

Registered pharmacy inspection report

Pharmacy Name: Lansdowne Pharmacy, 5 Holdenhurst Road,
BOURNEMOUTH, Dorset, BH8 8EH

Pharmacy reference: 1030500

Type of pharmacy: Community

Date of inspection: 24/06/2024

Pharmacy context

This is a pharmacy located on a busy road in Bournemouth town centre. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides the Pharmacy First Service, blood pressure service, New Medicines Service (NMS), a supervised consumption service and a delivery service.

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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy does not manage all risks well including errors in the dispensing process, record keeping and having quick access to standard operating procedures.
		1.6	Standard not met	The pharmacy does not keep complete records for controlled drugs.
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 not all met

Summary findings

The pharmacy does not have suitable controls over the stock management of controlled drugs, so it is difficult to identify where there are discrepancies and rectify them in a timely manner. Team members do not regularly record their mistakes or keep written records of areas of improvement. Members of the pharmacy team protect people's private information. And they understand their role in safeguarding the welfare of vulnerable people.

Inspector's evidence

A near miss record was available in the dispensary but it was not being used on a regular basis. However, the team explained that when the pharmacists found a near miss, the dispenser would be informed of it, and the near miss would be corrected. The dispensers explained that most of their near misses came from medicines which looked alike and had similar sounding names.

A locum dispenser explained that Standard Operating Procedures (SOPs) were in place for the dispensing tasks and had been updated recently. However, they could not be found during the inspection. There was a workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. The staff explained they would refer complaints to the manager or the superintendent pharmacist. A valid certificate of public liability and professional indemnity insurance was available.

The controlled drug register was maintained electronically. However, a balance check had not been carried out for a long time. The pharmacy manager gave reassurances that this would be rectified. The responsible pharmacist record was held electronically. On entry into the pharmacy, the correct responsible pharmacist notice was on display where people could see it. The maximum and minimum fridge temperatures were not recorded regularly. However, on testing the fridges, the temperatures were within the correct range. The private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately and stored appropriately.

The computers were all password protected and the screens were not visible to people using the pharmacy. There were cordless telephones available for use. The pharmacy had a shredder in place, and confidential wastepaper was destroyed appropriately. The pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and the team members had completed a safeguarding module as part of their training. They were all aware of the actions they should take if they had a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. It makes sure its team members are appropriately trained for the jobs they do. However, more could be done to ensure the staff felt supported by the company.

Inspector's evidence

During the inspection, there was one locum pharmacist and two dispensers, one of whom was a locum. The staff were seen to be supportive of one another and completing the daily tasks between themselves efficiently.

The staff members had all completed accredited training and were also enrolled on continuous training from the NPA. They completed regular training modules to keep them updated about professional issues and clinical knowledge. The staff explained that they are also coached on any professional updates by the pharmacist.

The team members explained that they all worked well together and were supportive of one another, but they stated that they did not have much support from the company. There were no targets in place for the services and the team explained that they would never compromise their professional judgement for commercial gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are bright and secure and suitable for the provision of healthcare services. The pharmacy prevents people accessing its premises when it is closed to protect people's private information and to keep its medicines stock safe. People can have a private conversation with a team member in the consultation room.

Inspector's evidence

The pharmacy was located on a busy street in central Bournemouth. It had a bright modern appearance and customer areas were generally clean and tidy. It had a tidy shop floor and a consultation room for private consultations.

The pharmacy had a layout where most of the dispensary was screened from view, but staff members could still see the retail area. There was a clear workflow with clearly defined areas for dispensing and accuracy checking. There was also a counter which was always manned. The dispensary and counter were screened to reduce the movement of airborne viruses. The consultation room was a sound-proofed and was closed when not in use. It included seating, a computer, and a sink as well as locked storage and the equipment required for the blood pressure service and Pharmacy First service. The consultation room provided a suitable professional environment for consultations to take place. There was a basement in the pharmacy where there were staff areas, the team prepared some medicines and also kept 2 further CD cabinets.

Dispensed prescriptions were stored so that people's details could not be viewed by other people. The dispensary was well maintained.

Lighting was bright and suitable for the delivery of services. The pharmacy was well-ventilated with temperature control systems in place. It had a professional appearance and stocked a range of items for health and personal care.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in an effective manner, and people with a range of needs can access them. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy stores medicines safely, and so makes sure that the medicines it supplies are fit for purpose. But more could be done to ensure sourcing of medicines was more efficient. 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

The pharmacy had some on-road parking close to it and there were some car parks close by. The pharmacy had a prescription ordering service for a small number of people who needed help with managing their prescriptions. Services were advertised at the medicines counter for people to see. There was a variety of information leaflets available for customer selection by the front door and information leaflets were also placed in a rack in the consultation room.

The pharmacy provided the Pharmacy First service and staff had all been trained on the requirements of the service. However, they explained that people were unsure of the service specification and what conditions could or could not be treated under the service. They also explained that the local GPs were also unsure of the full scope and did not always refer patients appropriately. The pharmacy provided a large service for people who use drugs and had built up a good relationship with the local prescribers for these services to ensure people were looked after well and received appropriate care in a timely manner.

When asked about the recent strengthened warnings for people who could become pregnant that were taking valproates and isotretinoin, team members were aware of the requirements for people in the at-risk group to be counselled on their use and for appropriate information to be provided to patients. The team members were aware of the requirement to ensure valproates were dispensed in their original packs and for the warning information to not be obscured. The pharmacy had a procedure for targeting and counselling everyone in the at-risk group taking sodium valproate or isotretinoin.

The pharmacy had a process for dealing with MHRA alerts and explained that they would receive the alerts electronically and they would action them appropriately. Medicines and medical equipment were obtained from a sister branch and CDs were obtained by requisition. However, records of this were not held in the pharmacy. Stock was stored in an organised fashion. CD cabinets and several fridges were available for storing medicines for safe custody, or cold chain storage as required. The team completed date checking on a three-month rolling basis and expiry dates were checked as items were dispensed. Items which were short dated were either highlighted or removed from stock.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure it works and is accurate.

Inspector's evidence

The pharmacy team had access to paper-based reference materials such as the BNF but also knew how to access them online if needed. Computers were in good working order and screens were suitably located and access to computers containing patient data was protected using individual password and password protected. Staff had their own NHS smart cards to access medication records.

The pharmacy had several conical measures available, all of which were clean and bore a crown stamp. The pharmacy also had a Methameasure device for measuring methadone and this was calibrated every day. Counting triangles were available and there was a separate one available which was clearly marked for cytotoxic medicines.

Medicines awaiting collection were not accessible to people. Patient information was not visible from the counter. There were suitable pharmacy facilities including CD cupboards and fridges used for medicines storage. Designated bins for the disposal of waste medicines were available for use and the team also had separate bins for the disposal of hazardous waste.

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.