

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, 125 Main Street, Newtongrange,  
DALKEITH, Midlothian, EH22 4PF

**Pharmacy reference:** 1042618

**Type of pharmacy:** Community

**Date of inspection:** 05/08/2022

## Pharmacy context

This is a community pharmacy in the village of Newtongrange in the town of Dalkeith. The pharmacy sells over-the-counter medicines, dispenses NHS and private prescriptions. And it delivers medicines for some people to their homes. The pharmacy supplies some people with their medicines in multi-compartment compliance packs to help them take their medicines. It provides a substance misuse service and 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

The pharmacy adequately manages the risks with the services it provides to people. Team members appropriately keep the records they need to by law, and they keep people's private information safe. They know what to do to help vulnerable people. Team members discuss dispensing mistakes but they don't regularly record them to help them learn and reduce the risk of similar mistakes happening.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). The SOPs provided the team with information to help them complete various tasks. Team members read the SOPs in the first few weeks of their employment. One team member who had recently joined the pharmacy was working through the SOPs that were relevant to their role. They were assessed on their knowledge of the SOPs once they had read them. They then signed a document to confirm they had understood the contents of each SOP. Another team member countersigned the document to confirm that team members were competent in following the SOPs. Team members were clear in their understanding of their roles and what tasks they could and could not do in the absence of a responsible pharmacist (RP).

The pharmacy had a process in place to record and report any mistakes made during the dispensing process. These mistakes were known as near misses. There was a paper-form near miss log for team members to use. The log had several sections to complete including the date and time the near miss happened, and if team members felt there were any contributory factors. But the team had not been using the log for several months. The RP immediately made team members aware if they had made a near miss. Team members explained they had the time to discuss each near miss straight away and consider what changes they might make to the way they worked to prevent a similar mistake happening again. Recently, the team took the decision to segregate metformin standard release and metformin modified release tablets following a series of near misses. A team member explained they had recently dispensed Ramipril capsules instead of tablets. The team member spoke with the RP to learn about other medicines that came in different forms. The pharmacy had a process to record and report any dispensing mistakes that reached people. The team used an electronic reporting tool to record and report such incidents. The reports were forwarded on to the pharmacy's superintendent pharmacist's (SI) team and the pharmacy's area manager. The team had not had any dispensing incidents in the past few months and so had not had the opportunity to use the tool. The pharmacy had a concerns and complaints procedure. Any complaints or concerns were verbally raised with a team member. If the team member could not resolve the complaint, it was escalated to the pharmacy's superintendent pharmacist (SI) team.

The pharmacy had up-to-date professional indemnity insurance. It was displaying an RP notice which was easy to see from the retail area. It was displaying the correct name and registration number of the RP on duty. Entries in the RP record were generally kept in line with legal requirements, but on some occasions some pharmacists had not recorded the time their RP duties had ended. The pharmacy kept records of supplies against private prescriptions. It retained complete controlled drug (CD) registers. And the team kept them in line with legal requirements. Each week the team completed balance checks of the CDs. The inspector checked the balance of a randomly selected CD. And it was found to be correct.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate bin to avoid a mix up with general waste. The waste was periodically destroyed via a third-party contractor. Team members understood the importance of securing people's private information. The pharmacy had a formal written procedure to help the team raise concerns about safeguarding of vulnerable adults and children. And team members had completed some basic training on the subject. Team members described hypothetical safeguarding situations that they would feel the need to report. They had access to the contact details of the local safeguarding teams.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members have the skills to provide the pharmacy's services. And they support each other to complete the workload. Team members feel comfortable in raising professional concerns and giving feedback to senior management. And they complete ongoing learning, but sometimes in their own time.

### Inspector's evidence

At the time of the inspection, the pharmacy team consisted of a locum pharmacist who was the RP, and two full-time trainee pharmacy assistants. The two trainee pharmacy assistants were enrolled onto an approved training course. Another full-time qualified pharmacy assistant and a part-time delivery driver were not present during the inspection.

The pharmacy had faced some staffing changes over the last 18 months. Until May 2022 the pharmacy had been staffed by a resident full-time pharmacist and the full-time pharmacy assistant. The resident pharmacist had left the business. The pharmacy was recruiting for a full-time resident pharmacist, but the position had not yet been filled. The RP had been working full-time at the pharmacy since the middle of July 2022 and was scheduled to continue working at the pharmacy till at least the end of August 2022. Team members were pleased the pharmacy had some stability as they had been previously working with many different locum pharmacists. Before the RP joined the team, team members had been working under significant pressure since the resident pharmacist had left the business. The pharmacy was experiencing long queues and many people were unhappy with the time taken for them to be seen to by a team member. But this had improved. Team members felt they had good support from the area management. They discussed the pressure they were working under with the pharmacy's area manager who organised two locum dispensers to support the team for four days a week. Team members were seen dispensing without any significant time pressures. And they were up to date with their workload. They took the time to speak with people visiting the pharmacy to help improve their health. And they discussed sales of over-the-counter medicines with the RP to make sure they recommended the most appropriate treatment for people.

The pharmacy had a structured training programme to help support its team members update their knowledge and skills. Team members could access learning modules. Some of the modules had short quizzes for team members to complete to assess their understanding. Team members occasionally took the time to complete modules during their working day. When they could not do this, they completed them at home. Before the RP had joined the team, team members had minimal support in working through their training courses. Since the RP had joined, team members felt supported and could spend time with the RP to discuss their progress and ask for additional help if there were aspects of the course they were struggling with. For example, a team member had recently asked for help to understand which pack sizes of paracetamol could be sold over the counter, and which sizes were available on prescription only. The pharmacy had recently installed new dispensing software. The team had completed some online training to help them use the system. And a trainer had attended the pharmacy to provide practical training. Team members were generally comfortable and competent in using the software. Team members attended informal team meetings where they could discuss any professional concerns and give feedback on ways the pharmacy could improve. For example, recently the team felt they needed support in managing stock stored in the retail area. The RP contacted the pharmacy's head

office team and arranged for the pharmacy to be sent a handheld scanner for the team to use to keep a record of the stock the pharmacy held. The RP also arranged for a trainer to visit the pharmacy to provide a training session for team members on how to use the scanner.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are mainly clean and they are secure and hygienic. They are suitable for the services the pharmacy provides for people, with ample space for the team to store medicines. The pharmacy has a suitable consultation room where people can have private conversations.

### Inspector's evidence

The pharmacy was mainly clean, well maintained, and professional in appearance. During the inspection benches in the dispensary were well organised with baskets containing prescriptions and medicines awaiting a final check by the RP. The pharmacy's floor space was clear from obstruction. There were clearly defined areas used for the dispensing process and there was a separate bench used by the RP to complete the final checking process. The pharmacy had ample space to store its medicines. There was a private, soundproofed consultation room available for people to have private conversations with team members. There was an small office which was kept tidy and used to store various folders containing paperwork.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy makes its services accessible for people. And it has processes in place for team members to follow to ensure it manages and delivers its services safely. The pharmacy gets its medicines from recognised sources, and it completes checks of its medicines to make sure they are in date. But these processes are not fully robust. So some medicines on the pharmacy shelves may not be fit to use.

### Inspector's evidence

People had level access into the pharmacy through the main entrance door. This made it easy for people with wheelchairs or pushchairs to enter the pharmacy. The pharmacy advertised its services in the main window. The pharmacy had a facility to provide large print labels to people with a visual impairment, but the team was not sure of how they could use the computer system to produce them. The pharmacy had a small range of healthcare related information leaflets for people to take away with them. It didn't have a written business continuity plan available to use in the event the pharmacy was unable to open for business. The team described the procedures followed to make sure people could access pharmacy services in the event of a closure. This included contacting other local pharmacies, affixing a notice to the pharmacy's main window informing people of the closure and signposting to the nearest open pharmacy. The team had arranged with local drug teams to ensure people collected their weekend instalments on Fridays and for people to have their multi-compartment compliance packs collected or delivered only on weekdays.

Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. And knew what advice to give, including checking people were enrolled on a pregnancy prevention programme if they fit the inclusion criteria. The pharmacy provided the NHS Pharmacy First service. All team members were trained to provide the service. The pharmacy had an up-to-date formulary to help the team consider which treatments would be suitable for people. Team members usually undertook consultations with people in the pharmacy's consultation room. And they completed relevant paperwork. The pharmacist felt confident in the team's ability to appropriately counsel people and explained team members always involved the pharmacist if they were unsure. For example, if a person was taking other medicines for other conditions.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The pharmacy provided people with owing slips when the pharmacy could not supply the full quantity prescribed. The pharmacy offered a delivery service. The pharmacy kept records of deliveries so there was an audit trail.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. Team members used master sheets which contained a list of the person's current medication and dose times. Team members checked prescriptions against the master sheets before the dispensing process started

to make sure they were accurate. Team members described how they discussed any queries with the relevant prescriber. They recorded details of any changes such as dosage increases or decreases on the person's master sheet, and examples were seen. Patient information leaflets were supplied with the packs. And they were supplied with some basic descriptions of the medicines to help people identify them.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter to help prevent self-selection. The pharmacy had a process in place for the team to check the expiry date of the pharmacy's medicines. The team completed the process every three months. But the team didn't keep up-to-date records of the process and so an audit trail wasn't in place. The inspector found five out-of-date medicines after a random check of around 20 randomly selected medicines. Each of the out-of-date medicines were marked with a sticker indicating they were short dated. Team members gave assurances they would look to keep records of the process following the inspection, to help the process be more robust. The pharmacy's medicines were tidily stored in the dispensary. The pharmacy had CD destruction kits available. The pharmacy had one clinical-grade fridge to store medicines that needed cold storage. Each day, team members recorded the minimum and maximum temperature ranges of the fridges. A sample seen showed the fridge was operating within the correct ranges. The pharmacy received regular updates via email of any drug alerts. Team members recorded the action they took following an alert.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

### Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. Team members had access to personal protective equipment including face masks and gloves.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.