General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, Unit 2, 55-59 Broad Street, READING, Berkshire, RG1 2AF

Pharmacy reference: 1028954

Type of pharmacy: Community

Date of inspection: 08/04/2019

Pharmacy context

This is a community pharmacy located along a main High Street in the centre of Reading in Berkshire. A range of people use the pharmacy's services. The pharmacy dispenses NHS prescriptions and a small number of private prescriptions. It also offers a few services which includes flu as well as travel vaccinations.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 manages most risks appropriately. Pharmacy team members deal with mistakes that occur during the dispensing process responsibly. But, they may not be recording all the details. This could mean that opportunities to spot patterns or trends are missed. And, they may not always understand how to prevent similar mistakes in future. Members of the pharmacy team understand how they can protect the welfare of vulnerable people. But, they are unable to locate contact details for the local safeguarding agencies easily. This could cause a delay when reporting concerns. The pharmacy doesn't always keep the records that must be kept, in accordance with the law. This means that the team may not have all the information needed if problems or queries arise.

Inspector's evidence

The pharmacy's workload was manageable. The dispensary was clear of clutter and there was adequate workspace present for dispensing.

Staff explained that different members of the team were involved, where possible to assemble prescriptions. One person generated labels, another assembled prescriptions before the final accuracy check by the responsible pharmacist (RP) occurred.

The company's practice leaflet was on display and provided details about the pharmacy's complaints procedure and data protection policy.

Staff described recording their near misses on Pharmapod. Some staff members were unaware about how these were reviewed or whether any patterns or trends had been identified in-house as a result of near misses. Other staff stated that near misses were reviewed and details collated across the region as opposed to being provided with information specific to their branch. The team described separating medicines with similar packaging and as an example, explained that generic packs of sertraline were placed in between different strengths of Lustral to help prevent mistakes occurring.

An incident report form (covering March 2019) detailed that one incident and one near miss had occurred in this month. When staff were asked about the numbers of near misses seen in line with the pharmacy's volume of dispensing (see principle 2), they said that they may not have always recorded all of their near misses. They explained that this was because they had to log onto the Pharmapod system.

Incidents were handled by pharmacists and details documented onto Pharmapod. A documented complaints process was seen.

There was no confidential material left in accessible areas. Confidential waste was segregated and disposed of, through company procedures. Sensitive details on bagged prescriptions awaiting collection could not be seen from the front counter. Staff stated that they had signed confidentiality statements and completed training on the EU General Data Protection Regulation (GDPR). The pharmacy held a copy of the company's information governance policy. This had not been signed by all members of the pharmacy team.

Staff were trained to safeguard vulnerable people and could identify potential signs of concern. They

referred to the RP in the first instance. The pharmacist was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). Staff were also trained through completing a relevant CPPE module. There was no standard operating procedure (SOP) seen to cover safeguarding of vulnerable adults or children. There were no relevant local policy or contact details for safeguarding agencies seen. Staff thought that they had seen this but were unable to locate them during the inspection.

A range of documented and electronic SOPs were available to support the safe provision of services. Some of the former were issued in 2017 and others were from 2019. Staff declarations were complete in documented SOPs and 100% compliance seen for electronic ones. Roles and responsibilities of team members were defined. Staff on occasion, were not always following SOPs (see Principle 4 and higher risk medicines for example).

The correct RP notice was on display. This provided details of the pharmacist in charge of operational activities.

The team maintained daily records of the minimum and maximum temperatures for both fridges. This provided assurance that medicines requiring cold storage were stored appropriately. The pharmacy maintained a complete audit trail of receipt and destruction for returned CDs that were brought back by the public for disposal.

Records of emergency supplies, most records of private prescriptions and a sample of registers seen for controlled drugs (CDs) complied with statutory requirements. Balances were checked and documented every week for the latter. Quantities of randomly selected CDs held in the cabinet corresponded to the balance stated in the registers.

There were some records of private prescriptions that only contained one date. It was not clear whether this was the date of dispensing or the date on the prescription.

The RP record was mostly complete. There were two missing entries where there were no details recorded about the pharmacist in charge (from 9 March 2019 and 11 March 2019), staff had contacted the rota co-ordinator and there was a note in the RP record to explain this but no further information was documented. On one occasion, it was noted that the responsible pharmacist had failed to record the time their responsibility ceased.

There were issues with records of unlicensed medicines. Odd records were complete with the required details, the rest were missing prescriber details and/or people's details to whom the pharmacy had supplied the unlicensed medicine. Records from 2016 for these were made using generated labels that had faded. Relevant details were therefore not easily retrievable.

Professional indemnity insurance to support the services provided were through the National Pharmacy Association (NPA) and due for renewal after 31 January 2020.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members generally have an appropriate level of understanding about their roles and responsibilities. They are provided with resources to complete ongoing training. This helps ensure that their skills and knowledge are kept up to date.

Inspector's evidence

Staff present included a regular locum pharmacist, a part-time trained, dispensing assistant and part-time pharmacy technician. There were also two part-time medicines counter assistants (MCA). Staff explained that the pharmacy was being run by the regular locum and a relief, employed pharmacist. A regular employed pharmacist manager was due to start at the pharmacy within the next few weeks.

The pharmacy dispensed approximately 3,500 prescription items every month and supplied five people with multi-compartment compliance aids devices.

Team members were wearing name badges. Their certificates of qualifications obtained were not seen.

In the absence of the RP, staff knew which activities were permissible and the process to take if the pharmacist failed to arrive. Medicines were sold over the counter (OTC) by asking a range of suitable questions. If staff were unsure, they checked with the RP. Sufficient knowledge of OTC medicines was held.

To assist with training needs, the company provided staff with online modules to complete every month and they received updates through emails. Time was allocated to complete the former. As they were a small team, information was conveyed verbally amongst them. Formal appraisals were held every six months.

The RP described a target to achieve eight Medicine Use Reviews (MURs) every week. This was described as sometimes manageable. The pharmacy was called and emails were received when numbers achieved were low. Staff responded to the latter. The locum RP did not feel pressurised to complete services.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are secure and adequate to provide services safely. But, the sink in the consultation room is dirty. This detracts from the overall professional look and use of the room.

Inspector's evidence

The premises consisted of a small dispensary and a slightly larger area behind the front counter where pharmacy only (P) medicines were stored. There was also a spacious retail area although only a small section of this consisted of the pharmacy area.

The pharmacy was sufficiently bright, well ventilated with modern fixtures and fittings. Areas that faced the public were professional in appearance. Most areas were clean (see below).

P medicines were stored behind the front counter. There was gated access into this area which restricted their access by self-selection.

There were two consultation rooms available for private conversations and services although one was used by the nurse for the travel clinic. This was in use during the inspection and could not be viewed. The room used by pharmacy staff was of a suitable size. There was no confidential information present. A pharmacy fridge containing prescription-only medicines was located here. The door to this space was kept locked when not in use. This helped restrict access to the medicines stored here. However, the sink in this room was dirty, stained and needed cleaning.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy tries to ensure its services are accessible to everyone. It obtains its medicines from reputable sources. But, some medicines are stored in poorly labelled containers. This makes it harder for the team to check the expiry date, assess the stability or take any necessary action if the medicine is recalled. Team members generally ensure pharmacy services are provided safely. But, they don't always identify prescriptions that require extra advice. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

Entry into the pharmacy was at street level and power assisted doors at the front. The wide aisles inside the premises and clear open space outside the pharmacy area enabled people with mobility issues to easily access the pharmacy's services. There were some seats available for people waiting for prescriptions.

Staff faced people who were partially deaf and they spoke more clearly so that they could lip read. Physical assistance was provided for people who were partially sighted. The team were multilingual and could speak Slovakian, Polish, Czech and Portuguese to assist people whose first language was not English.. They also described using Google translate or communicated with representatives if needed.

There were leaflets on display to provide information about services. The pharmacy advertised its services. Staff explained that they used online resources or their own local knowledge of the area to signpost people to other providers if required. They also maintained a list of the surgeries that they worked with on a regular basis and maintained audit trails of prescriptions ordered on behalf of people.

The travel vaccination clinic was run by a nurse based on site and an appointment system was used.

Pharmacy staff used baskets during the dispensing process to help keep prescriptions and items separate. A dispensing audit trail was in place from a facility on generated labels. This helped identify staff involved in the different processes.

The team were aware of the risks associated with valproate. There was relevant literature available to supply to females at risk. One person was identified according to staff where pharmacist intervention occurred.

An alphabetical retrieval system was used to store assembled prescriptions that were ready for collection. Fridge items and CDs (schedules 2 and 3) were identified using stickers. Schedule 4 CDs were not routinely identified and staff could not recognise some of these.

Prescriptions for people prescribed higher risk medicines were not routinely identified for relevant counselling to occur. Staff were unaware that certain relevant parameters should be checked when supplying these medicines to enable safety. This information was detailed under the pharmacy's SOPs for high risk medicines and included asking about the International Normalised Ratio (INR) level for people prescribed warfarin. There were no details about INR levels recorded when people's records were checked.

Multi-compartment compliance aids devices were supplied after liaising with the GP. Prescriptions were ordered by the pharmacy and details cross checked against individual records kept for people. This helped staff to identify changes or missing items and queries were checked with the GP surgery. Audit trails and records were maintained to demonstrate this. Devices were not left unsealed overnight. All medicines were de-blistered into devices with none left within their outer packaging. Patient information leaflets (PILs) were routinely supplied. The team provided descriptions of medicines that were included in device. Mid-cycle changes involved retrieving devices, amending, re-checking and re-supplying.

A delivery service was not currently being provided. The pharmacy obtained its medicines from licensed wholesalers such as Alliance Healthcare and AAH. Unlicensed medicines were obtained from Alliance Healthcare.

The team were aware of the processes required to comply with the European Falsified Medicines Directive (FMD). There was relevant equipment present and guidance information. Staff had read the latter but stated that they had not seen any medicines manufactured with the bar code required to scan. Some of these were pointed out by the inspector.

Medicines were stored in an organised manner. There were no date-expired or mixed batches of medicines seen. Stickers were used to highlight short dated items. Medicines were date-checked for expiry every week. A matrix was in place to demonstrate the process with records held of medicines approaching expiry.

However, the team were storing several medicines outside of their original containers without fully annotating these with all relevant details. Either only the expiry date and the name or form of the medicine was included or the batch number and expiry dates were missing. The latter also included loose Prestylon capsules that were stored inside an amber bottle.

CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight. The pharmacy held an audit trail to demonstrate this.

The pharmacy used appropriate containers to hold medicines brought back by people for disposal. These were collected in line with contractual arrangements. Staff stated that people bringing back sharps to be disposed of, were referred to a local pharmacy that did accept sharps. Returned CDs were brought to the attention of the RP, details were entered into the CD returns register, they were segregated and stored in the CD cabinet prior to destruction.

The team received drug alerts by email. Once received, staff checked stock and acted as necessary. Audit trails were present to verify the process.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely.

Inspector's evidence

The pharmacy was equipped with current reference sources to assist the team.

There were clean, crown stamped, conical measures available for liquid medicines, counting triangles and a separate one for cytotoxic medicines. Counting triangles were slightly dusty. The sink in the dispensary used to reconstitute medicines was clean. There was hand wash as well as hot and cold running water available.

Both fridges provided storage of medicines at appropriate temperatures. The blood pressure machine was described as replaced in the previous year.The CD cabinet was secured in line with statutory requirements.

Computer terminals were positioned in a manner that prevented unauthorised access. Staff used their own individual smart cards when accessing electronic prescriptions. These were removed from terminals at the end of the day.

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.