

Registered pharmacy inspection report

Pharmacy Name: Lloyds pharmacy, 115 Corstorphine Road,
EDINBURGH, EH12 5PZ

Pharmacy reference: 1125510

Type of pharmacy: Community

Date of inspection: 05/08/2020

Pharmacy context

This is a community pharmacy on a main road in a city suburb. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. And it supplies medicines to care homes. The pharmacy offers a repeat prescription collection service and a medicines' delivery service. It also provides substance misuse services and dispenses private prescriptions. The pharmacy team advises on minor ailments and medicines' use. And supplies a range of over-the-counter medicines. It offers services including smoking cessation and blood pressure measurement.

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 identifies and manages risks associated with its services. Team members follow written procedures to provide the pharmacy's services safely. They record some, but not all, of their mistakes. This could mean that they are missing opportunities to learn and make the pharmacy's services better. Team members know how to protect vulnerable people and they keep the records that they need to by law.

Inspector's evidence

The pharmacy had various measures in place to keep team members and people using pharmacy services safe during the COVID-19 pandemic. It had a plastic screen up at the medicines counter to protect team members. It had large labels on the floor to help people using pharmacy services maintain social distance and limited the number of people on the premises to two. Team members tried to maintain social distance but wore face masks when they were unable to. The locum pharmacist wore a face mask all the time and used hand sanitiser frequently. There was no evidence of frequent cleaning of surfaces, and a dispensing bench was visibly dirty.

The pharmacy had standard operating procedures (SOPs) which team members followed. But they had not all signed to acknowledge that they had read the SOPs and were following them. The inspector did not see any individual records of training during the inspection. The pharmacy superintendent reviewed SOPs every two years and signed them off. 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, methodically with coloured baskets used to differentiate between different prescription types, and to separate people's medication. The pharmacy had a business continuity plan to address maintenance issues or disruption to services. It had a 'one-call menu' to inform the team how to get help.

Team members sometimes used near miss logs to record dispensing errors that were identified in the pharmacy. The locum pharmacist working at the time of inspection discussed errors with team members but did not record them. She felt recording could sometimes lead to friction in the pharmacy. A dispenser explained that some pharmacists recorded, and some did not. There were some shelf-edge labels highlighting items with similar names, but these were mostly from head office rather than actions from reviews of errors. The pharmacy used the company 'Safer Care' audits to identify areas for improvement. This had been challenging during the pandemic but recently these had been carried out more comprehensively. An action observed was to record and review near miss errors. In April, at the height of the pandemic the focus had been on cleaning. At that time, some other areas had been marked n/a, such as auditing the use of controlled drug (CD) and 'see pharmacist' stickers. The pharmacy had a complaints procedure and welcomed feedback. At the start of the pandemic there had been complaints about prescription waiting times and lunchtime closures. The pharmacy was under a lot of pressure at the time and team members apologised.

The pharmacy had indemnity insurance expiring 30 June 2021 but was still displaying the previous certificate, expiring 30 June 2020. 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, although some details

were missing; controlled drugs (CD) registers with running balances maintained and regularly audited; and a CD destruction register for patient returned medicines.

Pharmacy team members were aware of the need for confidentiality. They segregated confidential waste for secure destruction. No person identifiable information was visible to the public. Team members had undertaken training on safeguarding. They knew how to raise a concern locally and had access to contact details and processes. The pharmacy had a chaperone policy in place and displayed a notice telling people this.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members either qualified for their role or undertaking training. They are all aware of the requirements to keep people safe during the COVID-19 pandemic. Team members act in people's best interest and provide appropriate advice. They can raise concerns if they have any.

Inspector's evidence

At the time of inspection there was a locum pharmacist, a full-time dispenser/supervisor and two part-time Spanish pharmacists employed as dispensers. One had completed a healthcare assistant course and was in the process of registering as a pharmacist. The other was on a zero-hour contract and had not undertaken any training in the pharmacy. Following the inspection the regional manager explained that she had just completed the Lloyds induction programme, and had been enrolled on a healthcare (medicines counter and dispensary) course. The pharmacy also had three part-time dispensers who were not working at the time of inspection. Their total hours were approximately equivalent to a full-time dispenser. The regional manager explained after the inspection that two were qualified and one was undertaking training for the role. All team members had started working in the pharmacy within the past few months except the full-time dispenser who had worked there for a few years. There had been no regular pharmacist/manager for several months, so the pharmacy was lacking leadership. The locum pharmacist at the time of inspection had worked a few days each week throughout the pandemic to minimise infection spread. Team members were able to manage the workload, but they described it as challenging at times.

The pharmacy was not currently providing learning time during the working day for team members due to the pressures associated with the pandemic. But head office provided information on the changing situation during the pandemic which team members read and were aware of.

Team members were observed going about their tasks in a systematic and professional manner. They asked appropriate questions when supplying medicines over the counter and referred to the pharmacist when required. The locum pharmacist was observed providing clear information and guidance to a patient by phone.

Pharmacy team members understood the importance of reporting mistakes and were comfortable owning up to their own mistakes. But as noted above they did not always record and review these, so could not benefit from learning. The company had a whistleblowing policy that team members were aware of.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the pharmacy's services and reasonably clean. They include a room that enables pharmacy team members to have private conversations with people. The team is not using the room currently due to the COVID-19 pandemic. It is too small for social distancing.

Inspector's evidence

These were small premises incorporating a retail area, dispensary and basement area. The basement incorporated staff facilities, limited storage and a room used to manage multi-compartment compliance packs. The pharmacy stored all rubbish on the premises until it was uplifted as there was no facility for external storage. The premises were well maintained but would benefit from cleaning. The inspector cleaned an area of bench to place papers on and the wipe used was visibly dirty. During the pandemic this would be unexpected due to frequent cleaning. Team members acknowledged the need to increase the cleaning regime. There were sinks in the dispensary, staff room 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, sink and computer which was clean and tidy, and the door closed providing privacy. The team was not using it currently due to the pandemic. Temperature and lighting were comfortable.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It gets its medicines from reputable sources, stores them correctly, and it makes sure they are safe to use. The pharmacy helps people to use its services. The pharmacist advises people how to use their medicines correctly and provides extra written advice to people with certain medicines.

Inspector's evidence

The pharmacy had a high step at the entrance and handrails to help people. It had a portable ramp stored in the consultation room, but this was very seldom used. It had a hearing loop in working order for people wearing hearing aids to use. And it could provide large print labels for people with impaired vision. The pharmacy provided a delivery service which had become busier during the pandemic. The delivery driver was wearing PPE and socially distancing. He was not asking people to sign for their medicines in the interests of infection control.

Pharmacy team members followed a logical and methodical workflow for dispensing. They used coloured baskets to differentiate between different prescription types and separate people's medicines and prescriptions. Team members initialled dispensing labels to provide an audit trail of who had dispensed and checked all medicines. The pharmacy usually assembled owings later the same day or the following day using a documented owings system.

The pharmacy managed multi-compartment compliance packs on a four-weekly cycle with all four weeks' assembled at a time. Team members followed SOPs and kept records tracking progress and highlighting work to be done. They managed this process in the basement where there was adequate space to work and store completed packs. Team members included tablet descriptions on backing sheets for most items, although some were not detailed enough to identify the tablets. And they supplied patient information leaflets with the first pack of each prescription.

A pharmacist undertook clinical checks and provided appropriate advice and counselling to people receiving high-risk medicines including valproate, methotrexate, lithium, and warfarin. They 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. Several months previously it had undertaken a search for people in the 'at-risk' group. The pharmacist had counselled them appropriately and checked that they were on a pregnancy-prevention programme. 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 locum pharmacist had completed relevant paperwork and submitted it to the health board online. The pharmacy was able to provide the new Pharmacy First service, but no examples could be described. The pharmacist occasionally measured people's blood pressure as requested, or if there was a clinical need. She was not proactively offering this service for infection control reasons but had done it once recently.

The pharmacy obtained medicines from licensed wholesalers such as Alliance and AAH. It did not yet comply with the requirements of the Falsified Medicines Directive (FMD). The pharmacy mostly stored medicines in original packaging on shelves, in drawers and in cupboards. But some shelves were untidy

and appeared cluttered. There were examples of several packs of the same product being open. Some loose tablets on shelves in the basement were incompletely labelled. The inspector gave advice about correct labelling. The pharmacy stored items requiring cold storage in a fridge and team members monitored minimum and maximum temperatures. They took appropriate action if there was any deviation from accepted limits. Team members checked expiry dates of medicines but records of this were not observed. Some packets were observed to have 'short date' stickers on them. All items 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 actioned Medicines and Healthcare products Regulatory Agency (MHRA) recalls and safety 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. Team members look after it 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 kept equipment required to deliver pharmacy services in the consultation room where it was used with people accessing its services. Equipment included a carbon monoxide monitor maintained by the health board, and a blood pressure meter which was replaced as per the manufacturer's guidance. Currently due to the COVID-19 pandemic the team was seldom using the consultation room. There had been no smoking cessation consultations for several weeks, and CO readings would not be taken for infection control reasons. Team members kept crown stamped measures by the sink in the dispensary, and separate marked ones were used for methadone. The pharmacy team also kept clean tablet and capsule counters in the dispensary.

The pharmacy stored paper records in a locked cupboard in the consultation room 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.