

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, 14-16 Cornmarket, DERBY,
Derbyshire, DE1 1QH

Pharmacy reference: 1030339

Type of pharmacy: Community

Date of inspection: 22/07/2022

Pharmacy context

This is a pharmacy at the back of a retail store along a parade of shops in a city centre. It supplies medicines to people against both NHS and private prescriptions. And it provides multi-compartment compliance packs to people who need them, including those living in residential care homes. It provides the NHS New Medicines Service, a medicines delivery service and a needle exchange 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

Overall, the pharmacy identifies and manages the risks with its services. It keeps the records it is required to by law, and it protects the personal information of people who use the pharmacy. Team members have some information to help them safeguard vulnerable people. People using the pharmacy can provide feedback and team members respond appropriately to complaints. The pharmacy has written procedures, but not all team members know where to access the most up-to-date versions. And so, they may not always work in a consistent way.

Inspector's evidence

Paper records were available for team members to record dispensing mistakes which were identified before the medicine was handed to a person (known as 'near misses'). There were records to show previous monthly reviews of near misses with actions taken to learn from these. And this information was shared with the team. The pharmacy team had last completed an audit in June 2022 which covered a range of processes in the pharmacy. There was no formal action plan available for this audit. But the pharmacist explained what improvements were made following the audit. A range of standard operating procedures (SOPs) were in place, but the team working, a locum pharmacist and a relatively new in-post dispenser, could not identify where the most up-to-date versions were stored. The Superintendent Pharmacist provided a list of SOPs in place at the pharmacy after the inspection and confirmation they were available electronically. There was a process for locum pharmacists and pharmacy team members to access SOPs in the pharmacy. A business continuity policy was available for inspection in the pharmacy, but the team working was not aware of the contents. The dispenser was not sure of who to contact if a pharmacist did not arrive for their shift. This was clarified during the inspection.

Pharmacy team members were clear on their roles and responsibilities. The dispenser working at the time of the inspection knew what they could and could not do in the absence of a pharmacist. There is no regular pharmacist or manager in post. So there was a risk of reduced accountability for how the pharmacy operated. The dispenser worked on a part time basis so there were times when a locum pharmacist would not have the support of a regular team member.

The pharmacy actively sought the views of people who used its services. There was a feedback questionnaire which people using the pharmacy could complete either on paper or electronically. During the inspection the pharmacist was observed handling a complaint from a person using the pharmacy. They acted professionally and with empathy. And they resolved the complaint appropriately. The pharmacy had appropriate indemnity arrangements in place for their activities and a certificate was displayed in the dispensary.

The pharmacy kept a range of records required for their services. The responsible pharmacist (RP) record was completed regularly, and the RP notice was correctly displayed. Records for private prescriptions were stored electronically and these contained the required information. The pharmacy held records for the supply of unlicensed medicines and the required information was present on these records. Controlled Drug (CD) registers were organised and complete. Two random CD balances were checked against the stock and were found to be accurate. CD balance checks were recorded, and pharmacy team members checked CD balances on a weekly basis. There was a dedicated register for

CDs that were returned by people who no longer needed them. The records showed that when CDs were destroyed this was recorded and witnessed. The pharmacy team used an audit book to complete daily tasks including checking the fridge temperature and other key tasks. This was completed regularly.

Confidential waste paperwork was stored in a separate container to usual waste and was collected for disposal by a third party contractor. The pharmacy dispensary had posters showing local safeguarding contact information. The pharmacist explained key points of safeguarding when providing certain medicines. And they knew to contact central support if they needed advice regarding a person they were concerned about.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small inexperienced team with appropriate qualifications for the services provided. The pharmacy suitably manages its workload and completes key tasks in a timely manner. It provides access to training materials to support the team in their role. But it isn't able to provide day-to-day support to ensure the team has all the knowledge they need.

Inspector's evidence

On the day of the inspection there was a locum pharmacist and a qualified dispenser at the pharmacy. The locum pharmacist had worked for the pharmacy before and knew how to contact the regional manager if needed. The dispenser worked part time so there were times when the pharmacist was required to work in the dispensary alone. There were employees in the retail area of the store at these times. A delivery driver worked part time to deliver medicines to people who are unable to collect them themselves. And they had completed a training course to support their role when delivering medicines. The delivery driver had a personal development plan in place. The dispenser who had recently joined the team had access to an online training platform to support their development, but no manager or experienced team members to support them. The pharmacist kept up to date on developments by receiving email notifications about alerts and new guidance. Team members were observed supporting people who used the pharmacy both professionally and with empathy.

The atmosphere appeared calm and organised. And the pharmacist and dispenser worked well together. They knew how to operate the pharmacy including processes to follow, but there were some gaps in knowledge. They appeared to manage the workload effectively. The pharmacy had targets, such as new medicines service consultations and electronic dispensing nominations but the pharmacist did not feel these conflicted with their professional responsibilities. There were records to show that the team learned from mistakes and shared learning when things went wrong.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, organised and appropriate for the services delivered. The workspace has a logical flow and the pharmacy has enough workspace for the team to work effectively. The pharmacy has a suitable soundproofed room to have private conversations.

Inspector's evidence

The pharmacy premises were located at the back of a Superdrug retail store in the town centre. They consisted of a dispensary and a small waiting area. The pharmacy appeared clean and hygienic. It was appropriately lit, was well maintained and was at a suitable temperature. There were contact numbers available for pharmacy team members to arrange any maintenance repairs if needed. There was enough space for medicines to be stored including those which were ready for collection. And enough bench space, with an organised workflow. Areas of the workspace where team members often worked, were cleaned regularly. A daily hygiene checklist was used by team members when cleaning the pharmacy. The pharmacy had a dedicated area for the preparation of liquid medicines. And there was hot and cold running water. The consultation room was of a suitable size and private. It was located beside the pharmacy counter. And it was locked when not in use.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support the health needs of the local community. And people can easily access these services. The pharmacy delivers its services safely and effectively. And team members make suitable checks to ensure people taking higher risk medicines do so safely. They store and manage medicines appropriately.

Inspector's evidence

The pharmacy premises were at the back of a retail store which was accessed via doors leading directly from the high street outside, providing step-free access to the pharmacy. There was a short walk from the retail store entrance to the pharmacy counter. The pharmacy offered a range of services and posters highlighted the pharmacy services available.

The pharmacy used barcode technology to improve accuracy when dispensing. The barcodes helped pharmacy team members identify if an incorrect medicine was selected by accident. And this acted as a safeguard against dispensing mistakes such as picking an incorrect medicine with a similar name. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. And they used baskets for dispensing to help avoid the risk of error if people's prescriptions and medicines became mixed up. Medicines awaiting collection were stored in an organised fashion. And the pharmacy used barcode technology when people came to collect their medicines to minimise the risk of hand out errors. The pharmacy had alert cards and leaflets explaining the process for dispensing sodium valproate to people in the at-risk group. And the pharmacist explained key safety checks that were completed when dispensing this high-risk medicine, including checking people at risk were on a pregnancy prevention programme. A poster outlining these key points was displayed in the dispensary.

Multi-compartment compliance packs were used to supply medicines for some people who required help to take their medicines at the right time. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. A sample of dispensed compliance packs were seen to have been labelled with the descriptions of medication supplied, so people could identify what was in the packs. The pharmacy team did not supply patient information leaflets (PILs) with each supply, meaning that people may not have all of the information that they need about their medicines. Multi-compartment compliance packs were organised to ensure people received their medicines on time. Communications from hospital and GP surgeries regarding any changes to prescribed medicines were actioned by the pharmacy team.

The pharmacy obtained medicines from licenced wholesalers. The pharmacy had a process to check the expiry dates of medicines and had lists for each month outlining when medicines would expire. There was a dedicated book for this process. No expired medicines were identified from a sample checked during the inspection. There was a dedicated medicines' waste disposal bin for returned and out-of-date medicines. This was clearly identified and stored separate from the medicine stock. And there were dedicated destruction kits for controlled drugs to be destroyed. In partnership with a charity the pharmacy had a collection bin for medicine packaging. This allowed the public to recycle medicine foil packs. The pharmacy had a medical fridge to store medicines requiring cold storage. Medicines were organised and separated appropriately in the fridge. And there was documented evidence of checks to

ensure this fridge's temperature remained in the required range. The pharmacist received patient safety alerts and medicine recalls. But the new dispenser was not sure of the process to follow. A SOP existed for dealing with patient safety alerts, drug recalls and notifications. There were printed copies of previous alerts along with a record of what action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use.

Inspector's evidence

The pharmacy had a range of calibrated measuring cylinders. Separate cylinders were used for different medicines to prevent contamination. And the cylinders were washed after use. The team had access to different medicines counters for cytotoxic and non-cytotoxic medicines. And they had access to reference sources to support their role. Pharmacy team members knew how to use the equipment and what to do if something wasn't working properly. Terminal screens were not visible to people using the pharmacy and the computers were password protected. NHS smartcards were used by team members to whom they belonged. And confidential information was kept out of view of people using the pharmacy.

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. |