General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, New Battle Medical Pratice, Blackot Drive, Mayfield, DALKEITH, EH22 4AA

Pharmacy reference: 1089900

Type of pharmacy: Community

Date of inspection: 04/08/2022

Pharmacy context

This is a community pharmacy in the village of Mayfield 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.

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 has processes in place to help the pharmacy team manage the risks with providing its services. Team members appropriately keep the records they need to by law, and they keep people's private information safe. The team is equipped to manage any safeguarding concerns. Team members discuss and record details of mistakes they make while dispensing. And they regularly review them to help make changes to the way they work to improve patient safety.

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. 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 that was relevant to their role. The pharmacy's resident pharmacist 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. Team members recorded the time and date a near miss happened. And what they felt might have contributed to the mistake. Team members generally recorded every near miss, but they had not done so during the week of the inspection as the pharmacy had been experiencing some staff shortages. The team followed an internal process to analyse the near misses each month. The purpose of this was for the team to identify any trends or patterns. And for team members to then discuss ways in which they could change the way they worked to reduce the risk of similar near misses happening again. The team documented its findings and stored them in a folder for future reference. Team members had recently noticed several near misses involving medicines that had similar names or came in similar looking packaging. These medicines were known as 'LASAs'. They suggested ways they could reduce the number of near misses involving LASAs. They discussed ensuring they looked out for shelf edge warning stickers placed next to where LASAs were stored on the pharmacy's dispensary shelves. These stickers reminded team members to be careful when dispensing these medicines. 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 any such incidents. The reports were forwarded on to the pharmacy's superintendent pharmacist's (SI) team and the pharmacy's area manager. Recently, the pharmacy had supplied a person with the incorrect strength of levothyroxine. Team members discussed ways they could prevent a similar incident from happening again. The resident pharmacist also completed a reflective statement to record how the team had learned from the error. 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, but it was not easy to see from the retail area and at the start of the inspection it was displaying the incorrect name and registration number of the RP on duty. This was rectified soon after the inspection had started. 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 and they were provided with annual refresher training on General Data Protection Regulation (GDPR). The pharmacy had a formal written procedure to help team members raise concerns about safeguarding of vulnerable adults and children. And team members had completed some basic training on the subject. They 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 has a team with the qualifications and skills to provide the pharmacy's services. Team members complete ongoing training to keep their knowledge and skills up to date. And they make changes to the way they work to improve how the pharmacy operates. They work hard together, but they quite regularly work longer hours to ensure they complete the workload.

Inspector's evidence

The pharmacy team consisted of the full-time resident pharmacist, five pharmacy assistants, a counter assistant and a delivery driver. Of the five pharmacy assistants, two were trainees and were enrolled onto an approved dispenser's course. The resident pharmacist had been working at the pharmacy for several years and was also the pharmacy's manager. On the day of the inspection the resident pharmacist was not working. A company employed relief pharmacist and a locum pharmacist were covering the absence.

The pharmacy had faced some staffing changes over the last approximately 18 months. In the week prior to the inspection, two experienced pharmacy assistants had left the business. The team was unsure if these positions were going to be filled with new team members. The resident pharmacist and two pharmacy assistants were on leave during the week of the inspection. Team members explained they were working under some pressure due to the staff changes and absence and this had led the team to fall several days behind with its workload. The team was managing these pressures by prioritising urgent prescriptions and trying to signpost non-urgent prescriptions to other pharmacies, using a notice on the door. People continued to hand in their prescriptions if they were not urgent. Team members explained they were assessing each prescription people brought in on a case-by-case basis. For example, the team would dispense the prescription straight away if it were for an acute course of antibiotics. Team members explained they worked hard over the past few months to complete the workload. To help achieve this, several team members were regularly working more than their contracted hours. They were often starting work before the pharmacy officially opened and finished after the pharmacy had closed. On occasions, team members were unable to take their lunch breaks due to workload pressures. Team members usually felt they had support from the company's head office and senior management, but they all agreed the pharmacy could benefit from additional support particularly in the absence of the resident pharmacist. The pharmacy used locum pharmacists on Saturday's and on occasions it had closed due to there being no pharmacist.

The pharmacy had a structured training programme to help support its team members update their knowledge and skills. Team members had access to an online library of modules which they could complete. 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. However, in recent months, they had not been able to take this time due to the workload pressures. And several team members did not have the capacity to complete the modules in their own time. Trainee pharmacy assistants were provided with regular informal discussions with the resident pharmacist about the progress they were making with their courses. All team members completed annual one-to-one performance appraisals with the resident pharmacist. They discussed what areas of their roles they were performing well in, and which aspects they could improve on. They also discussed their own personal development. For example, a pharmacy assistant had discussed completing the

pharmacy technician's course. 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. The locum pharmacist explained he was not familiar with the software but had received good support from team members to help him complete tasks such as labelling prescriptions. The resident pharmacist had created a short user guide for team members to follow if they needed help completing a task 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 discussed ways to improve the process of dispensing medicines in multi-compartment compliance packs. Team members had up until recently dispensed the packs in the consultation room. They had decided to clear a separate bench in the dispensary to use exclusively for dispensing the packs. Team members explained the change would make the process quicker and improve the security of the pharmacy's medicines.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy keeps its premises clean and secure. And they are suitable for the services the pharmacy provides for people. The pharmacy has a suitable consultation room where people can have private conversations with team members.

Inspector's evidence

The pharmacy was mainly clean, well maintained, and professional in appearance. 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. 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 the 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

The pharmacy team adequately manages the pharmacy's services, including its dispensing services. And it makes its services accessible to people. The pharmacy correctly sources its medicines, and it adequately stores and manages them.

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. There was a carpark outside the pharmacy for people visiting the pharmacy to use. The pharmacy advertised its services in the main window and around the retail area. There was a notice in the main window informing people the pharmacy was closed between 1pm and 2pm. The pharmacy had a facility to provide large print labels to people with a visual impairment. And there was a hearing loop available for people with a hearing impairment. The pharmacy had a small range of healthcare related information leaflets for people to take away with them. The pharmacy didn't have a written business continuity plan to use in the event the pharmacy was unable to open for business. But the team did follow some procedures to make sure people could still access pharmacy services. For example, in the event of a closure, the team contacted other local pharmacies to check if they were open for business. The team then affixed a notice to the pharmacy's main window informing people it was closed and outlined the details of the nearest open pharmacy. The team made sure they checked rotas on a Friday to see if the pharmacy didn't have a pharmacist on a Saturday. If so, the team contacted local drug teams for authorisation to dispense people's Saturday instalments on the Friday. Team members prioritised dispensing people's instalment prescriptions when they attended the pharmacy. They used an automated dispensing system and pump. The system was regularly calibrated to ensure accurate dispensing.

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. They demonstrated the advice they would give in a hypothetical situation, 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 were competent in providing the service and knew when to ask the pharmacist for support.

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 had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. But the team didn't always use them. And so, people were not given a record of the medicines they were outstanding. The pharmacy offered a delivery service. The pharmacy kept records of deliveries to ensure there was an audit trail.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. The team

dispensed the packs in a segregated part of the dispensary. This helped team members dispense the packs away from the retail area to reduce the risk of distractions. 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 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. Patient information leaflets were supplied with the packs. And they were supplied with some basic descriptions of the medicines to help people identify them. For example, 'orange, round, tablet'.

The pharmacy stored some pharmacy (P) medicines behind the pharmacy counter, and some in clear containers in the retail area. The containers had an instruction on the front, informing people to ask for assistance if they wished to select a medicine stored inside. 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. And it kept up-to-date records of the process. So, an audit trail was in place. The inspector found no out-of-date medicines after a random check of around 20 randomly selected medicines. The pharmacy's medicines were tidily stored in the dispensary which made them easy to find during the dispensing process. But some medicines that were segregated for destruction were stored in the pharmacy toilet. This was discussed with the team during the inspection. The pharmacy had two clinical-grade fridges to store medicines that needed cold storage. Each day, team members recorded the minimum and maximum temperature ranges of the pharmacy's main fridge. A sample seen showed the fridge was operating within the correct ranges. There were no temperature records for the second, smaller fridge. But it was operating at the correct temperature. 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
✔ 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.