

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, 44-46 East Street,
Bedminster, BRISTOL, Avon, BS3 4HD

Pharmacy reference: 1028623

Type of pharmacy: Community

Date of inspection: 13/06/2023

Pharmacy context

This is a community pharmacy located in on the high street in Bedminster, Bristol. It serves its local population which is mostly mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment compliance aids for people to use living in their own homes.

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 has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. Risk assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. A selection of recent examples were demonstrated during the inspection. 'Sound alike' and 'look alike' medicines such as amitriptyline and amlodipine had been separated on the dispensary shelves.

Dispensing incidents were recorded, and this included an analysis of what had happened as part of the error investigation. Ad-hoc meetings carried out by the pharmacist looking for trends as well as any changes that need to be made to reduce the risk of errors. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided. These were reviewed regularly. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team encouraged people to submit feedback online. A certificate of public liability and indemnity insurance was displayed and was valid and in date until the end of January 2024.

Records of controlled drugs (CD) and patient-returned controlled drugs were kept. The CD balances were checked weekly. A responsible pharmacist (RP) record was kept, and the RP notice was displayed in the pharmacy where people could see it. The fridge temperatures were recorded twice daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked regularly and records of this were seen to be completed appropriately. Short-dated stock had the date of expiry marked. The private prescription, emergency supply and specials records were retained and were in order.

Confidential waste was collected in confidential waste bags and these were removed by the company for destruction. An information governance policy (IG) was in place and the healthcare team was required to complete an e-learning programme on IG.

The pharmacist had completed the CPPE level 2 safeguarding package. Staff were aware of the signs to look out for that may indicate safeguarding concerns. Local contact details to raise safeguarding concerns were displayed on the wall in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist and one dispensing assistant present during the inspection. There was sufficient staff for the services provided during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles or were on a training course. Training certificates for staff were displayed on a wall in the dispensary.

A new pharmacy manager had recently started working in the pharmacy. She planned to do regular performance reviews for staff on an annual basis. This would also give the opportunity for staff to give feedback about their workplace.

The staff reported they were required to complete online training modules when they became available. But the pharmacy team admitted that they had not had the time to schedule in training hours recently as the pharmacy had been busy. The pharmacy team had previously completed training about 'sound alike' and 'look alike' medicines. They reported that this had increased their awareness of selection errors.

Staff meetings to discuss any important business or patient safety updates were held on an ad-hoc basis. The company head office regularly released pharmacy updates which were read and actioned by the pharmacy team. Staff were aware of the whistleblowing policy and felt comfortable to use this if necessary. There were targets in place, but the team explained that they did not feel pressurised to deliver the targets and would never compromise their professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect people's private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was located towards the rear of a retail store. The dispensary was separated from the retail area by a medicines counter to allow for preparation of prescriptions in private. The pharmacy was clean and professionally presented.

There was a sink available in the dispensary with hot and cold running water with sanitiser 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 would be cleaned when the date checking was carried out. The consultation room was kept locked when not in use and was well soundproofed. Part of the glass window on the consultation room was transparent which meant that patient confidentiality may not always be maintained. The pharmacist agreed to address this.

The ambient temperature in the pharmacy was suitable for the storage of medicines and this was regulated by an air conditioning system. The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy generally obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Pharmacy services were displayed on leaflets and posters around the pharmacy. There was a pharmacy service list at the front of the store. There was step free access into the store and space to move to a wheelchair or pushchair around the pharmacy area. Seating was available for patients and customers waiting for services.

The pharmacy team dispensed multi-compartment compliance aids for approximately 40 patients. The multi-compartment compliance aids were organised on a four-weekly rota. One compliance aid was examined. Audit trails to demonstrate who had dispensed the compliance aid were present. Descriptions were provided for the medicines contained within the compliance aids. Patient information leaflets (PILs) were regularly supplied to people.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during dispensing to valproate to all people who may become pregnant. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

The pharmacy used recognised wholesalers such as AAH and Alliance Healthcare to obtain medicines and medical devices. Specials were ordered via Alliance specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was also available. Waste was collected regularly, and the pharmacy team explained they would contact the contractors if they required more frequent waste collection.

The majority of medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. There was one unlabelled bottle of an unknown medicine which the pharmacist agreed to dispose of. There were containers of phenoxymethylpenicillin 250mg tablets and ramipril 5mg capsules without any batch numbers or expiry dates. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked.

The fridge was in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Records were kept to verify this and these contained audit trails.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. Facilities are used in a way that suitably protects people's confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Separate measures were in use for methadone dispensing. Amber medicines bottles were seen to be capped when stored and there were counting triangles and a capsule counter available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access. There was a sink in the dispensary that had a foul odour coming from it. This has been reported to the maintenance department according to the pharmacy staff. The sink was otherwise functioning normally and provided clean water.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge in use which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were password protected and patient information was safeguarded.

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.