

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: 26/01/2023

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 and blood pressure checks.

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 is operating safely. It has suitable systems in place to identify and manage the risks associated with its services. The pharmacy maintains its records as it should and it has suitable insurance to cover its services. Team members understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately.

Inspector's evidence

A near miss log was available electronically and used by the members of the team. Each team member had their own individual sign on details so they could record their own near misses and errors. The pharmacist explained that when a mistake was found, she would ask the member of staff who made the mistake to share it with the rest of the team. The team explained that this reduced the stigma around making mistakes and allowed them to learn from each other. 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. Appropriate public liability and professional indemnity insurance was in place.

A balance check on the controlled drugs (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 within the required temperature range. The private prescription records were completed appropriately. The specials records were complete with the required information documented accurately.

The computers were all 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 locked during the inspection.

There were cordless telephones available for use and confidential wastepaper was collected in white bags to be disposed of by approved contractors. The 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 made

records of patients who regularly tried to buy medicines with abuse potential.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team is appropriately trained. Team members work well together. And the pharmacy provides them with ongoing training material. This helps keep the team's knowledge and skills current.

Inspector's evidence

During the inspection, there was one pharmacist and one dispenser present. 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 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 pharmacist explained that they had a new dispenser who was working through the Buttercups training programme, and she tried to ensure the trainee felt comfortable to ask as many questions as they wanted from any member of the team to allow them to learn.

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 provide a suitable environment to deliver healthcare services. The pharmacy has kept some of the measures introduced to help reduce the spread of COVID-19 inside its premises. It is kept clean. And it has a separate space where confidential conversations or services can take place.

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 team 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 team 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 when not in use. There was air conditioning throughout the retail area, but the 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 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. And they take the right action in response to safety alerts, so people get medicines and medical devices that are safe to use.

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 team members 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 pharmacist explained how the team would place the dispensing label away from the warning card on the valproate packs.

The pharmacy prepared multi-compartment compliance trays for people who required them. The labels on a sample of compliance trays were seen to have the descriptions of the medicines as well as being signed by the person who dispensed and checked the items. The pharmacist explained that every month, they supply each patient with the relevant Patient Information Leaflets. The pharmacist stated that they assess each patient prior to them being given a compliance aid to ensure it will suit their needs and then they follow up with the patient to see how the patient gets on with them.

The pharmacy provided a blood pressure check service. The pharmacist explained that rather than just putting up a poster about the service, she would look at each prescription and assess whether there is a possibility the patient would need a blood pressure check if any risk factors were seen on the prescription information. The pharmacist gave an example of asking patients who had medicines for gout if they had their blood pressure checked. The pharmacist explained she did this as she wanted to ensure all patients who needed a blood pressure check were offered one.

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 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

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
✓ 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.