were aware of the need to keep people's confidential information safe. And they were observed separating confidential waste to be collected by a third-party supplier for secure destruction. The pharmacy stored confidential information in staff-only areas. Pharmacy team members had completed learning associated with their role in protecting vulnerable people. And they had access to contact details to relevant local agencies. The pharmacist was a member of the Protecting Vulnerable Groups (PVG) scheme.



## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has sufficient team members with the right qualifications and knowledge to manage its workload and provide its services. The pharmacy team supports its members to complete appropriate training for their roles and keep their skills up to date. Members of the team work well together and communicate effectively. And they are comfortable raising concerns should they need to.

### Inspector's evidence

The pharmacy employed a full-time pharmacist who was also the manager. The pharmacy team comprised of a full-time accuracy checking pharmacy technician (ACPT), a part-time dispenser, two part-time medicines counter assistants and three part-time trainee dispensers. A dispenser managed operations relating to dispensing multi-compartment compliance packs, but all team members were trained to complete this task to ensure contingency arrangements during periods of leave. The team were observed working well together and managing the workload. Planned leave requests were managed so that only one team member was absent at a time. And the pharmacist advised that where possible they would manage workload in advance of the planned absence. Part-time staff members were used to help cover absences.

Team members who were enrolled on an accredited qualification training course received protected learning time. And all team members had access to additional learning materials relevant to their roles which was provided by the SI. They received some learning time during quieter periods. The team had recently completed training relating to the newly installed dispensary computer system. And they had also completed training relating to dispensing of valproate containing medicines. The team received regular informal feedback as they worked from the pharmacist. And they had formal documented appraisals. They also felt comfortable to raise any concerns and suggest improvements to their pharmacist or SI. Recently the team had suggested a change to medicines displayed in the retail area to incorporate a section relating to NHS Pharmacy First service. They changed the layout which enabled the team to have conversations with people about their ailments and have access to all of the available medicines during the consultation. They felt that this has improved the quality of consultations with people. The SI visited the pharmacy regularly and was available via telephone if the team required urgent support.

Team members were observed asking appropriate questions when selling medicines over the counter and referring to the pharmacist when necessary. They explained how they would identify repeated requests from people for medicines subject to misuse, for example, codeine-containing medicines. And that they would refer them to the pharmacist. There were no targets set for pharmacy services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. It has a private consultation facility where people can have confidential conversations with a pharmacy team member if needed. The pharmacy is secure when closed.

### Inspector's evidence

The premises were secure and provided a professional image. The average-sized premises incorporated a retail area, dispensary, and a separate area to the rear of the pharmacy including storage space and staff facilities. The premises were clean. There were sinks in the dispensary, staff room and toilet facilities. These had hot and cold running water, soap, and clean hand towels. The pharmacy had clearly defined areas for dispensing and the RP used a separate bench to complete their final checks of prescriptions. This bench was positioned next to a hatch that overlooked the medicines counter which enabled the pharmacist to intervene in a sale where necessary.

The pharmacy had a consultation room with a desk, chairs, sink and computer. The room was clean and tidy, and the door closed which provided privacy. Storage in the consultation room was kept locked to prevent unauthorised access. Temperature and lighting were kept to an appropriate level throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services to support people's health needs. It manages its services well and they are easy for people to access. The pharmacy receives its medicines from reputable sources and stores them appropriately. And team members carry out some checks to help ensure they keep medicines in good condition.

### Inspector's evidence

The pharmacy had good physical access with a level entrance and a manual door to the main retail store. The pharmacy displayed its opening hours and some pharmacy services in the window. The team also kept a range of healthcare information leaflets for people to read or take away, these included information on the Medicines: Care and Review service and smoking cessation.

The dispensary had separate areas for labelling, dispensing, and checking of prescriptions. Team members used baskets to store medicines and prescriptions during the dispensing process to prevent them becoming mixed-up. The baskets were stored on separate shelving whilst waiting to be checked by the pharmacist. This enabled the dispensary benches to remain clear. Team members signed dispensing labels to maintain an audit trail of who had dispensed and checked the medicines. The team provided owing's slips to people when it could not supply the full quantity prescribed. And they contacted the prescriber when a manufacturer was unable to supply a medicine. The pharmacy offered a delivery service and kept a paper record of completed deliveries so the team could answer queries from people expecting deliveries.

Team members demonstrated a good awareness of the Pregnancy Prevention Programme (PPP) for people who were prescribed valproate, and of the associated risks. And they knew of the additional information to be supplied to help them take their medicines safely. The team were aware of the most recent patient safety alert relating to valproate. Team members attached various alert stickers to prescriptions. They used these as a prompt before they handed out medicines to people who may require further intervention from the pharmacist.

A proportion of the pharmacy's workload involved supplying people's medicines in multi-compartment compliance packs. This helped people better manage their medicines. Team members used medication record sheets that contained each person's medication and dosage times. They ordered people's repeat prescriptions and matched these against the medication record sheet. They documented any changes to people's medication on the record sheets and who had initiated the change. This ensured there was a full audit trail should the need arise to deal with any future queries. The packs were annotated with detailed descriptions of medicines in the pack, which allowed people to identify their medicines. The pharmacy supplied people with patient information leaflets, so people had up-to-date information about their medicines. The compliance packs were signed by the dispenser and RP so there was an audit trail of who had been involved in the dispensing process.

The NHS Pharmacy First service was popular. This involved supplying medicines for common clinical conditions such as urinary tract infections under a patient group direction (PGD). The pharmacist could access the PGDs electronically and they kept a printed copy. And they kept a printed copy of the consultation forms. The medicines counter assistant asked people relevant consultation questions and

then referred to an approved list of medicines before suggesting a treatment option to the pharmacist. The pharmacist then completed the consultation.

The pharmacy obtained its stock medicines from licensed wholesalers and stored them tidily on shelves and in drawers. Team members had a quarterly process for checking expiry dates of the pharmacy's medicines. Short-dated stock which was due to expire soon was highlighted and rotated to the front of the shelf, so it was selected first. The team advised that they were up to date with the process. And they maintained an audit trail to demonstrate completion. A random selection of medicines were checked and no out-of-date medicines were found to be present. The pharmacy received notifications of drug alerts and recalls via email. Team members carried out checks and knew to remove and quarantine affected stock. They returned items received damaged or faulty to manufacturers as soon as possible. And they kept a printed copy of the recall detailing the action taken. The pharmacy had medical waste bins for pharmaceutical waste.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to support the safe delivery of its services. It maintains its equipment to ensure it remains fit for purpose and safe to use. And its team members use the equipment appropriately to protect people's confidentiality.

### Inspector's evidence

Team members had access to up-to-date reference sources including the British National Formulary (BNF), the BNF for children and the NHS Lothian Pharmacy First Formulary. And there was access to internet services. The pharmacy had a range of CE marked measuring cylinders which were clean and safe for use. And it had a set of clean, well-maintained tablet counters. The pharmacy used an automated measuring pump for dispensing of some CD liquids that was calibrated daily before use and regularly cleaned. An electronic log of calibration was maintained. The pharmacy stored dispensed medicines awaiting collection, in a way that prevented members of the public seeing people's confidential information.

The dispensary was screened, and computer screens were positioned to ensure people couldn't see any confidential information. The computers were password protected to prevent unauthorised access. The pharmacy had cordless telephones so team members could move to a quiet area to have private conversations with people.

### 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.