

# Registered pharmacy inspection report

**Pharmacy Name:** Innerleithen Pharmacy, 31 High Street,  
INNERLEITHEN, Peeblesshire, EH44 6HD

**Pharmacy reference:** 1042802

**Type of pharmacy:** Community

**Date of inspection:** 19/02/2024

## Pharmacy context

This is a pharmacy in the town of Innerleithen in the Scottish Borders, which serves a local and rural community. Its main activities are dispensing NHS prescriptions and providing some people with their medication in multi-compartment compliance packs to help them take their medicines safely and effectively. It provides the NHS Pharmacy First service and has a delivery service taking medicines to people in their homes.

## 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 has written procedures to manage risk and help its team members provide services safely. Team members record errors they make during the dispensing process, and they take appropriate action to help prevent a recurrence of a similar error. They keep the records required by law and respond effectively to concerns for people accessing the pharmacy's services.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which helped identify and manage the risks of its services. These included responsible pharmacist (RP), controlled drug (CD) and dispensing SOPs. There was a mixture of SOPs that had been introduced by a previous pharmacist manager, and more up to date SOPs which were provided by the superintendent (SI) pharmacist. Team members had generally not signed the SOPs, except for one SOP seen that had been signed in 2018. The pharmacy had received a new set of SOPs from the SI on the morning of the inspection, and these were to be implemented by April. The pharmacist manager confirmed a review of the SOPs had been highlighted as a priority for the team members to complete. Team members were experienced in their roles and were observed working safely.

The pharmacy recorded errors identified during the dispensing process known as near misses. The person who made the error was responsible for recording the details of the error when identified by the pharmacist or accuracy checking pharmacy technician (ACPT). Team members had informal conversations about errors made and made changes within the dispensary to help prevent a recurrence of the same error in the future. And they had investigated an increase of errors involving the same medicine and had identified that a different strength of the same medication had been stored in the incorrect location, which had led to repeated selection errors. The pharmacy submitted a monthly review of the near misses made to the company's head office. This review included the types of near misses made, common themes and action taken as a result of the near misses. The pharmacy completed incident reports for errors that were not identified until after a person had received their medicines. These were recorded on an electronic platform and sent to the pharmacy's head office team. Team members aimed to resolve any complaints or concerns informally. If they were not able to resolve the complaint, they provided people with the details of the SI. Team members explained that feedback was usually positive, and they had good relationships with the local community.

The pharmacy had current professional indemnity insurance. The pharmacist marked on prescriptions which items had been clinically checked so the ACPT knew which prescriptions they were able to check. And if there was anything they did not feel comfortable to check, they informed the RP who would then complete the final accuracy check. Team members knew which tasks could and could not take place in the absence of the RP. The RP notice was displayed in the retail area and reflected the details of the RP on duty. The RP record was compliant. The pharmacy kept CD registers. The entries checked were in order and team members maintained running balances. Team members checked the physical stock levels of medicines matched the balance in the CD register on a weekly basis. The pharmacy recorded details of CD medicines returned by people who no longer needed them and the destruction of these was witnessed by an appropriate team member. It kept certificates of conformity for unlicensed medicines and full details of the supplies were included to provide an audit trail. It kept complete electronic records for its supply of private prescriptions and kept associated paper prescriptions.

The pharmacy had a privacy policy and NHS data processing notice displayed in the retail area of the pharmacy which informed people of how their data was used. Although team members had not received any formal training regarding information governance (IG) and general data protection regulations (GDPR), they were aware of their responsibilities to keep people's private information secure. Team members shredded confidential information on site using a shredder. The pharmacy had a safeguarding policy in the SOP folder, but team members had not signed it to say they had read it. Team members explained that because of their strong relationships with the local community they were able to easily identify any concerns for people. And they would refer these to the pharmacist. The pharmacist was able to give examples of having responded appropriately to concerns for a person and referring to the GP. And the delivery drivers were aware of their responsibilities to report back any concerns for people they were delivering medicines to, and an example was shared of when they had done so.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has suitably skilled and qualified team members to help manage the workload. They receive ongoing learning to help develop their skills and knowledge. They ensure medicines are sold appropriately and ask appropriate questions to ensure medicines are suitable for people.

### Inspector's evidence

The pharmacy had a pharmacist manager, who was the RP, and a regular pharmacist who covered the majority of the pharmacy's opening hours. And regular locum pharmacists worked alternative Saturdays opposite to the pharmacy manager. Team members further included an ACPT, three dispensers, two counter assistants and two delivery drivers. The pharmacist was currently undertaking their independent prescribing (IP) qualification and was due to complete this in the next few months. The two counter assistants had been recently employed, one since August and one since January. Neither had yet been enrolled onto accredited training. They were not completing any activities that required accredited training. This included selling medicines, with all requests for the sale of medicines referred to a trained team member. But there was a plan to enrol them on accredited training.

Team members were observed working well together to complete the workload. They improved their skills and knowledge through ongoing training with the most recent involving updated guidance for dispensing valproate in original packs. Team members received a monthly newsletter with shared learnings from other pharmacies in the company. Requests for annual leave were planned in advance so the pharmacy was able to arrange contingency for absence. And the RP planned rotas in advance so there was a minimum of one dispenser and one counter assistant at all times. The RP could ask for assistance from a nearby pharmacy in the company, but this was not routinely needed. The pharmacy did not set its team members targets. Team members felt comfortable raising concerns and could do so with the SI if required but they had not needed to use this process.

Team members asked appropriate questions when selling medicines over the counter and referred to the pharmacist if necessary. They knew to be vigilant to repeated requests for medicines liable to misuse. Team members felt comfortable to have conversations with people themselves and referred to the pharmacist where necessary.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are secure, clean and suitable for the services it provides. It has appropriate facilities where people can have private conversations with team members.

### Inspector's evidence

The premises were comprised of a large retail area to the front and a smaller dispensary to the rear. It portrayed a professional appearance and had a medicines counter which prevented unauthorised access to the dispensary. The dispensary was organised and clean with different bench spaces where different tasks could be completed. The pharmacist's checking bench was located so that they could intervene in conversations at the medicines counter if necessary and provide adequate supervision for both the medicines counter and dispensary. The dispensary had a sink which provided hot and cold water and was used for the preparation of medicines. The toilet and staff area were clean and had separate facilities for hand washing. The temperature was comfortable throughout and the lighting was bright.

The pharmacy had a soundproofed consultation room where people could have private conversations with team members and access services from the pharmacy. The room had a sink which allowed the pharmacist to wash their hands when completing consultations. The consultation room was accessed from the retail area for people and from the dispensary for team members. It was equipped with chairs, a desk and a laptop. There was some rubbish in the consultation room that was awaiting processing, but this did not present any hazards.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages the delivery of its services safely and effectively. And it makes them accessible to people. Team members ensure they supply people with the necessary information for them to take their medicines safely and effectively. They source medicines from licensed wholesalers and complete checks to ensure they are suitable to supply. And they respond effectively to alerts about the safety of medicines.

### Inspector's evidence

The pharmacy had level access from the street which provided ease of access to those in wheelchairs or with pushchairs. It displayed a range of healthcare leaflets for people to read or take away. It provided some people who had visual difficulties with large print labels. The pharmacy used patient group directions (PGDs) to supply prescription-only medicines for services such as NHS Pharmacy First and emergency hormonal contraception. The pharmacy kept paper copies of current PGDs to refer to.

Team members used baskets to keep people's prescriptions and medicines together and reduce the risk of errors. And they signed dispensing labels to confirm who had dispensed and who had checked the medicines so there was an audit trail of those involved in each stage of the process. Team members used stickers throughout the dispensing process to highlight the inclusion of a CD or fridge line. And the pharmacist used stickers to highlight any medicines requiring the involvement of a pharmacist at the hand-out stage. Team members were aware of the pregnancy prevention programme (PPP) for people taking valproate in the at-risk category. They were aware of the warnings cards to be given to people. And they were aware of a recent update regarding the supply of valproate in the original manufacturer's pack. Team members supplied a person with valproate alongside their compliance pack and had not yet completed a formal risk assessment for this. However, they had informally assessed the person as being low risk as they were not in the at-risk category.

The pharmacy supervised the administration of medicine for some people. Team members managed the service by preparing the medicine on a weekly basis, so the medicine was ready for people to collect. The pharmacy provided some people with their medicines in multi-compartment compliance packs to help them take their medicines. Team members ordered prescriptions in advance of when they were due. The service was organised, and team members had two folders with individual records for each person who received a compliance pack. One folder contained a record of people's medicines and dosage times, and the other folder contained a record of all communications received about changes to a person's pack. Team members received communications about changes from the GP surgery or via discharge letter and each change sheet was annotated by the pharmacist to show they were aware of the change. Team members provided descriptions of the medicines in the pack so they could be easily identified. And they provided people with necessary information to take their medicines safely, including warnings on dispensing labels and patient information leaflets (PILs).

The pharmacy had a delivery service, taking medicines to people in their homes. The drivers were provided with lists of the people they were due to deliver to. And team members highlighted if there was a CD or fridge line to be included in the delivery. Fridge lines were prioritised on the delivery route, so they were out of the fridge for as short a period as possible. The drivers signed to confirm a delivery had been made. And any failed deliveries were returned to the pharmacy.

The pharmacy sourced its medicines from licensed wholesalers, and it kept medicines in the original manufacturer's containers. Pharmacy only (P) medicines were stored behind the medicines counter to help ensure sales of these were supervised by the pharmacist. Team members checked the expiry date of medicines. They had completed a check in February 2024 of most sections of the dispensary and had annotated medicines going out of date in the remaining months of 2024 for use first. Team members checked expiry dates as part of the dispensing and checking process. A random check of twenty medicines found no out-of-date medicines. The pharmacy had a fridge to store medicines that required cold storage. Team members recorded the temperature daily and records showed that it was operating between the two and eight degrees Celsius required. The pharmacy received alerts about drug recalls and alerts via email. These were printed off and signed to say they had been actioned and kept for future reference.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use the equipment in a way that protects people's private information.

### Inspector's evidence

The pharmacy had access to up-to-date reference sources including paper and electronic versions of the British National Formulary (BNF) and British National Formulary for children (BNFc). The pharmacy had clean crown stamped measuring cylinders which were marked to identify which were for water and which were for liquid medicines. The pharmacy had triangles used to count tablets and trays used to count capsules. And it had a separately marked triangle used for cytotoxic medicines. The pharmacy had a blood pressure monitor but it was not marked to show when it had last been calibrated. The pharmacist explained they felt confident to take a person's blood pressure manually using a sphygmomanometer, having been trained in its use as part of their IP training course. And they used this method if needed to confirm the automatic blood pressure machine was providing accurate results.

The pharmacy had a cordless telephone so that conversations could be kept private. And it stored medicines awaiting collection in drawers which prevented unauthorised people from seeing people's private information. Confidential information was secured on computers using passwords. And screens were positioned within the dispensary so that only authorised people could see them. A laptop in the consultation room was secured when not in use.

### 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.