

Registered pharmacy inspection report

Pharmacy Name: Lindsay & Gilmour Pharmacy, 536 Lanark Road,
Juniper Green, EDINBURGH, Midlothian, EH14 5DJ

Pharmacy reference: 1074513

Type of pharmacy: Community

Date of inspection: 13/01/2020

Pharmacy context

This is a community pharmacy on a main road in a residential area. It dispenses NHS prescriptions including supplying medicines in multi-compartmental compliance packs. The pharmacy offers a repeat prescription collection service and a medicines' delivery service. It also offers a smoking cessation service and substance misuse services. And it dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And supplies a range of over-the-counter medicines.

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
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	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy team members follow written processes for all services to ensure that they are safe. They record mistakes to learn from them. And they make changes to avoid the same mistakes happening again. The pharmacy asks people for feedback. The pharmacy keeps all the records that it needs to by law and keeps people's information safe. Team members help to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were followed for all activities and tasks. Pharmacy team members had read them, and the pharmacy kept records of this. The deputy pharmacy superintendent reviewed them every two years and signed them off. Staff roles and responsibilities were recorded on individual SOPs. Team members could describe their roles and accurately explain which activities could not be undertaken in the absence of the pharmacist. The pharmacy managed dispensing, a high-risk activity, well, with baskets used to separate people's medication. The pharmacy had a business continuity plan to address maintenance issues or disruption to services.

Team members used near miss logs to record dispensing errors that were identified in the pharmacy. They also recorded errors reaching patients to learn from them. They did not methodically review these. But they introduced strategies to minimise the chance of similar errors happening again e.g. team members now ask people for their date of birth when handing out prescriptions following a handout error. The person had quickly identified the error so there was no harm done. The incident was reported and analysed using the company fishbone style analysis tool.

The pharmacy had a complaints procedure. It encouraged feedback using a simple feedback form on a tablet at the medicines counter. This asked people to rate their experience under a few headings - welcome, time to be served, cleanliness/tidiness, satisfaction with service, and whether they would recommend the pharmacy. Head office provided weekly feedback. The team explained it was always good.

The pharmacy displayed an indemnity insurance certificate, expiring 30 April 20. The pharmacy displayed the responsible pharmacist notice and kept the following records: responsible pharmacist log; private prescription records including records of emergency supplies and veterinary prescriptions; unlicensed specials records; controlled drugs (CD) registers with running balances maintained and regularly audited; and a CD destruction register for patient returned medicines. Team members used electronic records with their own log-ins, so entries were attributable. The pharmacy backed up electronic patient medication records (PMR) each night to avoid data being lost.

Pharmacy team members were aware of the need for confidentiality. They had all read a SOP. They segregated confidential waste for secure shredding. No person identifiable information was visible to the public. Team members had also read a SOP on safeguarding. They knew how to raise a concern locally and had access to contact details and processes, which were on the wall in the consultation room. The pharmacist was PVG registered.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified and experienced team members to safely provide its services. Team members have access to training material to ensure that they have the skills they need. The pharmacy gives them time to do this training. Team members can share information and raise concerns to keep the pharmacy safe. They learn from incidents to avoid the same thing happening again.

Inspector's evidence

The pharmacy had the following staff: one full-time pharmacist manager, two full-time dispensers, one part-time medicines counter assistant (mornings), one Saturday only medicines counter assistant and a part-time delivery driver. Team members were able to manage the workload.

The pharmacy provided learning time during the working day for all team members to undertake weekly training and development. They used Numark modules and selected topics of interest and kept records. All team members had undertaken training on confidentiality, falsified medicines directive and a new off-site dispensing facility for multi-compartment compliance packs. One team member had visited the 'hub' where the offsite dispensing was going to take place. And the pharmacy had new SOPs for this process which some team members had read. The pharmacy had implemented 'five conversations' as a staff development tool. Team members answered questions on five different topics over a few months which was felt to be less confrontational than traditional performance development meetings. One team member was possibly going to embark on NVQ3 training as a result.

Pharmacy team members understood the importance of reporting mistakes and were comfortable owning up to their own mistakes. They had an open environment in the pharmacy where they could share and discuss these. They used a whiteboard to share information and record decisions such as supplying additional compliance packs to people over holiday periods. They could make suggestions and raise concerns to the manager or superintendent pharmacist. The company had a whistleblowing policy that team members were aware of. The pharmacy superintendent (SI) shared information and incidents from elsewhere in the organisation in the form of a quarterly SI update, for all team members to learn from incidents. Team members read this document but did not retain it for future use. One was observed from 2018. The team held monthly meetings and kept notes of these. Team members discussed various topics including similar medicines packaging and HR issues. One team member was on the staff forum, so she shared discussions across the organisation. Topics included staff uniforms, remuneration and social events. They occasionally discussed patient safety issues such as near misses and errors.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are safe and clean and suitable for the pharmacy's services. Team members use a private room for some conversations with people. Other people cannot overhear these conversations.

Inspector's evidence

These were small premises incorporating a retail area, small dispensary and back shop area including limited storage space and basic staff facilities. The pharmacy had installed a checking bench since the previous inspection. This freed-up a small area of dispensing bench and provided under-bench storage for waste. The premises were clean, hygienic and well maintained. There were sinks in the dispensary, staff area and toilet. These had hot and cold running water, soap, and clean hand towels.

People were not able to see activities being undertaken in the dispensary. The pharmacy had a consultation room with a desk, chairs and computer which was clean and tidy, and the door closed providing privacy. Lighting was comfortable but the premises felt cold at the time of inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy helps people to ensure that they can all use its services. The pharmacy team provides safe services. Team members give people information to help them use their medicines. They provide extra written information to people with some medicines. The pharmacy gets medicines from reliable sources and stores them properly. The pharmacy team knows what to do if medicines are not fit for purpose.

Inspector's evidence

The pharmacy had good physical access by means of a ramp and a power assisted door. A team member described how she helped people in a variety of ways e.g. assisting with the door, locating items of merchandise, speaking slowly and clearly while facing people, and standing beside people to remove the barrier of the medicines counter. Team members provided chairs for people to rest if required e.g. if they were breathless. The pharmacy listed its services. Team members signposted people to other services such as flu vaccination to a nearby branch. All team members wore badges showing their name and role. The pharmacy provided a delivery service and people signed to acknowledge receipt of their medicines.

Pharmacy team members followed a logical and methodical workflow for dispensing. They used baskets to separate people's medicines and prescriptions. Most of the pharmacy's dispensing was from collection service prescriptions. It received prescriptions twice a day from surgeries. A team member checked these and ordered stock if needed. Team members prioritised 'walk-in' prescriptions and handed these dispensed medicines straight to the pharmacist to check. They highlighted new medicines, change of dose and other relevant information to the pharmacist using pharmacist information forms (PIFs). Team members initialled dispensing labels to provide an audit trail of who had dispensed and checked all medicines. They used a colour coding system on retrieval shelves to identify when medicines had been dispensed. After two weeks they contacted people, often by SMS, to remind them to collect their medicines. The pharmacy usually assembled owings later the same day or the following day.

The pharmacy managed multi-compartment compliance packs on a four-weekly cycle with four assembled at a time. Both dispensers were competent at all aspects of this process. But typically, one ordered prescriptions and labelled, and the other assembled the packs. She did this at the start of the week for supply later in the week. the pharmacist clinically checked prescriptions when they arrived at the pharmacy and checked the stock once it had been gathered. He undertook the final accuracy check immediately following assembly. The dispenser left the packs unsealed, and left packaging to facilitate the pharmacist's check. Team members attached backing sheets firmly to packs. These had tablet descriptions and the start dates on them. But the start date was not always accurate. The pharmacy had several completed packs waiting to be supplied labelled with dates from the previous month. This could be potentially confusing as it would appear that the person was not compliant. The pharmacy did not mark the outside of packs with date of supply or instalment number, which meant that sometimes team members supplied the pack meant for another week. The medicines were the same, but the wrong date could lead to confusion. There was also the potential for more than one pack to be supplied in a week, and there was no check that packs were collected. Team members knew people well so felt they would be aware if there was any problem. The pharmacy stored completed packs in individual

boxes labelled with the person's name and address. It had a list on the wall stating whether packs were collected or delivered. The pharmacy kept records of changes to medication with dates and prescribers' names. But these were on individual forms, so there was no chronological list of changes or events. The pharmacy supplied patient information leaflets with the first pack of each prescription. The pharmacy supplied a variety of other medicines by instalment. A team member labelled on receipt of prescriptions. Then another team member assembled medicines weekly. The pharmacy stored these in labelled bags in a basket in the back-shop area.

A pharmacist undertook clinical checks and provided appropriate advice and counselling to people receiving high-risk medicines including valproate, methotrexate, lithium, and warfarin. He or a team member supplied written information and record books if required. The pharmacy had put the guidance from the valproate pregnancy prevention programme in place. The pharmacy had also implemented the previous non-steroidal anti-inflammatory drug (NSAID) care bundle and written and verbal information was given to people supplied with these medicines over-the-counter, or on prescriptions. Team members also discussed 'sick day rules' with people on certain medicines, so that they could manage their medicines when they were unwell. The pharmacy followed the service specifications for NHS services and patient group directions (PGDs) were in place for unscheduled care, pharmacy first, smoking cessation, emergency hormonal contraception, and chlamydia treatment. The pharmacy empowered team members to deliver the minor ailments service (eMAS) within their competence but requests were usually referred to the pharmacist, especially for children. They used the sale of medicines protocol and the formulary to respond to symptoms and make suggestions for treatment. The pharmacy did not have any chronic medication service (CMS) serial prescriptions. It had some people registered for the service, but the local surgeries were not engaged. The pharmacy did not have many people accessing the smoking cessation service or requiring substance misuse services.

The pharmacy obtained medicines from licensed wholesalers such as Alliance and AAH. It complied with the requirements of the Falsified Medicines Directive (FMD). Medicines were scanned when received then decommissioned when supplied. The pharmacy stored medicines in original packaging on shelves, in drawers and in cupboards. It stored items requiring cold storage in a fridge with minimum and maximum temperatures monitored. It took appropriate action taken if there was any deviation from accepted limits. Team members regularly checked expiry dates of medicines and those inspected were found to be in date. The pharmacy protected pharmacy (P) medicines from self-selection. Team members followed the sale of medicines protocol when selling these. The pharmacy had the protocol on the wall beside the medicines counter for reference.

The pharmacy actioned MHRA recalls and alerts on receipt and kept records. Team members contacted people who had received medicines subject to patient level recalls. They returned items received damaged or faulty to suppliers as soon as possible.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. The pharmacy team looks after this equipment to ensure it works.

Inspector's evidence

The pharmacy had texts available including current editions of the British National Formulary (BNF) and BNF for Children. It had Internet access allowing online resources to be used. The pharmacy had installed an additional computer in the consultation room giving access to information during consultations. And team members used it to access records and information when other computers were in use.

The pharmacy kept a carbon monoxide monitor in the consultation room where it was used with people accessing the smoking cessation service. It had other equipment including a blood pressure meter which was not used as it had not been calibrated. Team members kept crown stamped measures by the sink in the dispensary, and they washed these after use. They kept clean tablet and capsule counters in the dispensary including a separate marked one for cytotoxic tablets.

The pharmacy stored paper records in the dispensary and back-shop area inaccessible to the public. Prescription medication waiting to be collected was stored in a way that prevented patient information being seen by any other patients or customers. Team members used passwords to access computers and never left them unattended unless they were locked.

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.