

Registered pharmacy inspection report

Pharmacy Name: Landsdowne Pharmacy, 5-6 Lansdown Road,
Yaxley, PETERBOROUGH, Cambridgeshire, PE7 3JL

Pharmacy reference: 1029323

Type of pharmacy: Community

Date of inspection: 20/10/2020

Pharmacy context

This community pharmacy is opposite a medical centre in a largely residential area. Its main service is dispensing NHS prescriptions, a growing proportion of which are delivered to people's homes. It also supplies some medicines in multi-compartment compliance packs to people living at home. At the time of this inspection, other services formerly provided had been suspended due to the current COVID-19 pandemic, including Medicines Use Reviews (MURs). A small number of New Medicine Service (NMS) checks have continued. The pharmacy has a small number of people who receive instalment supplies for substance misuse treatment. And it has received some referrals through the Community Pharmacy Consultation 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 manages the risks associated with its services effectively. It has up-to-date procedures which tell staff how to work safely. It makes the records it needs to by law within the required timescales. And it protects people's information. The pharmacy team members learn from their mistakes so they can make their services safer.

Inspector's evidence

The superintendent (SI) provided most of the responsible pharmacist (RP) cover at the pharmacy and was on duty during the inspection. He had introduced new written standard operating procedures (SOPs) in the last three months. And there was evidence that staff had read SOPs that were relevant to their roles. SOPs relating to COVID-19 were in place and the SI had conducted workplace risk assessments for COVID-19 with his team. Staff were wearing face masks and were trying to work in separate areas of the dispensary to reduce contact with each other. Screens had been installed at the counter. Footfall into the pharmacy was being limited to prevent over-crowding. And there were multiple containers of alcohol hand-gel available for staff to keep their hands sanitised; these were used frequently.

Staff were aware of when they needed to refer queries to the RP and were seen doing so during the inspection. They understood what they could and couldn't do if there was no RP at the pharmacy. And they could explain the restrictions on sales of some products including medicines containing codeine. Staff could be identified by members of the public as they wore uniforms and most had name badges. The medicine counter assistants knew they could not carry out any dispensing tasks.

The dispensers recorded mistakes they made and corrected during the dispensing process (near misses). The records included why mistakes had happened and what was being done to try to prevent similar events happening again. Since the previous inspection, there had been no dispensing mistakes which had reached patients but there was a process to deal with these appropriately. To prevent a common selection error between pregabalin and gabapentin, notices had been placed where these items were stored in the dispensary, reminding dispensers to double-check they had chosen the right product. Other similar notices had been placed near sildenafil and sertraline.

Staff were able to explain how a complaint should be handled and would refer to the pharmacist on duty when needed. There was some information about the pharmacy's complaints process displayed in the pharmacy. Due to the pandemic, the pharmacy was yet to undertake its annual survey to gather feedback from people who used its services.

The pharmacy had professional indemnity and public liability insurance in place. There was a notice displayed for the public showing details of the current RP on duty. The record about who the RP had been was available and was complete. Private prescriptions were recorded in a book and were up to date. Records viewed about controlled drugs (CDs) were up to date. Running balances were recorded and checked regularly. The recorded stock of an item chosen at random agreed with physical stock. CDs returned by people for destruction were recorded as soon as they were received. There was a signed audit trail kept of their destruction.

When asked, staff could describe the need to keep people's information private. There were procedures to protect people's information and these had been read by the staff. Computer screens containing patient information could not be seen by the public. Confidential waste was separated from normal waste and disposed of securely.

The SI had completed level 2 safeguarding training. During the previous inspection, the delivery driver had been able to explain what he would do if he had concerns about a person he took medicines to. He had sometimes checked people's medicines and realised they were getting confused with them. He had reported this back to the pharmacy so the person could get the support they needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to cope with its workload. Team members use quieter times to complete tasks which need particular care. They work closely together and communicate well with each other. And they have the right qualifications for the roles they undertake. Staff complete some ongoing training though the current pandemic has made this harder to achieve. Having a more structured approach to ongoing training and review may make it easier to identify and support the team member's learning and development needs.

Inspector's evidence

There was one pharmacist on duty during the inspection (the SI), two medicine counter assistants, and two dispensing assistants. The SI explained that a further dispenser had been recruited and was due to start in the next few weeks. The pharmacy also had a delivery driver. The team members were coping with the workload during the visit. The SI said that at the start of the pandemic, the dispensing workload had increased significantly and had remained higher. And more prescriptions were now delivered to people's homes.

The medicine counter assistants were serving customers promptly and all members of staff appeared to have a good rapport with their customers. Dispensing and checking activity was prioritised and some work, such as dispensing and checking monitored dosage compliance packs, was left until quieter times of the day to reduce risks.

The team members were seen discussing queries with each other throughout the visit and referring issues to the SI where needed. There were training certificates for all the support staff, showing the pharmacy qualifications they had achieved. The staff didn't currently have formal training plans and they didn't have formal appraisals. But they said they used trade magazines to help keep their skills and knowledge up to date when time permitted. And two members of the team had attended a training event about healthy living so they could provide advice to people about this.

Members of staff said they felt able to raise any concerns with the SI. And they could make suggestions about how to improve the pharmacy. The SI did not set targets for staff and was able to exercise his professional judgement to act in the best interests of people. The staff had informal team discussions about issues or incidents that had occurred, and these were also used by the SI to provide updates to the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are suitable for the safe provision of pharmacy services. The pharmacy has considered the risks posed by the current pandemic and has made appropriate adjustments to the premises and the services provided to keep people safe.

Inspector's evidence

The SI had installed Perspex screens along the medicines counter at the start of the pandemic to reduce risks to staff. Markers had been positioned on the shop floor to encourage people to maintain safe distances from each other when waiting in the shop. There were several safety notices positioned around the pharmacy and at the entrance encouraging people to keep safe by wearing face coverings, maintaining social distancing and regular hand washing. The SI had also taken the decision to stop using the small consultation room for services such as MURs because he felt it was not possible to keep a safe distance and protect both staff and the public adequately. Where people needed to have a private conversation with pharmacy staff, a quiet area of the shop floor was used. This was easier to achieve as the pharmacy was limiting the numbers of people entering the shop at any one time.

The entrance to the pharmacy was at street level and the door was wide enough to accommodate prams or wheelchairs. The shop floor area was reasonably clear of clutter and there were no trip hazards. Medicines stock was kept off the floor. Access to the dispensary was restricted. Members of staff had good visibility of the medicine counter and pharmacy-only medicines were stored out of reach of the public. The pharmacy could be secured against unauthorised access. There was a WC and separate hand washing facilities available for staff. The sink in the dispensary used for reconstituting medicines was clean. Soap and hot and cold running water were available.

The dispensary was a galley style and was small for the volume of dispensing undertaken. There was very limited storage space for stock and dispensed items. The premises were fitted out to a basic standard but were generally clean, bright and well-maintained. The room temperature was appropriate for storing medicines and could be controlled. Lighting was adequate for safe dispensing. People's information on dispensed items waiting to be collected could not be easily seen by members of the public.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its services effectively. It has made some adjustments to the way it provides certain services to manage the risks associated with the current pandemic. The pharmacy's team members prepare compliance packs safely. And the pharmacy stores its medicines appropriately. The pharmacy has acted on previous feedback to try to make sure that people who receive prescriptions for higher-risk medicines get all the information and advice they need to take their medicines safely.

Inspector's evidence

The pharmacy's opening hours were displayed at the entrance. There was a limited range of health information about self-care displayed in the retail area. There was a practice leaflet giving people information about the services the pharmacy provides. The pharmacy delivered medicines to some people; the provision of this service had increased significantly as a result of the pandemic. There was an audit trail for this service to show that medicines had reached the right people. Patient signatures had been stopped to reduce infection risks. The driver had been given PPE to use when making deliveries.

The dispenser was observed referring to the prescription when choosing medicines and creating dispensing labels. Baskets were used to keep prescriptions for different people separate. Prescriptions that were not urgent were placed on a shelf above the dispensary workbench so they could be checked at quieter times.

The pharmacy supplied medicines in multi-compartment compliance packs to a growing number of who lived in their own homes. The dispensers tried to prepare these packs on a separate workbench at the side of the dispensary. They had individual records for the people receiving these packs and added notes to these records when there were changes or other interventions. The packs seen were labelled with the dose and a description of the medicines added. There was an audit trail on the packs to show who had dispensed and checked each pack. More than one dispenser knew how to prepare these packs so there was continuity of service for holidays. The packs were generally checked and sealed on the same day they were prepared; this was done at quieter times of the day to reduce the risks of distraction. There was a process to deal with mid-cycle changes; packs were retrieved from people, the changes made, and then resupplied. Patient information leaflets were supplied every four weeks.

The pharmacy had the current safety literature about pregnancy prevention to provide to people when supplying valproate. The SI was aware of all the updated guidance about supplying this medicine safely but said the pharmacy didn't currently supply to anyone in the at-risk group. The pharmacy highlighted prescriptions for CDs so that members of staff could check they were still valid when handing the medicines out. The SI understood the types of checks that he should make when supplying higher-risk medicines such as warfarin so that people were given advice about possible side-effects and to make sure that people were taking the right dose. He also had educational literature to provide to people. There were stickers available to highlight these prescriptions, and staff said that they were using these routinely. This had improved since the previous inspection.

The pharmacy got its medicines from several licensed suppliers. Medicines were generally stored in an organised manner on shelves in the dispensary though storage space was limited, making it harder to keep some medicines clearly separated. Waste medicines were stored in designated bins. When stock was checked, there were no out-of-date medicines found. There was some evidence that medicines with short shelf-lives were highlighted and the dispenser. Most liquid medicines had the date of opening added to the container when needed so dispensers could assess if the medicines were still safe to use. Staff understood the need to keep medicines in appropriately labelled containers so they could date-check effectively and respond to drug recalls efficiently.

Medicines that required refrigerated storage were kept in one of two pharmacy fridges. Maximum and minimum fridge temperatures were monitored and recorded for both fridges and had remained within the required range. There was enough storage capacity in the fridges and no evidence of ice build-up. Evidence from the previous inspection showed that the pharmacy received and responded to safety alerts about medicine recalls appropriately. This was not reviewed during this visit.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And these are maintained appropriately.

Inspector's evidence

The electronic patient medication record system was only accessible to pharmacy staff and computer screens could not be viewed by the public. Passwords for smartcards used by staff to access electronic NHS prescriptions were not shared. The pharmacy had cordless phones, so staff could move to private areas to hold phone conversations out of earshot of the public.

Staff had a range of reference sources to use, including online resources, so advice provided to people was based on up-to-date information. The equipment used for measuring liquids was of an appropriate standard and was clean. Some measures were used solely for measuring CDs to prevent cross-contamination. There were denaturing kits available to ensure medicines were destroyed safely. Fire safety equipment and alarms were subject to routine maintenance checks.

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.