

# Registered pharmacy inspection report

**Pharmacy Name:** Superdrug Pharmacy, 609-611 Christchurch Road,  
Boscombe, BOURNEMOUTH, Dorset, BH1 4AN

**Pharmacy reference:** 1030494

**Type of pharmacy:** Community

**Date of inspection:** 12/07/2022

## Pharmacy context

A pharmacy located on a busy high street in Boscombe, Bournemouth. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also dispenses some medicines in multi-compartment compliance aids (MDS trays or blister packs) for those who may have difficulty managing their medicines at home and they provide flu vaccines.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.7	Standard not met	The consultation room is not locked and unprotected patient sensitive information is kept inside.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<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 not all met

### Summary findings

The pharmacy doesn't do enough to keep people's information safe. But in general, its working practices are safe and effective. Team members keep records of the mistakes they make, but they are unable to always access these records. The pharmacy keeps the records it needs to by law, team members help to protect vulnerable people.

### Inspector's evidence

A near miss log was available in the dispensary but was only used sporadically by team members and not much detail about the incidents was recorded. The team explained that near misses were recorded electronically, but they were unsure how to access them on the computer. The dispenser explained that any near misses would be discussed with the dispenser who made the error. The team demonstrated how they separated medicines which had similar packaging or similar names such as tramadol and trazodone. The pharmacy also regularly received updates from their head office informing them of any trends in mistakes across the company and what teams can do to prevent similar mistakes happening. These updates came in the form of newsletters and were read by the whole pharmacy team.

There was a workflow in the pharmacy where labelling, dispensing, checking were carried out at different areas of the work benches. Standard Operating Procedures (SOPs) were in place for the dispensing tasks and were available in the dispensary. The team members had all signed the SOPs to say they had been read and understood. Staff roles and responsibilities were described in the SOPs, and they were reviewed regularly. There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. Public liability and indemnity insurance from the NPA was available.

A sample of MST 5mg tablets was checked for balance accuracy against the Controlled Drug (CD) register and was seen to be correct. A balance check on the CDs was completed regularly by the pharmacist. The responsible pharmacist (RP) record was held electronically, and the correct responsible pharmacist notice was displayed in pharmacy. The maximum and minimum fridge temperatures were recorded electronically daily and were in the required temperature range. The private prescription records were completed appropriately. The specials records were complete with the required information documented accurately.

Most computers were password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard clearly. The consultation room was not locked during the inspection and the computer in the consultation room was not password locked so the pharmacy's NHS email inbox was clearly visible on the screen. The log in details for the computer and the email addresses were pinned on the noticeboard by the computer thus compromising patient confidentiality.

There were cordless telephones available for use and confidential wastepaper was collected in white bags to be disposed of by approved contractors. The locum pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module from the

company. Team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding poster on display in the dispensary which included the contact information for all the local safeguarding organisations which the team could refer to quickly if required. The team had made records of patients who regularly tried to buy medicines with abuse potential.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Generally, the pharmacy has enough staff to manage its workload. It makes sure its team members are appropriately trained for the jobs they do. They complete regular additional training to help them keep their knowledge up to date.

### Inspector's evidence

During the inspection, there was one locum pharmacist and one dispenser. Certificates of completed training for the staff were displayed above the medicines counter. The team were seen to be working well together and supporting one another. The team stated that they had to close on occasions where they did not have adequate pharmacist cover.

The pharmacy team received training updates electronically from the company's head office. These came to the team via the company's intranet for each member of staff. The dispenser explained that they were provided with protected training time.

The team members explained how they worked well together and we able to speak up and suggest ideas which they could implement. There was a whistleblowing policy for the company which all the members of staff had signed to say they had read and understood. There were some targets in place, but the team described how they would never compromise their professional judgement for any financial gain.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, tidy, and suitable for the provision of its services. The pharmacy has made suitable adjustments to its premises to help protect people from viruses. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

### Inspector's evidence

The pharmacy was located on a busy high street in the Boscombe area of Bournemouth. It included a large retail area, medicine counter, one consultation room and a dispensary. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the shop. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

There was a daily cleaning rota on display in the dispensary and the dispenser explained that they would clean regularly to ensure their environment was hygienic. The team members had increased the frequency of cleaning since the COVID-19 outbreak and cleaned touch points more regularly. A screen had been installed in front of the dispensary to help protect staff and the public from airborne viruses. The shelves were clean and tidy, and the dispenser explained that they cleaned the shelves when they put stock away.

The dispensary was suitably screened to allow for the preparation of prescriptions in private. Conversations in the consultation room could not be overheard clearly and the consultation room included seating, a table and a computer. The consultation room could be locked but was not locked during the inspection. The inspection was completed on a warm day and the pharmacy was particularly warm. This was aggravated by the strip lights in the dispensary. There was air conditioning throughout the rest of the retail shop but the cooler air did not circulate in the dispensary. Lighting in the pharmacy was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy delivers its services in a safe manner, and people with a range of needs can access them. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

### Inspector's evidence

Pharmacy services were displayed in the window of the retail shop. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion near the consultation room. There was step-free access into the shop via an electric sliding door. Seating was available should people require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy which team members were observed using and there were also antibacterial wipes available for use.

The pharmacy team explained that in the week prior to the inspection, the pharmacy had been closed due to not having had a pharmacist present. The team explained that during the week without a pharmacist, all prescriptions were picked up at other local pharmacies and they contacted the local drug treatment centre to ensure people on supervised medicines were provided with new prescriptions. Team members understood their roles and knew what they could and could not do in the absence of a responsible pharmacist.

They were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. The dispenser explained how the team would place the dispensing label away from the warning card on the valproate packs.

The pharmacy obtained medicinal stock from AAH and Alliance. Invoices were seen to verify this. Date checking was carried out every three months and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team from their head office, and they were actioned appropriately. The team kept an audit trail for the MHRA recalls. The recall notices were printed off in the pharmacy and annotated to show the action taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure it works and remains accurate.

### Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml, 25ml and 10ml measures. Some were marked for use with methadone liquid only. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF and a BNF for Children. Internet access was also available should the staff require further information sources. Electrical equipment appeared to be in good working order.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <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.
<span style="color: green;">✓</span> <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.
<span style="color: green;">✓</span> <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.