

# Registered pharmacy inspection report

**Pharmacy Name:** Landsdowne Pharmacy, Unit 4-6 Landsdowne Road, Yaxley, Peterborough, Cambridgeshire, PE7 3JL

**Pharmacy reference:** 9012259

**Type of pharmacy:** Community

**Date of inspection:** 18/09/2024

## Pharmacy context

This is a community pharmacy based in a largely residential area. The premises have been extended since the last inspection, creating more space for dispensing and offering consultations with people in privacy. The pharmacy's main activity is dispensing NHS prescriptions. It also delivers medicines to some people's homes. And it supplies medicines in multi-compartment compliance packs to some people who need this additional support to help them manage their medicines. The pharmacy also provides the NHS Pharmacy First 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
<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	3.1	Good practice	The recent extension and addition of a vending machine have improved the accessibility of services for people and safer ways of working in the dispensary.
<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 manages the risks associated with its services effectively. It protects people's information. It makes the records it needs to by law within the required timescales and these are generally complete. The pharmacy team members try to learn from their mistakes so they can make their services safer. And the pharmacy has procedures which tell its team members how to work safely. But these haven't been reviewed since 2020 so may not always reflect current best practice.

### Inspector's evidence

Written standard operating procedures (SOPs) were available for the team to refer to and there was evidence that the SOPs had been read by most team members. A newly recruited dispenser was still to read the SOPs. The SOPs did not appear to have been reviewed since 2020 so might not always reflect current best practice.

Team members involved in dispensing tasks recorded some of the mistakes identified and corrected during the dispensing process (known as near misses). There were a couple of records made each month. The records included limited information about learning points and follow-up actions identified following mistakes. So it wasn't always clear what was being done to try to prevent similar events happening again. However, when asked, team members could describe separating medicines which sounded or looked alike to prevent picking errors and adding stickers to shelves to alert staff to take extra care. There was an SOP covering how to deal with dispensing errors (dispensing mistakes which weren't corrected before reaching the person). The responsible pharmacist (RP) wasn't clear about this process when asked though hadn't had to deal with one at this pharmacy to date. After the inspection, the superintendent pharmacist (SI) gave an undertaking to brief them about the correct process for handling and reporting such events.

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 and what to do if they noticed someone trying to purchase these regularly. The accuracy checking technician (ACT) said they didn't check any prescriptions they had dispensed and could identify these from the audit trail on dispensed items. Team members were also 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 and an SOP to help the team deal with these correctly.

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 electronic record about who the RP had been was available and was complete. Private prescriptions were recorded in a book and were up to date. A few of the entries didn't include the full details about the prescriber or the date of the prescription so may not be as helpful in the event of a future query. Records viewed about controlled drugs (CDs) were largely complete and up to date. On a few occasions, the headers had not been completed which could increase the chance of making entries in the wrong register. Running balances were recorded and checked regularly. The recorded stock of two items chosen at random agreed with

the physical stock. Date-expired CDs and CDs returned by people for destruction were kept separate from dispensing stock and stored securely.

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. Team members were using their own smartcards to access NHS information and said they did not share passwords for these cards. Confidential waste was separated from normal waste and disposed of securely. The team members explained how they had changed their approach to handing out prescriptions to limit how much information was shared at the counter.

The SI and RP had completed level 2 safeguarding training and there were procedures for team members to refer to in the event of a safeguarding concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to cope with its workload and they work well together. They have the right qualifications or are doing the right training for the roles they undertake. But the pharmacy doesn't have a structured approach to ongoing training which may make it harder to identify and support learning and development needs for each of the team members.

### Inspector's evidence

At the time of the inspection, a locum pharmacist was providing RP cover at the pharmacy. They worked at the pharmacy a couple of days each week. The SI was not present but usually worked full time at the pharmacy. The rest of the team comprised one ACT, three full-time dispensing assistants, two part-time dispensing assistants, a part-time medicine counter assistant, and a part-time delivery driver. The team explained that the numbers of staff had increased since the last inspection. Some of the team members were in training and were enrolled on accredited training courses. This included a trainee pharmacy technician and a trainee dispenser. The rest of the team had completed the necessary training for their roles or were still in their probationary period.

The team members were coping with the workload during the visit. The team members were serving customers promptly and all appeared to have a good rapport with their customers. Holidays were planned in advance and team members did overtime to ensure staffing levels were adequate to cope with the workload.

The team members were seen discussing queries with each other throughout the visit and referring issues to the RP or more experienced members of staff where needed. The staff had annual appraisals with the SI and those asked said they would feel comfortable raising any concerns or discussing queries with the SI. The ACT was aware of revalidation requirements and described how they undertook ongoing professional development to keep their own skills and knowledge current. Other team members who had completed their accredited courses used trade magazines to help keep their skills and knowledge up to date when time permitted. But there was no structured ongoing training. This could make it harder to identify and address any learning needs. The SI did not set targets for staff and was able to exercise his professional judgement to act in the best interests of people.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises have been much improved following a refit and extension and present a professional image to people visiting the pharmacy. It also has a well-screened consultation room where people can receive services and speak to team members in private.

### Inspector's evidence

The premises had been extended and refitted since the previous inspection, providing more space for people waiting for services, a larger dispensary, and a well-screened consultation room. The overall presentation of the premises was smart and professional. Screens installed at the counter during the pandemic had been retained to reduce the possible spread of infections. All areas were clean and free of clutter and the lighting and ambient temperatures were suitable for the work being undertaken. There was enough space in the dispensary to work safely with separate areas used for assembling and checking prescriptions.

The entrance to the pharmacy was at street level and the door was wide enough to accommodate prams or wheelchairs. There was also seating for people waiting for services. Medicines stock was kept off the floor and access to the dispensary was restricted. Members of staff had good visibility of the medicine counter and pharmacy-only medicines were stored behind the counter. 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. People's information on dispensed items waiting to be collected could not be seen by members of the public.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy manages its services effectively. It has installed a vending machine thereby creating greater access for people who might need to collect their prescriptions outside of the pharmacy's usual opening hours. The pharmacy's team members prepare compliance packs safely. And the pharmacy stores its medicines appropriately. The pharmacy tries to make sure that prescriptions for higher-risk medicines are highlighted so people get all the information and advice they need to take their medicines safely. But this doesn't happen consistently which may mean some opportunities to support people appropriately are missed.

### Inspector's evidence

The pharmacy's opening hours were displayed at the entrance. There was a range of health information about self-care displayed in the retail area. And there was a practice leaflet giving people information about the services the pharmacy provided. The pharmacy delivered medicines to some people who couldn't come to the pharmacy in person. There was an audit trail for this service to show that medicines had reached the right people. Since the last inspection, the pharmacy had introduced a vending machine at the front of the pharmacy which meant some people could collect their dispensed prescriptions when the pharmacy was closed. The items suitable for including in the machine had been considered and medicines requiring secure storage or other special storage requirements were excluded from this. There was a process to alert people when their medicines were ready to collect from this facility and appropriate security to ensure medicines couldn't be collected by people not authorised. The pharmacy ran a report regularly to identify uncollected items which were then removed and kept in the pharmacy for people to collect in the usual way.

Dispensing was carried out in an orderly way during the inspection. A dispenser was observed referring to the prescription when choosing medicines and creating dispensing labels. Baskets were used to keep prescriptions for different people separate. Some prescriptions were highlighted to indicate that additional checks were needed when these items were handed out.

The pharmacy supplied medicines in multi-compartment compliance packs to some people who lived in their own homes. These were prepared on a workbench at the rear of the dispensary. The pharmacy had kept 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 and there was an audit trail on the packs to show who had dispensed and checked each pack. The packs were generally checked and sealed on the same day they were prepared. Patient information leaflets were supplied every four weeks.

The pharmacy was providing the NHS Pharmacy First service. Records about consultations undertaken as part of this service were kept and patient group directions (PGDs) were available to refer to. The SI provided evidence that the PGDs had been signed by the two regular pharmacists.

Members of the pharmacy team were aware of the extra care and checks to make when supplying medicines containing valproate. This included supplying these medicines in their original packs and not covering up important information on the packs. The pharmacy use stickers to highlight prescriptions

for CDs so that members of staff could check they were still valid when handing the medicines out. There were also stickers available to highlight prescriptions for other higher-risk medicines such as warfarin so additional checks could be made. However, some prescriptions waiting collection had not been highlighted. This could mean team members do not also make sure people are given important information and advice about their medicines.

The pharmacy got its medicines from several licensed suppliers but reported that medicine shortages were a regular occurrence and took up a significant amount of time trying to source alternatives for people. Medicines were stored in an organised manner on shelves in the dispensary. Waste medicines were stored in designated bins. The pharmacy had a process to date check its medicines regularly; this activity was recorded. When stock was checked, there were no out-of-date medicines found. Medicines with short shelf-lives were highlighted. 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. The SI provided evidence of how the pharmacy received safety alerts and recalls about medicines and the actions taken in response to these.



## 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 vending machine had been installed recently and team members said they'd encountered few issues with it. Medicines within the machine were held securely. Electronic patient medication records were only accessible to pharmacy staff and computer screens could not be viewed by the public. Passwords to access electronic NHS prescriptions were not shared. The pharmacy had cordless phones, so team members could move to private areas to hold phone conversations out of earshot of the public. The pharmacy had a range of reference sources, including online resources, so advice provided to people could be based on up-to-date information. There was suitable equipment available for measuring liquids and counting solid dose forms and this was clean. And 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
 <b>Excellent practice</b>	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.
 <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
 <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.