

# Registered pharmacy inspection report

**Pharmacy Name:** Castle Lane Pharmacy, 482 Castle Lane West,  
BOURNEMOUTH, Dorset, BH8 9UD

**Pharmacy reference:** 1092135

**Type of pharmacy:** Community

**Date of inspection:** 03/10/2023

## Pharmacy context

This pharmacy is on a parade of shops near a large out of town shopping park in Bournemouth. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides New Medicines Service (NMS), CPCS and COVID-19 vaccinations.

## 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 |
|--|-------------------|------------------------------|------------------|-----|
| <b>1. Governance</b>                               | Standards met     | N/A                          | N/A              | N/A |
| <b>2. Staff</b>                                    | Standards met     | N/A                          | N/A              | N/A |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A |
| <b>5. Equipment and facilities</b>                 | 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 appropriately. Team members record their mistakes, and they learn from them to reduce the likelihood of recurrence. Team members are clear about their roles and responsibilities and work in a safe and professional way. The pharmacy mostly keeps up-to-date records as required by the law. 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 include the roles and responsibilities of the staff. The SOPs were reviewed every two years. The pharmacist described how she was starting to move the SOPs online, so that they were easier to access. The staff training matrices showed that the staff members had read and understood the SOPs. 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 had a near miss record in place and the locum pharmacist demonstrated how he was recording the near misses. He explained that he would discuss them with the relevant staff members appropriately and raise and recurring ones with the regular pharmacist. The locum pharmacist explained that errors were reported electronically on PharmSmart, but he had not reported one yet. The pharmacist explained that the team would always discuss incidents and would highlight any areas of improvement as a team.

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. However, the work areas were cluttered. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. There was a complaints procedure in place, and the staff were aware of the processes to follow if they received a complaint.

Records of controlled drugs and patient-returned controlled drugs were completed electronically on CDSmart and were accurate. The CD stock was balance checked regularly by the pharmacist. The responsible pharmacist record was complete, and the correct responsible pharmacist notice was displayed. The maximum and minimum fridge temperatures were recorded twice 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 certificates of conformity for specially manufactured products mostly had all the required information documented, but some records were missing some details.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation rooms could not be overheard. The consultation rooms were 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 bags which were removed by the company for destruction. The pharmacy had completed the Data Security and Protection (DSP) toolkit and had a GDPR policy in place. The pharmacists had completed the level 2 Centre for Postgraduate Pharmacy Education (CPPE) learning module on safeguarding children and vulnerable adults. The staff members had all completed a safeguarding module as part of their training. A list of the local safeguarding authorities was displayed in the pharmacy for the whole team to access if required.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. It makes sure that its team members are appropriately trained for the jobs they do. And they complete additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

### Inspector's evidence

During the inspection, there was one regular pharmacist, one locum pharmacist, a trained dispenser who was working towards her NVQ Level 3 training, one trainee dispenser working through the Buttercups training and a volunteer who was providing the COVID-19 vaccination service. Team members were aware of their roles and responsibilities. They were observed dealing with requests appropriately and the trainee dispenser was observed appropriately dealing with someone who was requesting the purchase of Solpadeine soluble tablets.

The regular pharmacist explained that she used regular locums to cover all the hours in the pharmacy and to help the staff with continuity. This allowed them to manage their workload more effectively.

Team members were aware of how to raise concerns and with whom. There was a whistleblowing policy in place. The team members explained they were listened to and the management team would take on board any ideas, concerns or suggestions they had. There were no targets in place for 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 suitable for the provision of its services. The premises are secure when closed and pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

### Inspector's evidence

The pharmacy was located on a parade of shops. There was step-free access into the pharmacy and the pharmacy included a medicines counter, two consultation rooms, a main dispensary and rear areas which were currently used for storage. The pharmacy was generally well presented from the retail space. However, the dispensary and the rear areas of the pharmacy were disorganised and cluttered. The pharmacist explained that due to the layout of the pharmacy it was difficult to ensure all the areas were kept clutter free. The pharmacist explained she had been in touch with local builders to discuss the layout of the pharmacy and how it can be improved to make the space for useable.

The consultation rooms allowed for confidential conversations, were locked when not in use and included tables, seating, a clean sink and storage space. 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. The lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are 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 displayed on posters around the pharmacy area. There was step-free access to the pharmacy via an electrically assisted door at the front of the supermarket. There was seating available for people waiting for services.

People taking warfarin would be asked for their INR levels, blood test dates and warfarin dosage. This was recorded on patient records. The pharmacy team members all had an awareness of the strengthened warnings and measures to avoid valproate exposure during pregnancy. Valproate information cards and leaflets were available for use during dispensing for all people in the at-risk group. The team had completed a valproate audit to highlight people who were taking valproates and the pharmacist explained how he had the appropriate counselling conversations with those identified to be at risk. Records of this were recorded on the patient medication record. The pharmacy provided some medicines in multi-compartment compliance aids. The compliance aids were seen to be labelled appropriately and included the descriptions of the medicines inside.

The pharmacy provided a COVID-19 and flu vaccination service. The pharmacy team confirmed that staff had been appropriately trained. The national protocol was being used to deliver the COVID-19 vaccine and the appropriate standard operating procedures from NHS England had been adopted and were working well.

The pharmacy obtained medicinal stock from AAH and Alliance. 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. 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 electronically. 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 bolted to the wall of the pharmacy in accordance with regulations.

MHRA alerts came to the pharmacy electronically and they were actioned appropriately. Recently, the team had dealt with a recall for paracetamol 500mg capsules. All the recall notices were seen to have been signed and dated appropriately to indicate who had actioned them and when. The team kept an audit trail of all the recall notices they had received and filed them in the dispensary.

## 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, 50ml, 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 and was PAT checked annually.

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.

The pharmacy used a BD Rowa dispensing robot which was located at the back of the pharmacy. The robot was serviced regularly and was used appropriately by the pharmacy team to store stock medicines and assist with the dispensing process.

### 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.  |