

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, 74 New George Street,
PLYMOUTH, Devon, PL1 1RR

Pharmacy reference: 1030849

Type of pharmacy: Community

Date of inspection: 17/09/2019

Pharmacy context

The pharmacy is located in the city centre of Plymouth. It sells over-the-counter medicines and dispenses NHS and private prescriptions. 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 Medicines Service (NMS) and services for substance misusers. It also 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
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 generally identifies and manages its risks appropriately. It reviews its practices to make them safer and more efficient. Team members usually record their errors and learn from them to stop them happening again. Staff are clear about their roles and responsibilities. They work in a safe and professional way. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance for its services. The pharmacy keeps up-to-date records as required by the 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.

Inspector's evidence

The pharmacy had adequate processes in place to monitor and reduce risks. Near misses were usually recorded on the online system, Pharmapod and contained details of the error, a brief reflection on the cause and the learning points. But reporting of near misses had been sporadic in the previous months. Dispensing incidents were reported to the company head office with a more in-depth analysis of the cause. The responsible pharmacist (RP) said that when errors were identified, they were discussed as a team to identify the potential contributing factors. A recent incident involving the dispensing of the incorrect strength of a common medicine had led the team to segregate different strengths more clearly on the shelves.

The company process was that a monthly patient safety report was completed which contained a review of all near misses and dispensing incidents and led to the generation of an action plan to reduce errors. Due to the lack of a regular pharmacist, completion of these reviews had been sporadic, but a new pharmacist had been recruited and was due to start within a month. The most recent review, completed by a regional support pharmacist, had included actions to review the positioning of look-alike, sounds-alike (LASA) drugs. Alerts had also been placed on the drawers containing eye and ear drops to encourage team members to take more care to select the correct quantity.

Standard operating procedures (SOPs) were up to date and had been recently reviewed and updated. Staff had signed the SOPs to show that they had read and understood them. SOPs covering RP legislation were in order and had been read by staff. A dispenser could describe the activities that could not be undertaken in the absence of the RP.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey. 92% of people completing the most recent CPPQ survey had rated the service provided by the pharmacy as very good or excellent. A complaints procedure was displayed in the retail area. Following feedback that people did not always receive advice on living a healthy lifestyle, the pharmacy had taken steps to become a Healthy Living Pharmacy. But there was no display of information in a dedicated health promotion zone.

Professional indemnity and public liability insurances were provided by the NPA with an expiry date of 31 January 2020.

RP records were maintained appropriately in a log. The correct RP certificate was displayed. Records of emergency supplies and private prescriptions were held in a book and were in order. A system was in

place to store records of the supply of unlicensed specials. But the team members could not recall supplying any unlicensed specials recently so no certificates of conformity were seen. Controlled drug (CD) registers were maintained as required by law. Balance checks were completed weekly. A random stock balance check of Oxynorm 5mg capsules was accurate. Patient returns were recorded in a separate register, although this could not be located by the team members working during the inspection. Patient returned CDs were destroyed promptly and appropriately.

All staff had completed training on information governance and the General Data Protection Regulation. Patient data and confidential waste was dealt with in a secure manner to protect privacy. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. Verbal consent was obtained from patients prior to accessing their summary care record and a note was placed on the PMR stating the reason for access. NHS Smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. The remaining staff had read the safeguarding SOP. Local contacts for the escalation of concerns were available. Staff were aware of the signs requiring referral and the RP gave several examples of situations when he had escalated concerns to local agencies.

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. 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 and consisted of the locum RP, one NVQ2 trained dispenser and one trainee dispenser. A pharmacist manager had been recruited to replace the previous manager who had left in February 2019. He was due to commence employment with the company in October 2019. In the interim period, the pharmacy had been staffed with locum pharmacists. The store manager said that he and the assistant manager were due to commence the dispenser training programme soon to provide additional support for the pharmacy. 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 rearranging shifts, or by part-time staff increasing their hours.

The pharmacy team reported that they received time to learn during working hours, although they often chose to complete their learning at home. Resources accessed included online packages on the company e-learning portal and revised SOPs. The trainee dispenser had been enrolled on her course for three months and was progressing well. She said that she was supported by the regular full-time dispenser due to the lack of a regular pharmacist. Pharmacy team members were set yearly development plans and received regular ad-hoc feedback on their performance. Team members 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 pharmacy team felt able to raise concerns and give feedback to the store manager. But due to them not being trained in pharmacy they sometimes felt that they were not listened to. When needed, concerns were escalated to the area manager. Team members were aware of the whistleblowing policy was. The RP said that the targets he was set were reasonable and that he was able to use his professional judgement to make decisions. He said that he would only undertake services such as Medicines Use Reviews 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 in the city centre of Plymouth. A large retail area led to a healthcare counter at the rear of the shop, and through to an appropriately sized dispensary. A consultation room was available on the shop floor. The room was soundproof and conversations could not be overheard. The consultation room was locked when not in use and no confidential information was stored in the consultation room. The dispensary was equipped with a hatch where prescriptions could be collected in private. On the first and second floors of the building were stock rooms, offices and staff facilities. The building was well maintained.

The pharmacy had a waiting area but there was only one chair available. An additional chair could be taken from the consultation room if needed, and vice versa.

The dispensary was of an adequate size with enough bench space for the assembly of prescriptions. There was a dedicated area for checking. Medicines were stored in drawers and on shelves alphabetically. Shelves and drawers were cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was appropriate for the delivery of pharmacy services. Cleaning was undertaken by pharmacy staff and the pharmacy was clean on the day of the inspection. The benches were generally clear of clutter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. The pharmacy carries out its services safely and it links with other healthcare providers to ensure the health and well-being of people accessing them. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access and an automatic door. The consultation room was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. Services provided by the pharmacy were advertised in the window. The locum RP was not able to provide some locally commissioned services, such as the minor ailments service. If these services were requested when the locum RP was on duty, he would refer to an alternative provider. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Details of local agencies and support networks were accessed online and through the NHS website.

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.

Coloured stickers were used to highlight fridge items and CDs. Prescriptions containing high-risk medicines or medicines requiring additional advice from the pharmacist were also highlighted with stickers. The RP described that he checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Records of results were not routinely made on the patient medication record (PMR). Substance misuse services were provided for eleven 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 had imposed restrictions on when people could collect methadone and buprenorphine on instalment prescriptions. People were told that they could only collect between 9am and 10.30am, and between 4pm and 5pm. Supplies were not generally issued outside of these times. The RP said that if he considered there was a need to make the supply, he would consult the store manager who would make the final decision. The inspector discussed with both the RP and the store manager the need to ensure the safety and continuity of care for people accessing the substance misuse service, particularly those who were vulnerable and led chaotic lifestyles.

The team members on duty were unaware if an audit of people at risk of becoming pregnant whilst taking sodium valproate had been carried out as part of the Valproate Pregnancy Prevention Programme. Stickers were available for staff to highlight the risks of pregnancy to women receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible women.

Multi-compartment compliance aids were prepared by the pharmacy for 15 people based in the community. Team members were not aware of any protocol or checklist to assess suitability of compliance aids before providing the service. 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. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a pharmacy advisor 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 clinical checking process. But two trays had been prepared which did not have labels or backing sheets applied. One box containing unlabelled prepared compliance aids had a sticker applied indicating that they were waiting for a prescription for one drug, which had already been included in the pack. The inspector discussed the risks of preparing compliance aids in advance of receiving all of the prescriptions with the team members.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and the entire dispensary was checked every six months. Spot checks revealed no out of date medicines or mixed batches. Stock was received from reputable suppliers including Alliance and AAH. Invoices were seen to this effect. Records of recalls and alerts were seen and were annotated with the outcome and the date actioned. Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they were not verifying nor decommissioning stock at the time of the inspection. The company was trialling the scanning of products in other branches before rolling out nationally.

CDs were stored in accordance with legal requirements in approved cabinets. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. As described in principle one, this register was not seen during the inspection. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

The pharmacy delivered medicines to people in their own home on three days a week. Logs were kept of deliveries made with appropriate signatures. Confidentiality was maintained when obtaining signatures. The RP 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 pharmacy accepted unwanted and unused medication. Confidential patient information was removed or obliterated from patient returned medication. No hazardous waste bin was available for the disposal of cytotoxic and cytostatic medicines.

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 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. Most equipment, including the dispensary fridge was in good working order. PAT test stickers were visible although the retest date had passed. The dispensary sinks were clean and in good working order. The RP said that one of the scanners was broken so staff could only dispense from one terminal. On the day of the inspection this seemed to have little impact on productivity.

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 in the dispensary with no details visible to people waiting.

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.