

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: 27/11/2024

Pharmacy context

This pharmacy is located on a busy street in central Bournemouth close to the university residence. It sells a range of over-the-counter medicines, dispenses NHS and private prescriptions, provides the Pharmacy First service, a contraceptive service and a blood pressure service. They also provide flu vaccines, multi-compartment compliance aids and a local delivery 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 suitably identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. It completes all the records it needs to by law and has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

Standard Operating Procedures (SOPs) were in place for the dispensing tasks. The team members had all read and understood them and had signed to say they would follow them. Staff roles and responsibilities were described in the SOPs, and they were reviewed every two years by the superintendent pharmacist or when there were any significant changes. The team members demonstrated a clear understanding of their roles and worked within the scope of their role. There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The complaints procedure was detailed in a leaflet available by the front door of the pharmacy.

The pharmacist explained that he discussed any errors found when checking with the member of staff involved and asked them to reflect on why it had occurred and record it. The near misses were noted electronically, and they were printed off at the end of each month as part of the monthly review process. At the end of each month, the team would discuss all the mistakes made and would identify areas of improvement to try and prevent similar incidents recurring. Errors which left the pharmacy were recorded on the Learn from patient safety events (FFPSE) service and copies were held in the dispensary.

There was a workflow in the pharmacy where labelling, dispensing, checking were all carried out at different areas of the work benches. The pharmacy also had a dedicated room for the preparation of multi-compartment compliance aids to the back of the dispensary. A valid certificate of public liability and professional indemnity insurance was available. The controlled drug register was maintained, and a balance check was carried out weekly. Records of this were completed electronically. The responsible pharmacist record was maintained, and the correct responsible pharmacist notice was displayed in pharmacy where people could see it. The electronic private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately. The maximum and minimum fridge temperatures were recorded daily, and the fridge was in the correct temperature range.

The computers were all password protected and the screens were not visible to people waiting in the pharmacy. There were cordless telephones available for use and confidential wastepaper was collected in white bags and destroyed appropriately. The pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children as well as the Level 3 programme. The rest of the team had completed a safeguarding training module as part of their accredited training. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups policy which contained all the contact and signposting information should the team suspect a safeguarding incident. Some

members of the team also had the NHS Safeguarding app.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy trains its team members for the tasks they carry out using accredited training courses and provides additional training to allow the staff to develop their roles. The pharmacy team manages its workload safely and effectively. And team members support one another well.

Inspector's evidence

During the inspection, there was one pharmacist and three qualified NVQ Level 2 dispensers. The team explained that they had more staff members since the company had been taken over and they felt that there were enough staff members for the dispensing level. The team explained that they supported one another, and they would all work together to ensure they covered the hours when people were away.

Accredited training from Buttercups was available to the team members, and they regularly received additional training from the company and the Superintendent pharmacist. This ensured that team members were kept up to date with any professional changes and their knowledge of clinical subjects was maintained. The team explained that they had recently changed staff hours to ensure they all had some study time during the day. The pharmacist attended regular training sessions to keep his practical skills, such as vaccination training, up to date. He explained that he was in the process of also completing the contraceptive service training to allow him to initiate contraceptives from the pharmacy for people and this would be useful for the student population.

The team explained that their opinions about their job and working environment were considered and they could provide feedback to the company and superintendent pharmacist. They explained that the superintendent regularly visited the pharmacy to see how they were getting on and they could always contact him for support and assistance. There was a whistleblowing policy for the company which all the members of staff had signed to say they read and understood. There were no targets in place and the team explained that they would never compromise professional judgement for financial gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, organised and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively and it is presented well. The pharmacy has a suitable consultation room for private conversations.

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 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 provides a range of services to support the health needs of its community. And people can easily access these services. The team makes suitable checks to ensure people taking higher-risk medicines do so safely and they provide appropriate counselling. Team members store and manage medicines appropriately. And they take the right action in response to safety alerts and medicines shortages, so people get medicines and medical devices that are safe to use.

Inspector's evidence

There was a range of leaflets available to people about services on offer in the pharmacy and general health promotion by the front of the pharmacy and in the consultation room. There was step-free access into the pharmacy and the team provided a free delivery service for housebound people and those who had difficulty accessing the pharmacy. There was seating available should people require it when waiting for services.

The team members were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. The pharmacy team had completed an audit on valproates and they explained that they use valproate information cards and leaflets when they dispense valproates. Team members explained that when dispensing valproates, they pulled up the safety information card on the boxes and ensured the dispensing label was placed behind it. They were also aware of the requirements to only provide original packs when dispensing valproates.

The pharmacy provided the Pharmacy First service and the team had all completed the appropriate training. The PGDs were all signed and seen to be complete, and the pharmacist was familiar with the pathways. The pharmacy team also provided a hypertension case finder service where they would target people more at risk of hypertension for blood pressure checks and some people were monitored over 24 hours using an ambulatory blood pressure monitor. The pharmacy team also provided a supervised consumption service to the local community and worked with the local prescribing team to ensure people using the service received their medicines appropriately. A sample of multi-compartment compliance aids was checked. They were all seen to have accurate descriptions of the medicine inside and were provided with the appropriate Patient Information Leaflet.

The pharmacy obtained medicinal stock from licensed wholesalers. Invoices were seen to verify this. Date checking was carried out regularly and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a designated bin for the disposal of hazardous waste and a list of hazardous waste medicines. The fridge appeared to be in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team via email, and they were actioned appropriately. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use and it calibrates equipment to ensure it works properly.

Inspector's evidence

There were several crown-stamped measures available for use, including 250ml, 100ml, 50ml and 10ml measures. Some were marked to show they should only be used with methadone liquid. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources and pharmacy textbooks were available. Internet access was also available should the staff require further information sources.

The computers were all password protected and conversations inside the consultation could not be overheard. Members of the team all used their own NHS Smart Cards and did not share them to ensure access was appropriate and audit trails could be maintained. Electrical equipment appeared to be in good working order. The pharmacy also had a Methameasure device for measuring methadone and this was calibrated every day in the morning.

The pharmacy had a recommended ambulatory blood pressure monitor available to provide the hypertension case-finding service. The pharmacist also had several items of equipment for the Pharmacy First service. Medicines awaiting collection were stored in a manner which was inaccessible to people. Patient information was not visible from the counter.

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.