

Registered pharmacy inspection report

Pharmacy Name: Late Night Columbia Chemist, 21-23 Columbia Road, Ensbury Park, BOURNEMOUTH, Dorset, BH10 4DZ

Pharmacy reference: 1030490

Type of pharmacy: Community

Date of inspection: 14/11/2023

Pharmacy context

This is a community pharmacy located on a parade of shops in the Ensbury Park area of Bournemouth. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also dispenses medicines in multi-compartment compliance aids (MDS trays or blister packs) for people who may have difficulty managing their medicines at home. They also provide a local delivery service.

Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

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 identifies and manages risks in the pharmacy satisfactorily. Team members record their mistakes and ensure they learn from them to reduce the likelihood of any recurrences. Team members are clear about their roles and responsibilities and work well together. The pharmacy keeps up-to-date records as they should do. The pharmacy keeps people's private information safe and team members understand their role in protecting the safety of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place which included the roles and responsibilities of the staff. The SOPs had recently been reviewed. Records of staff reading the SOPs and agreeing to abide by them were available. The team members were all clear on their roles and responsibilities and would refer to the pharmacist if they were unsure of something. A valid certificate of public liability and professional indemnity insurance was available.

The pharmacy team members each recorded their near misses regularly and the incidents were all reviewed monthly. The trainee dispenser explained that she would discuss the near misses with each member of the team and they would come up with an action plan to prevent similar mistakes recurring. The dispenser stated that they were looking at near missed during staff performance reviews and staff would be provided with extra training or assistance to reduce the number of near misses they made. The inspector discussed 'Look Alike, Sound Alike' (LASA) medicines with the dispenser and explained how it may be useful for the team to obtain a list of them from their indemnity insurers to assist in highlighting areas where mistakes are commonly made. The near misses and monthly reviews were all maintained in a file at the back of the pharmacy. There was a complaints procedure in place, and the staff were aware of the processes to follow if they received a complaint.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent different prescriptions being mixed up. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. The pharmacy did not dispense any schedule 1 or 2 controlled drugs (CDs). The dispenser demonstrated how any Schedule 2 CD stock was also included in date checking. The dispenser explained how the team were looking into getting an electronic CD register to manage the CD stock better. The responsible pharmacist record was complete, and the correct responsible pharmacist notice was displayed where people could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the two to eight degrees Celsius range. The private prescription and emergency supply records were completed electronically with all the required information recorded. The specials records had all the required information documented and Certificates of Conformity were stored appropriately.

The computers were all password protected and the screens were not visible to people waiting in the pharmacy. Confidential information was stored away from people's view and conversations inside the consultation room could not be overheard. The consultation room was locked when not in use and inaccessible to the public. There were cordless telephones available for use and confidential

wastepaper was collected in confidential waste bins which were removed by an appropriate contractor for secure destruction. The pharmacy had completed the Data Security and Protection (DSP) toolkit and had a GDPR policy in place. The responsible pharmacist had completed the level 2 Centre for Postgraduate Pharmacy Education (CPPE) learning module on safeguarding children and vulnerable adults. There was a safeguarding children and vulnerable adults training package for all the members of staff which they had completed. A list of the local safeguarding authorities and the local policies was available for the whole team to access if required in the Safeguarding folder. The team members were made aware of the NHS Safeguarding app which they could download on their phones to use if necessary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. It makes sure that its team members are completing appropriate training for the jobs they do. They can use their professional judgement to decide whether it is safe to deliver a service.

Inspector's evidence

During the inspection, there was one pharmacist, three trainee dispensers who were completing the NPA combined medicines counter assistant and dispensing course and a registered accuracy checking technician (ACT). There was also a delivery driver who had recently completed an appropriate course for delivering medicines safely. The team members all demonstrated their training files and how far through the training courses they were. One of the trainee dispensers was planning on completing a leadership course after she finished her dispensing training as she felt it was the natural next step for her and she enjoyed looking after the pharmacy and taking charge of the processes. The trainee dispenser had completed an appropriate vaccination course and was the lead injector at the pharmacy for the flu vaccination service.

Team members were aware of their roles and responsibilities. They were observed dealing with requests appropriately and one trainee dispenser was observed dealing appropriately with a request from someone new to have multi-compartment compliance aids made for them. She took all the appropriate details from the doctor's surgery and explained what she required from them and the person themselves to ensure the compliance aid system would work for them.

The team appeared to be managing its workload more effectively than it did in the previous inspection and team members were supportive of one another. Team members were aware of how to raise concerns and to whom. There was a whistleblowing policy in place. Members of the team explained that they were able and encouraged to raise any concerns or feedback they had to the pharmacist or one another. There were no targets in place for services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was clearly signed from the road so people could find it easily. The pharmacy could be accessed from the road via double doors. The pharmacy included a retail area, medicines counter and a dispensary with sufficient dispensing surfaces and storage areas. The pharmacy was clean, tidy and organised. There was one consultation room in the pharmacy. The consultation rooms could be locked when not in use and included a table, seating, a clean sink, computer and sharps bin.

There was also a sink available in the dispensary with hot and cold running water to allow for hand washing and the preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical manner, and the shelves were cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines, and this was regulated by an air conditioning system. The lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

The pharmacy had a storage area for excess stock and a conservatory in the back which they used as an office and staff area and an area for the ACT to carry out any accuracy checking. The yard at the rear of the pharmacy was clear of any waste.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in an effective manner, and people with a range of needs can access them. The pharmacy safely stores and manages those medicines it can obtain. And it makes sure they remain fit for purpose. Team members identify people taking high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

Pharmacy services were clearly displayed at the front of the pharmacy. There was step-free access into the pharmacy with space for the movement of a wheelchair or pushchair. There was also seating for people and customers who were waiting in the pharmacy.

The pharmacy had been offering the flu vaccination service since the start of September. The pharmacy provided this via a Patient Group Direction (PGD). The PGD was examined and found to be in order. The trainee dispenser who provided this service had completed appropriate vaccination training include face-to-face training and CPR training.

The pharmacy provided some medicines in multi-compartment compliance aids for almost 300 people. These were seen to be made up appropriately and were labelled to include the descriptions of the medicines inside them. The main dispenser who prepared the compliance aids explained that she was training up another member of staff to do them as part of the pharmacy's contingency plan. The pharmacy team members all had an awareness of the strengthened warnings and measures to avoid valproate exposure during pregnancy. They were all also aware of the need to dispense valproates in their original packs. Valproate information cards and leaflets were available for use during dispensing for all people in the at-risk group.

The pharmacy obtained medicinal stock from licensed wholesalers. Invoices were seen to verify this. There were denaturing kits available for the destruction of controlled drugs. Designated bins for the disposal of waste medicines were available and seen being used for the disposal of returned medicine. They were stored securely. Date checking was carried out in a manner which meant that the whole pharmacy was date-checked four times in a year and records of this were maintained. The team used stickers to highlight short-dated medicines. Opened stock bottles examined during the inspection were seen to have the date of opening written on them. The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinets were secured in accordance with regulations.

MHRA alerts came to the pharmacy electronically and they were actioned appropriately. All the recall notices were printed off, signed and dated appropriately to indicate who had actioned them and when and then stored in a folder.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 25ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were counting triangles available as well as capsule counters. Electrical equipment appeared to be in good working order. Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

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.