

# Registered pharmacy inspection report

**Pharmacy Name:** Superdrug Pharmacy, 25 High Street, ILFRACOMBE,  
Devon, EX34 9DA

**Pharmacy reference:** 1030766

**Type of pharmacy:** Community

**Date of inspection:** 09/01/2020

## Pharmacy context

The pharmacy is located on the high street in Ilfracombe. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicine Service (NMS), a minor ailments scheme, flu vaccinations and the supply of emergency hormonal contraception. The pharmacy also provides services for drug misusers. The pharmacy supplies medicines in multi-compartment compliance aids to people living in their own homes.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<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 met

### Summary findings

The pharmacy identifies and manages its risks appropriately. Team members record their errors and review them. They identify the cause of errors and try to make changes to stop them from happening again. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance to cover its services in case things go wrong. The pharmacy generally keeps the records required by law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people. And they take prompt action to do so when needed.

### Inspector's evidence

The pharmacy had appropriate processes in place to monitor and reduce risks. Near misses were recorded online using the 'Pharmapod' system. Entries contained details of the error and a brief reflection on the cause and the learning points. Dispensing incidents were also recorded on Pharmapod and included a more detailed analysis of the cause. When errors were identified, they were discussed as a team to identify the potential contributing factors. Six near misses had been reported in the preceding six months. The responsible pharmacist (RP) and the team members said that the low number of errors was mostly due to the dispensing process used, in that products were scanned before labels were applied. The patient medication record (PMR) system then flagged if the selected product did match that which had been labelled. Pharmacy team members proactively highlighted drugs which had similar livery or unusual quantities to try and prevent errors.

Standard operating procedures (SOPs) were held online up to date and were regularly reviewed. A record of which SOPs had been read by staff was held on each individual's 'The Edge' account. Team members could access 'The Edge' on their smartphones. The regular RP checked understanding of SOPs through observation and questioning. He provided additional coaching as required. A dispenser could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges. The pharmacy had a business continuity plan in place.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 95.6% of respondents had rated the pharmacy as very good or excellent overall. A complaints procedure was in place and was displayed in the retail area. Professional indemnity and public liability insurances were provided by the NPA with an expiry of 31 January 2020.

Records of the RP were maintained appropriately and the correct RP certificate was displayed. Controlled drug (CD) registers were maintained appropriately. Balance checks were usually completed weekly. A random stock balance check of Longtec 15mg tablets was found to be accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions and emergency supplies were held on the patient medication record (PMR) system and were in order. Specials records were retained. But the certificates of conformity did not contain all legally required details of what had been supplied to whom.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was dealt with in a secure

manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. Smart cards were generally used appropriately. But the regular RP's card was inserted into a computer when he was not present. Written consent was obtained where possible before summary care records were accessed. If written was not possible, verbal consent was obtained.

All staff were trained to an appropriate level on safeguarding. The RP and accredited checking pharmacy technician (ACT) had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the escalation of concerns were accessed online. Pharmacy team members gave examples of when they had made appropriate safeguarding referrals.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff. Team members are adequately trained for their roles. They keep their skills and knowledge up to date and are generally supported in their development. But they do not receive protected time to learn during working hours and usually complete their learning in their own time. Team members suggest and make changes to improve their services. They communicate well with each other.

### Inspector's evidence

Staffing levels were adequate on the day of the inspection. In addition to the RP, who was a locum pharmacist, there was an ACT and five NVQ2 trained dispensers, one of whom was working towards an NVQ3 qualification. Two further part-time team members were not working that day. The team had a good rapport and felt they could usually manage the workload with no undue stress and pressure. But the ACT said that there were some days when she felt that more staff were needed to allow the work to be completed in a timely manner. The staff had clearly defined roles and accountabilities, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered by rearranging shifts, or by part-time staff increasing their hours.

The pharmacy team reported that they were not allocated protected time to learn during working hours. They routinely completed their learning in their own time. Resources accessed included compulsory SOPs, CPPE packages and optional additional learning on 'The Edge'. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. Staff were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required.

The dispensers felt able to raise concerns and give feedback to the regular RP, who they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The ACT said that the pharmacy was not set formal targets. The RP felt able to use his professional judgement to make decisions. He would only undertake services such as MURs that were clinically appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

### Inspector's evidence

The pharmacy was located at the rear of a large retail store. A healthcare counter led to a large dispensary. A corner of the dispensary had recently been fitted out with dispensing benches and shelves and was dedicated for the preparation of multi-compartment compliance aids. The healthcare counter was spacious and presented a professional image. No confidential information could be seen by waiting customers.

The consultation room was of a good size and was locked when not in use. A range of health-related information was displayed on the wall. It was soundproof and no conversations could be overheard from outside. A separate screened area was installed which was used when supervising the consumption of methadone.

Cleaning was carried out daily by pharmacy staff. The pharmacy was clean on the day of the inspection. Cleaning products and hot and cold running water were available. Lighting was appropriate for the provision of healthcare.

The pharmacy could be appropriately secured with lockable doors when closed if the rest of the store was open, such as on a Saturday morning and on a Sunday. Shutters were in place which covered OTC medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers a range of additional services and the pharmacy team delivers these services safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had step-free access. The consultation room was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy. The regular RP was accredited to provide all of the promoted services. A dispenser described how if a patient requested a service not offered by the pharmacy, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online. Records of signposting referrals were made on the PMR.

Dispensing tubs were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedule 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. Stickers were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. Details of significant interventions were recorded on the patient medication record (PMR). Substance misuse services were provided for 20 people. The RP described how he would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

The pharmacy offered a range of additional services including flu vaccinations. The patient group direction covering the service was seen and had been signed by the pharmacists providing the service. The declaration of competence for all pharmacists administering flu vaccinations were also seen. The regular pharmacist had completed training on injection techniques and anaphylaxis and resuscitation within the last two years.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. It also had the information booklets and cards to be given to eligible women and supplied these at each dispensing.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 50 people based in the community. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. But the backing sheet containing the details of the medicines inside the compliance aid were not secured appropriately and could easily be removed. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the checking process.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. A dispenser described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate.

The dispensary shelves used to store stock were generally organised and tidy. The stock was arranged alphabetically. Date checking was usually undertaken regularly and appropriate records were kept. Spot checks revealed no date expired medicines or mixed batches. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AAH. Invoices were seen to this effect. Records of recalls and alerts were received by email and were annotated with the outcome and the date actioned.

The pharmacy had the required hardware and software to be compliant with the Falsified Medicines Directive (FMD). But they were not currently checking products were FMD compliant on the national database due to software issues, which had been reported to the company head office. Team members made visual checks to ensure the tamper proof seal was intact.

The fridges in the dispensary were clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and were destroyed in the presence of a witness with both signatures recorded.

Patient returned medication was dealt with appropriately. Patient details were removed from returned medicines to protect people's confidentiality.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Computers and telephones are used in a way that protects people's private information.

### Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridges, was in good working order and PAT test stickers were visible. The dispensary sink was clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with no details visible to people waiting.

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

Finding	Meaning
<span>✓ Excellent practice</span>	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>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.