

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, 48-50 Front Street, CHESTER
LE STREET, County Durham, DH3 3BD

Pharmacy reference: 1029382

Type of pharmacy: Community

Date of inspection: 10/12/2019

Pharmacy context

This pharmacy is located at the rear of the Superdrug store in the centre of the town. The pharmacy closes on Sundays when the main store remains open. The pharmacy dispenses NHS and private prescriptions. And offers advice on the management of minor illnesses and long-term conditions. It offers a range of services including supervised methadone consumption. And supplies medicines in multi-compartment compliance packs. These help people remember to take their medicines. It provides blood pressure checks and a minor ailments scheme.

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 written procedures that the team follows. The team members have a clear understanding of their roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The pharmacy keeps all the records as required, by law in compliance with standards and procedures. It provides people using the pharmacy with the opportunity to feedback on its services. The pharmacy team members responsibly discuss mistakes they make during dispensing. They look after people's private information. And they know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting delivery of services. They covered areas such as the prescription process and access to controlled drugs (CD). These were subject to regular review. And the company had last reviewed the majority in November 2019. The pharmacy had paper copies for reference, but the team generally accessed online. And signed online to say they had read the SOPs. The team could advise of their roles and what tasks they could do. There were also several other corporate checks undertaken to manage the running of the pharmacy. These included daily tasks and weekly tasks. And audits on a variety of tasks.

The pharmacy had a large spacious dispensary with plenty of available bench space. There were different sections for assembly and checking, with a separate area for compliance pack preparation. The driver also used a designated area for sorting the items for delivery. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets with red for people walking in to the pharmacy, clear for electronic and blue for delivery. This distinguished people's prescriptions by degree of urgency, and this helped plan workload.

The pharmacy recorded near miss errors found and corrected during the dispensing process. Examples included co-codamol 8/500mg with the dose two in the morning instead of two at night, Questran sachets with the quantity 38 given instead of 50 and Movicol plain instead of flavoured. The pharmacist recorded these on a specific template. And provided individual feedback to the team member. The team member then reviewed the near miss and completed the points on the near miss form. The team member then entered the near miss on to the computer. And ticked once they had completed this. Sometimes the information of how the near miss could have occurred lacked detail. The pharmacist printed off the computer record of near misses for the month. And reviewed it. The previous month had most comments and actions taken recorded as 'busier than normal' or 'interruptions'. The pharmacist advised this was an area they could review to improve learning. The team advised since the introduction of the scanning as part of the Falsified Medicines Directive (FMD) there had been very few near miss errors. Most of the near miss errors were dose related.

The pharmacy had a notice displayed in the pharmacy which explained the complaints process. It gathered feedback through the annual patient satisfaction survey. And displayed the results. The last survey showed positive results with mostly very good and excellent. There was a procedure to record and report dispensing errors and the team followed the company process when they received any concerns or complaints. The pharmacy had a reminder of the process on the wall in the dispensary for reference for the team. The team discussed any complaints which the pharmacy had received, to learn

and improve. A recent complaint had involved a person receiving an extra item in their bag of medication. The team members had discussed and reflected on how this could have occurred. The pharmacy had current indemnity insurance with an expiry date of January 2020.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy checked CD stock against the balance in the register at each time of dispensing. This helped to spot errors such as missed entries. The pharmacy undertook weekly stock audits for all CDs. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy kept special records for unlicensed products with the certificates of conformity completed. It kept records for private prescriptions and received a few through the company service 'Dr Ed'.

The pharmacy displayed their data privacy policy on the confidential data kept and how it complied with legislation. It has NHS leaflets 'How we look after and safeguard information about you' available for people to take away. The team had read information on General Data Protection Regulation (GDPR). And the company updated the training for this annually which the team completed. The IT system was password protected. And the team stored completed prescriptions and private information safely. The pharmacy team stored confidential waste in separate containers. And this was collected for offsite disposal. The pharmacy had a safeguarding policy for the protection of vulnerable adults and children. It had contact numbers for local safeguarding available for the team. The pharmacist had undertaken level 2 CPPE training. And the team completed the company training for safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has suitable systems in place to make sure it has enough staff to provide its services. The team members understand their roles and responsibilities in providing services. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work. And they feel comfortable raising any concerns they have.

Inspector's evidence

There was one pharmacist and four dispensary members working in the pharmacy. The pharmacy had one day a week with two pharmacists present. This was generally on a Friday which was the busiest day. In total there were five dispensers and two medicine counter assistants (MCAs). The dispensers worked a range of eight to 37 hours a week. The MCA present worked 30 hours a week and when she was not present another member of the team looked after the counter. The pharmacist advised she had 309 hours of staffing allocated for the pharmacy. And not were all used for contracted hours. She had about ten hours left each week. So, she used these to support busier times and provide cover. One of the dispensary team was a technician but on checking it appeared her registration had lapsed. The inspector provided advice and the matter was being looked into with the company and GPhC.

Certificates and qualifications were available for the team in files in the office. The team members had training records on the company system, the Edge. The training provided by the company included reading revised SOPs, product information, safeguarding and Health and Safety. The team advised recent product training had included Voltarol and Nytol. The team members advised they received some limited time in the pharmacy to undertake training. And generally accessed the training modules and undertook this at home. The team received performance reviews yearly which gave the chance to receive feedback and discuss development needs. The team provided no specific examples.

The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist or the area manager. There was a whistleblowing policy and telephone numbers were available so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The pharmacy team had targets for services such as MURs. These were achievable and done when they met the patient's needs. They were currently undertaking an audit for asthma reviews. And the team highlighted suitable prescriptions with stickers to enable them to ask people if they wanted a review.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure. The premises are well maintained and offer a professional environment for the delivery of the pharmacy's services. And people can have private conversations with the team in the consultation room.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to a suitable standard with plenty space for dispensing, storing stock and medicines and devices waiting for collection. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all clean and the team routinely cleaned at the end of the day. The pharmacy team kept the floor spaces clear to reduce the risk of trip hazards. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had a good sized, signposted, sound proofed consultation room which the team used. There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. There was no confidential information kept in the room, but the team kept the sharps box for needles for the flu vaccination service in the room. So, it kept the consultation room locked when not in use.

The MCA covered the pharmacy counter when she was present. And when she was not present, other members of the team took turns to ensure they were aware of people at the counter. People could not access the dispensary as there was a gate at the end of the counter which the team kept locked. The company had extended the height of the gate to prevent any unauthorised access on Sundays when the pharmacy was closed, and the store remained open. There were shutters over the pharmacy medicines which the team pulled down and locked at the end of the day. The pharmacist kept the keys. This prevented any unauthorised access when the pharmacy was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. And it displays some information about health-related topics. The pharmacy provides its services using a range of safe working practices. The pharmacy team members take steps to identify people taking some high-risk medicines. And they provide these people with extra advice. The pharmacy team members dispense medicines into multi-compartment compliance packs to help people remember to take them correctly. The pharmacy sources its medicines from licenced suppliers. And it generally stores and manages its medicines appropriately. It takes the right action if it receives any alerts that a medicine is no longer safe to use.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was an automatic door at the entrance to the store. And clear walk ways to the pharmacy. There was some customer seating. The pharmacy displayed its services in the window. And the hours of opening were on the door. There was no practice leaflet, but the pharmacy had a leaflet with service detailed which was available on the counter. The team signposted to other pharmacies if they did not provide all the services. The pharmacy had a range of leaflets and posters on a variety of health care topics.

The pharmacy provided Medicine Use Reviews (MUR) and the New Medicines service (NMS). The MURs were often linked to blood pressure checks. All the team were able to undertake blood pressure checks. The pharmacist had done around 300 flu vaccinations. The pharmacy slotted these in to the day and people rarely made appointments. Most people liked just to be able to walk in for this service. The pharmacist provided some other services through Patient Group Directions (PGDs) such as period delay. And she had just completed training for a throat swab test which would enable her to provide penicillin for throat infections if suitable. The pharmacy was about to commence this service. The Minor ailments service was popular for paracetamol for children, head lice treatments and worming treatments. One pharmacist provided the Emergency Hormonal Contraception (EHC) service. And one pharmacist was waiting to complete the final part of training for the PGD. The pharmacy could sell items for EHC or they referred people to other pharmacies or their doctor if they did not wish to pay. The pharmacy provided the Community Pharmacy Consultation Service (CPCS). The CPCS service connected patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy as their first port of call. The referrals came from NHS 111. The pharmacist had undertaken a few since the service commenced. She had given advice on one occasion as the person was getting better and they had previously had some treatment for their GP.

The pharmacy supplied medicines to around 190 people in multi-compartment compliance packs to help them take their medicines. Two of the team generally prepared all the compliance packs. The pharmacy had a designated area. And there was suitable space for the packs. The pharmacy had a dedicated section of shelves which they put any queries on. This helped them to ensure that they dealt with these matters. They advised that many of the packs had changes each month. And they spent a lot of time sorting these out. The pharmacy received many phone calls regarding the packs. Most of them were from the surgeries to try to sort out changes for people. This took up a considerable amount of time. The pharmacy kept profile sheets for all people and each person had a changes of medication sheet. The team kept robust records of any changes. They noted who had authorised the change and

when. They scanned all the stock. They prepared four weeks at a time and provided patient information leaflets (PILs) with the first tray of the cycle. The pharmacy offered a substance misuse service with a few people using the service. The pharmacy kept a delivery sheet as an audit trail for the delivery of medicines from the pharmacy to patients. This included a signature of receipt of the delivery. The driver used a separate delivery sheet for controlled drugs.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at found compliance with this process. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included warfarin, methotrexate and lithium which ensured patients received additional counselling. The team members used CD and fridge stickers on bags and prescriptions to prompt the person handing the medication over that they needed to add some medication to complete the supply. When the pharmacy could not provide the product or quantity prescribed in full, patients received an owing slip. And the pharmacy kept a copy with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable to ask for an alternative. The team checked the box with owings every day to complete these when possible. And reorder if required. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. They had a notice clearly displayed in the dispensary as a reminder. They were currently undertaking another audit and ensuring they spoke to any people who received valproate to remind them again of the risks.

The pharmacy generally stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. But had some items in amber bottles with insufficient labelling information such as no expiry date or batch number. These included Lyrica 25mg, duloxetine 60mg and calciferol. These had been items from the preparation of the compliance packs. The pharmacy had two refrigerators. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerators remained within the required temperature range. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team members marked short-dated items with stickers and noted them in a book. They took these off the shelf prior to the expiry date. The team members clearly marked liquid medication with the date of opening which allowed them to check to ensure the liquid was still suitable for use.

The pharmacy obtained medicines from reputable sources. The pharmacy was compliant with the requirements for the Falsified Medicines Directive (FMD). The team had all received training on the scanning process. And had read the required SOP. They explained the process for spilt packs which they used frequently for the compliance pack process. They scanned the compliance packs out weekly at the point of supply. They advised it worked well and they had only had one product which had shown as an error. They reported this. And had been told it had been a computer error. The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. The pharmacy had appropriate denaturing kits for the destruction of CDs. The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. The team members had access to disposable gloves and alcohol hand washing gel. The blood pressure machine appeared in good working order and the pharmacy replaced it when required.

The pharmacy stored medication waiting collection in drawers where no confidential details could be observed by people. The team filed prescriptions in boxes in a retrieval system out of view, keeping details private.

The computer in the consultation room was screen locked when not in use. The computer screens in the dispensary were out of view of the public. The team used the NHS smart card system to access to people's records. The team used cordless phones for private conversations.

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.