

# Registered pharmacy inspection report

**Pharmacy Name:** Lloyds pharmacy, 44A John Street, Penicuik,  
Midlothian, EH26 8AB

**Pharmacy reference:** 9011085

**Type of pharmacy:** Community

**Date of inspection:** 23/03/2022

## Pharmacy context

This is a community pharmacy beside other shops including another pharmacy in the centre of Penicuik. It dispenses NHS prescriptions including supplying medicines in multi-compartment compliance packs. 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 and sells a range of over-the-counter medicines. This pharmacy was inspected during the COVID-19 pandemic.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not always adequately identify and manage the risks associated with its services. Team members do not follow all the standard operating procedures. This increases the risks in their ways of working.
		1.2	Standard not met	The pharmacy does not monitor and review the safety and quality of its services. The pharmacy does not have arrangements in place to learn when things go wrong. It does not review dispensing errors and near miss errors so the team are missing learning opportunities.
<b>2. Staff</b>	Standards not all met	2.1	Standard not met	The pharmacy does not have enough suitably trained and skilled team members to deliver all its services safely and effectively.
		2.2	Standard not met	The pharmacy does not support its inexperienced team members enough with training. So they do not have all the skills, competence, or qualifications for their roles and the tasks they carry out.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.1	Standard not met	Some people experience barriers to accessing pharmacy services which may prejudice their care. The pharmacy is sometimes closed unexpectedly during normal trading hours, so people cannot access its services. And when the pharmacy is open, people sometimes experience a delay in receiving their medicines.
		4.3	Standard not met	The pharmacy does not store and manage all its medicines safely. It stores some medicines untidily which increases the chances of mistakes being made. The pharmacy does not have a robust date checking process and it has out-of-date medicines on its shelves. And team members do not always monitor fridge

Principle	Principle finding	Exception standard reference	Notable practice	Why
				temperatures.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy does not adequately identify and manage all the risks associated with its services. Pharmacy team members do not always follow written processes so there is a risk of mistakes. They have made some mistakes and not recorded or reviewed them. So, they cannot identify learning points and make improvements to pharmacy services. The pharmacy mostly keeps the records it needs to by law, and it keeps people's information safe. Team members know who to contact if they have concerns about vulnerable people.

### Inspector's evidence

The pharmacy had put strategies in place to keep people safe from infection during the COVID-19 pandemic. It had screens up at the medicines' counter and had hand sanitiser on the counter and in the dispensary. It allowed four people on the premises at any time. People were observed queuing outside during the inspection. Most people coming to the pharmacy wore face coverings and team members all wore masks. They also washed and sanitised their hands regularly and frequently. They cleaned surfaces and touch points daily. Team members had completed personal risk assessments early in the pandemic to identify any risk that may need to be mitigated in the pharmacy. One identified risk had been appropriately managed.

The pharmacy had standard operating procedures (SOPs) which were mostly followed. The SOPs that team members were not following included date checking, fridge temperature monitoring and auditing running balances of some medicines. This created a risk that medicines supplied to people may not be fit for purpose. And team members could make mistakes. Pharmacy team members had read the SOPs, and the pharmacy kept records of this. The pharmacy superintendent reviewed them every two years and signed them off. Staff roles and responsibilities were clarified on individual records. Team members described their roles and accurately explained which activities could not be undertaken in the absence of the pharmacist. They had recent examples of working without a pharmacist. Team members had a list of daily and weekly tasks in the dispensary to ensure that as far as possible all critical tasks were undertaken.

Team members used 'near miss logs' to record some dispensing errors that were identified in the pharmacy, known as near miss errors. But they did not review these to learn from them and improve dispensing accuracy. They described discussing individual incidents with the pharmacist and other team members as they were identified. The team was not monitoring or reviewing any other pharmacy services. The Lloyds Safer Care audits had not been completed since August 2021. These were usually undertaken weekly.

The pharmacy had indemnity insurance, expiring 30 June 2022. The pharmacy displayed the responsible pharmacist notice and kept a responsible pharmacist log. The pharmacy had private prescription records including records of emergency supplies and veterinary prescriptions. It kept unlicensed specials records and controlled drugs (CD) registers with running balances maintained but not audited weekly as required by the SOP. Team members had last done this on 11 February 2022. Some registers were not bound, which was a legal requirement. The pharmacy had a CD destruction register for patient returned medicines.

Pharmacy team members were aware of the need for confidentiality. They had all read a SOP and they segregated confidential waste for secure destruction. 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 and had access to contact details and processes. The pharmacy had a chaperone policy in place and displayed a notice telling people this. The delivery driver described examples of situations that concerned him, and he reported back to the pharmacist. He told team members of any failed deliveries. The locum pharmacist was registered with the Disclosure Scotland 'Protecting Vulnerable Groups' (PVG) scheme.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy does not have enough experienced and competent team members to safely provide its services. And it does not provide time or resources for team members to keep their knowledge and skills up to date. This could affect how well they care for people and the advice they give. Team members use their professional judgement and make decisions within their competence to try and provide a safe and effective pharmacy service.

### Inspector's evidence

The pharmacy had one part-time pharmacist (three days per week), one full-time manager/accuracy checking technician (ACPT), one part-time qualified dispenser and one part-time trainee dispenser, two part-time trainee medicines' counter assistants (MCA), and a part-time delivery driver. A variety of locum pharmacists worked three days per week. The manager/ACPT was currently off work. They had recently taken on the role of manager after the previous manager/dispenser had left. This was the third time in two years that the pharmacy had reduced its staff hours. At the time of inspection, a locum pharmacist, qualified dispenser, and trainee medicines' counter assistant were working in the pharmacy. The regular pharmacist was on a day's allocated annual leave. Team members were not able to manage the workload. There was a backlog of dispensing mainly caused by absence the previous week. A dispenser and MCA had been off work. So, the pharmacy had not managed to keep up with the dispensing workload. The inspector had been informed by another pharmacy that the pharmacy had only been open from 2pm until 5pm each day that week. Team members did not know why as they had not been working. And the RP log showed that there had been a responsible pharmacist working each day from 9am – 6pm. Some part-time team members had some scope to work flexibly providing contingency for absence. For example, the dispenser present was planning to work the following day (a non-working day) to catch up with assembly of multi-compartment compliance packs. But it was not enough to cover all the shortages. During the inspection a team member was emotional about the pressure the team was under. And there were periods of time when team members were unable to dispense as they were answering the phone, speaking to people in the pharmacy or looking for prescriptions and medicines. During the inspection, most people's medicines were not ready as they expected. The phone rang continually. Team members mostly did not prioritise it as there was always a queue of people in the pharmacy. But they described being concerned that they could be missing an important call such as a prescriber changing a person's medication. Many calls were people asking if their medicines were ready to collect, as people knew that often there was a delay. This contributed to the delay in dispensing.

The pharmacy did not provide learning time during the working day for team members to undertake regular training and development or for trainee team members to complete mandatory coursework. Team members described undertaking some training at home in their own time. Team members were observed trying to go about their tasks in a systematic and professional manner. They followed defined processes and spoke to people in a professional manner. They were calm and polite despite being behind with dispensing. And they asked appropriate questions when supplying medicines over the counter and referred to the pharmacist when required. They demonstrated an awareness of repeat requests for medicines intended for short term use. And they dealt appropriately with such requests.

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. But this was usually only at the time of the mistake, with no regular reviews to identify trends. Team members described raising concerns with the manager, pharmacist, and area manager. They explained that managers listened to their concerns and helped where possible. But there was a shortage of staff locally, so they were not able to fully address the issue. The company had a whistleblowing policy that team members were aware of. The company set targets for various parameters. But team members did not prioritise meeting these due to other challenges. And targets displayed were from March 2021.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services the pharmacy provides.

### Inspector's evidence

These were average-sized premises incorporating a retail area, dispensary and small rear area including storage space and staff facilities. The premises were mostly clean and well maintained. There were sinks in the dispensary, staff room and toilet. The sink in the toilet area was dirty. The sinks had hot and cold running water, soap, and clean hand towels. And there was hand sanitiser available at the medicines' counter, in the dispensary and in the staff room. The toilet cubicle was used for storage, so it was congested.

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. misuse supervision. People were able to use this during the pandemic as only one person was allowed in at-a-time. Temperature and lighting throughout the premises felt comfortable.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy's services are not always easily accessible for people due to unexpected closures. The pharmacists support people by providing them with suitable information and advice to help them use their medicines. Team members know what to do if medicines are not fit for purpose.

### Inspector's evidence

The pharmacy had good physical access by means of a level entrance and an automatic door. It listed its services and had leaflets available on a variety of topics. All team members wore badges showing their name and role. The pharmacy provided a delivery service. The driver was appropriately trained and kept records of medicines leaving the pharmacy and being delivered. The pharmacy sometimes signposted people to other pharmacies to have walk-in prescriptions dispensed when the team was under pressure, as observed during the inspection. The pharmacy was using the health board approved closure for the first and last hours of the day and an hour at lunchtime. This helped the team try to catch up with work and clean the pharmacy. During the inspection the pharmacist made a professional decision to close the pharmacy as he did not feel it was safe to continue public facing. Working behind closed doors gave the team the opportunity to catch up with the backlog of dispensing without pressure. The pharmacist notified the health board, the GP practice, other local pharmacies, and the superintendent (SI) pharmacist. And the pharmacy displayed notices apologising and stating the opening times. The SI contacted the area manager who came to the pharmacy to support the team. The area manager who was a pharmacy technician helped to tidy the dispensary then dispense. The pharmacist described his plan for the day. He was prioritising urgent dispensing and checking.

Pharmacy team members followed a logical and methodical workflow for dispensing when they could. They used coloured baskets to differentiate between different prescription types and separate people's medicines and prescriptions. And over the past few days they had 'batch labelled', meaning that stock arrived in labelled totes for labelled batches of prescriptions. This meant that the team could locate prescriptions and stock efficiently when people came to collect their medicines. This was helpful because routine dispensing was a few days behind. But it meant that they did not rotate stock on the shelves which could result in some items going out of date. And some out-of-date medicines were observed. The pharmacy usually sent some prescriptions electronically to an off-site dispensing hub to be dispensed. But the system was not working, so all prescriptions had to be dispensed in the pharmacy, increasing the workload. Team members filed prescriptions logically, for example instalment prescriptions and serial prescriptions. This helped them locate prescriptions efficiently. Team members initialled dispensing labels to provide an audit trail of who had dispensed and checked medicines. The pharmacy used to assemble owings later the same day or the following day using a documented owings system. But this process had slipped due to resource, and team members often assembled these items when people came to the pharmacy. Some people received medicines from 'Medicines Care Review' (MCR) serial prescriptions. The pharmacy dispensed these when people requested them. So the pharmacy was not actively monitoring compliance, but no concerns had been identified.

The pharmacy managed the dispensing and the related record-keeping for multi-compartment compliance packs on a four-weekly cycle. Team members assembled four weeks' packs at a time, usually two weeks before the first pack was due to be supplied. But due to current pressures this process was behind. Team members were assembling packs a few days in advance. They kept thorough

records including a tracker of the different stages of the process and records of changes with days and prescriber details. Team members labelled packs with name, date of supply and instalment number. And they stored the completed packs logically in individual box files. They included tablet descriptions on the backing sheets and supplied patient information leaflets with the first pack of each prescription. The pharmacy supplied a variety of other medicines by instalment. Describe A team member dispensed these prescriptions in their entirety when the pharmacy received them. The pharmacist checked the instalments and placed the medicines in bags labelled with the person's details and date of supply. They were stored alphabetically in individually named baskets on labelled shelves.

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. 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. It had patient group directions (PGDs) in place for unscheduled care, the Pharmacy First service, smoking cessation, emergency hormonal contraception (EHC), and chlamydia treatment. The locum pharmacist at the time of inspection was not yet signed up to all PGDs. The pharmacy team members were involved in the delivery of the Pharmacy First service. They completed a template with relevant information before referring the person to the pharmacist. Team members knew about the supply of lateral flow tests from pharmacies finishing. And they were managing it appropriately, ensuring appropriate people could receive these. Due to the staffing situation, the pharmacy was not currently offering any additional services.

The pharmacy obtained medicines from licensed wholesalers such as Alliance and AAH. A large delivery was made during the inspection. This caused some congestion in the dispensary as the team had not managed to unpack the previous day's order yet. The pharmacy mostly stored medicines in original packaging on shelves, in drawers and in cupboards. But some areas were untidy and not all items were stored alphabetically. For example, prednisolone, trimethoprim and bendroflumethiazide stored together. And some high-risk medicines were stored with different strengths together, including high strength tablets. Some loose strips of tablets were observed. The pharmacy stored items requiring cold storage in a fridge, but team members did not always monitor fridge temperatures. For example, there was no record of temperatures from 4 – 18 March inclusive. This could result in medicines being supplied that were not fit for purpose. Team members had not routinely checked expiry dates of medicines for several weeks and some inspected were found to be out of date and too short dated for supply. 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 to deliver its services. And team members mostly look after this equipment to ensure it works.

### Inspector's evidence

The pharmacy had resources 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. This included a carbon monoxide monitor maintained by the health board, a blood pressure meter, and blood testing equipment. The pharmacy had not calibrated the blood sugar meter since May 2021, although it should be done every three months. The blood pressure monitor had first been used in March 2019 and was guaranteed by the manufacturer for three years. The team was not offering these services currently due to lack of team members. Team members kept ISO-marked and crown-stamped measures by the sink in the dispensary, and separate marked ones were used for methadone. The pharmacy used an automated pump for measuring methadone solution. Team members cleaned it at the end of each day and poured test volumes each morning when they set it up. The pharmacy team kept clean tablet and capsule counters in the dispensary.

The pharmacy stored paper records in a locked cupboard in the consultation room, and in the dispensary inaccessible to the public. It stored prescription medication waiting to be collected in a way that prevented patient information being seen by any other people in the retail area. Team members used passwords to access computers and did not leave 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.