

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, 20 High Street, PEEBLES,
Peeblesshire, EH45 8SF

Pharmacy reference: 1042804

Type of pharmacy: Community

Date of inspection: 07/11/2019

Pharmacy context

The pharmacy is on a main road in the town centre. It dispenses NHS and private prescriptions and sells over-the-counter medicines. And provides advice on the management of minor illnesses and long-term conditions. It delivers medicines to people's homes. And supplies medicines in multi-compartment compliance packs. These help people remember to take their medicines. The pharmacy provides NHS services including the treatment for urinary tract infections. And impetigo and minor ailments.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy displays and clearly informs people of the service available. And provides access to a range of healthcare related products such as disability aids.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures that the team follows. The team members have a clear understanding of their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The pharmacy keeps all the records as required in compliance with standards and procedures. It provides people using the pharmacy with the opportunity to feedback on its services. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people. The team members responsibly discuss mistakes they make during dispensing. But the detail recorded for reviews is sometimes limited.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting delivery of services. They covered areas such as dispensing of prescriptions and controlled drugs (CD) management. These were subject to regular review. The SOPs had signature sheets and the team had read and signed the sections relevant to their role. The locum advised he was provided with the SOPs through the locum agency. And he had read these prior to working in the pharmacy. The team could advise of their roles and what tasks they could do. The team members had a sheet which reminded them of daily tasks they required to do. And when they needed to complete these. This served as a guide for the day.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking, with a separate area for compliance pack preparation. The team utilised the limited space well. And kept benches clear when possible. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets with red for people waiting, white for people calling back, yellow for deliveries and grey for the collection service. This distinguished people's prescriptions by degree of urgency and this helped plan workload.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these on a specific template. Examples included tramadol with the wrong quantity, 46 instead of 56, atorvastatin 20mg dispensed when they should have given 10mg and furosemide 40mg instead of 20mg. The team members generally recorded why they thought the near miss may have occurred. And comments included, to read the whole prescription and take care selecting creams or ointments. Often the team recorded rushing as a comment. Some of the entries could have a little more detail recorded to assist in identifying way to improve and learn from near misses. The team members had placed some shelf alerts on the drawer ends to alert them to take care when selecting items. They had made a note on one drawer to remind them that diltiazem XL was normally once a day and SR was twice a day. They also had check strength stickers beside some drugs. The pharmacy undertook the company's monthly safer care review. The review noted areas to consider improving such as keeping the shelves tidy, with strengths separated clearly. And to be aware of new starters and to help them. The team discussed the safer care case studies to learn from other examples. One action they had recorded was to use bigger baskets when dispensing prescriptions with four or more items.

The pharmacy had a practice leaflet which explained the complaints process. It also displayed the NHS Scotland Handling complaints booklet. There was a procedure to record and report dispensing errors

and evidence was seen that this procedure was followed. The team members logged any complaints online. The pharmacist reviewed any complaints and discussed them with any members involved. The team discussed these at the monthly safer care briefing. The pharmacy had current indemnity insurance in place.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. A sample of the CD registers looked at were complete as required. The register indicated that the pharmacy maintained running balances and checked these regularly. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy received a few private prescriptions and it recorded these as required. It kept special records for unlicensed products with the certificates of conformity completed.

The pharmacy displayed a privacy notice on the confidential data kept and how the pharmacy complied with legislation. The team had undertaken training on General Data Protection Regulation (GDPR). The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions safely. The pharmacy team stored confidential waste in separate containers for offsite shredding.

The pharmacy had a policy and procedure for the protection of vulnerable children and adults. It had contact numbers for local safeguarding agencies available for the team. The pharmacist had undertaken training through NHS Education for Scotland (NES). And the team had completed training online. If a team member had a concern about a child or vulnerable adult, they would discuss this with the pharmacist in the first instance.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has suitable systems in place to make sure it has enough staff with the right skills to provide its services. The pharmacy's team members are suitably trained or working under supervision during training. They understand their roles and responsibilities in providing services. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work. And they feel comfortable raising any concerns they have.

Inspector's evidence

There was one pharmacist, five dispensers and one medicines counter assistant (MCA) who worked in the pharmacy. The pharmacy had had a few changes in staff over the last few months. And during this time the part-time members had worked extra hours which helped manage the workload. Now the staffing was returning to normal, the team members were returning to their contracted hours. The staffing level was suitable for the workload. The supervisor was a dispenser and worked 25 hours a week. Two of the dispensers were in training. One member of the team was undertaking a course at college. And worked in the pharmacy, two days a week for experience in services. The MCA had started in June. And had received the company's induction training. She was being enrolled on the company's healthcare partner course which included both counter and dispensing training. She worked on the counter now. And would work in the dispensary once she had started the course. There had been a slight delay in getting her registered on to the course. This had been due to the pharmacist and other staff being off. And staff changes. But the pharmacist had ensured she had completed all the internal induction training. And reading of standard operating procedures (SOPs).

The team members had training records. They completed the required company training, generally once a month. And managed to get some time during the week when it was quieter to do training. They had recently completed eLearning on removal of skin tags, Ella one and a new nasal spray. The team received performance reviews which gave the chance to receive feedback and discuss development needs. One dispenser advised she wanted to do the technicians course. And the accuracy checking technicians (ACT) course. She had indicated this during her interview for her position.

The MCA following the sales of medicines protocol when making over-the-counter (OTC) recommendations and referred to the pharmacist when necessary. The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist, supervisor or cluster manager. There was a whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed.

The pharmacy team had targets for services such as increasing the number of people on the chronic medication service (CMS). The Health Board had been refreshing this service and the team members were registering people if suitable. They were also trying to register people for the text service to enable the pharmacy to advise them when their medicines were ready.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for the pharmacy services it provides. People can have private conversations with a pharmacist or team member in the consultation room.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to a good standard with suitable space for dispensing, storing stock and medicines and devices waiting for collection. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean. The team had a cleaning rota to ensure they maintained the cleaning and attended to all areas. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. And put away orders promptly. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had a good sized, signposted, sound proofed consultation room which the team promoted for use. There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. The pharmacy team kept the consultation room locked when not in use. And stored any confidential information in lockable cupboards.

The pharmacy always had a member of the team at the counter or looking after the counter. So, the team members were aware of people in the pharmacy. The public could not access the dispensary due to the layout of the counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. And it clearly displays information about services and health-related topics. The pharmacy provides its services using a range of safe working practices. It takes the right action if it receives any alerts that a medicine is no longer safe to use. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice. The pharmacy team members dispense medicines into multi-compartment compliance packs to help people remember to take them correctly.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. The team members helped any person requiring assistance. And opened the double doors at the entrance if required. There was a ramped section from part of the retail area to the medicines counter. This also had a rail which people could hold to assist them. This provided easier access to the counter for people as it had previously been a step. There was some customer seating available. And more in the consultation room which could be use if required.

The pharmacy displayed its services in a ladder in the window and within the pharmacy. The pharmacy had a practice leaflet which included the hours of opening. It provided information how the company could provide services in store, online and with click and collect. The pharmacy had a range of leaflets on various healthcare related topics for people to take away. It displayed these on the counter and in a display unit. The pharmacy sold some disability aids and items to help people with healthcare. The pharmacy was clearly marked out in sections such as foot care, coughs and colds. The pharmacy displayed the Pharmacy First poster to inform people of the NHS service. And treatments it could provide. The pharmacy had a defined professional area. The pharmacy kept pharmacy medicines on shelves with clear covered units in front of them. The units stated to ask for assistance. And the medicines counter assistant (MCA) advised she helped people when required. She said people generally asked and she had not experienced anyone trying to open the units to gain access to the medicines.

The pharmacy provided the chronic medication service (CMS). And carried out reviews as required. It provided several people with their medication on serial prescriptions through this service. They were providing more people with medicines on serial prescriptions as the Health Board had refreshed the service. And this was being used more by the doctors. The team signposted to other healthcare services such as flu vaccinations. They advised people to go to the surgery or another branch of Lloyds which provided the service. The pharmacy provided the unscheduled care service. The pharmacist informed the surgery if they had supplied any person with medicines through the service. And the pharmacist sometimes used this to synchronise people's medicines to help them manage the supplies. The pharmacy provided the Pharmacy First service for impetigo and urinary tract infections (UTIs). The service was popular for UTIs. The pharmacy undertook the electronic Minor Ailments service (eMAS). It was popular for paracetamol for children and treatments for head lice. It provided chloramphenicol through eMAS and through a patient Group Direction (PGD). And Emergency Hormonal Contraception (EHC) when requested. The pharmacist and the supervisor undertook blood pressure monitoring when requested. And they provided the smoking cessation service. The pharmacy offered a substance misuse

service to a few people. And it provided a needle exchange service. This had very limited uptake.

The pharmacy supplied medicines to around 120 people in multi-compartment compliance packs to help them take their medicines. The doctors referred people to the pharmacy for an assessment if they required to receive their medicines in compliance packs. The team members prepared the compliance packs at a designated bench in the dispensary. They were currently at the maximum capacity for providing this service. The pharmacy sent some of the prescription to the company's central hub for dispensing. The hub fulfilled around 50 compliance packs. The team members followed the process and kept a track of orders they had sent. They had received training in the inputting of information. The packs returned from the hub included the patient information leaflets (PILs) to be provided to people. The team members added times to the packs such as controlled drugs such as zopiclone and gabapentin. The hub did not dispense these items. The team members also added any items which were external to the packs, along with the packs at the point of supply.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at found compliance with this process. The team members used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so they could check the contents again, at the point of hand-out. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These ensured patients received additional counselling. The team members used CD and fridge stickers on bags and prescriptions to prompt the person handing the medication over that they required to add some item to complete the supply. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid. The team noted if the CD was in the retrieval area or in the CD cabinet to ease location. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And added a pharmacy sticker to serve as a reminder for counselling. They had the stickers and patient guides in a drawer. And gave this to people as required. They explained the information they provided to the 'patients in the at-risk' group.

The pharmacy provided a repeat prescription collection service. People ordered their own medication. The pharmacy provided a delivery service, mostly to people who received their medicines in compliance packs. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. The driver had a pod hand-held device which people signed when they received their medication. When the pharmacy could not provide the product or quantity prescribed in full, patients received an owing slip. And the pharmacy kept one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members marked short-dated items and they took these off the shelf prior to the expiry date. The team members marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use.

The pharmacy used recognised wholesalers such as AAH and Alliance. The team were not sure when the company would be implementing the process for the Falsified Medicines Directive (FMD). It had

scanners in place but had not used them. The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. The pharmacy had a separate triangle for counting methotrexate. And the team members advised they put pharmacist alert stickers on the prescriptions to remind them to take care with this item. The team members had access to disposable gloves and alcohol hand washing gel. The Health board checked the carbon monoxide monitor. And the blood pressure machine appeared in good working order and the team checked it as required.

The pharmacy stored medication waiting collection in a retrieval system. People could not see any confidential details from the counter. The team members filed the prescriptions in boxes in a retrieval system. The team had just started using a different system for placing the bags. And were getting used to the process. They thought this might improve the retrieval and it should highlight more easily if people had not picked up their medicines as expected. The computer in the consultation room was screen locked when not in use. The computer screens were out of view of the public. The team used cordless phones for private conversations.

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.