General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Super Care Pharmacy, Prentice Place, Potter Street, HARLOW, Essex, CM17 9BG

Pharmacy reference: 1031241

Type of pharmacy: Community

Date of inspection: 16/10/2024

Pharmacy context

The pharmacy is located within a parade of shops in the town of Harlow. It dispenses NHS and private prescriptions. And it offers some NHS services such as the New Medicines service, the Pharmacy First service and flu vaccinations. It provides medicines in multi-compartment compliance packs to some people. And it offers a prescription delivery service to people who cannot get to the pharmacy.

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

To help manage risks in the pharmacy's services, team members record mistakes they make and try and prevent similar events happening again. And they protect people's confidential information appropriately. People can feedback or make complaints about the pharmacy's services. And the pharmacy has appropriate indemnity insurance in place to protect people. Team members have a written set of procedures to follow but the pharmacy doesn't keep a clear record about which procedures its team members have read and understood. This could make it harder for the pharmacy to be sure that its team members are aware of and are following safe ways of working.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) for team members to follow. Most of these had last been reviewed in November 2023 and some SOPs were currently being reviewed. There were signature sheets showing that team members had read some SOPs however it was not clear which SOPs the signature sheets related to. The pharmacy manager and the responsible pharmacist (RP) said they would review this and would ensure that all relevant SOPs were signed. When asked, a pharmacy team member was unsure about what activities they could and could not do in the absence of a pharmacist. This was clarified during the inspection. But they said they never opened the pharmacy without a pharmacist present.

The team recorded near misses (mistakes picked up and rectified during the dispensing process). The RP had not formally reviewed these events but shared an example of an action the pharmacy had taken from identifying a common mistake. He explained that rivaroxaban and rosuvastatin were separated onto different shelves as they were often getting mixed up. The pharmacy manager said they had not had any recent dispensing errors (mistakes that were handed out). But the RP could explain what action he would take if there was one.

The correct RP notice was displayed prominently in the pharmacy. And the RP record was maintained appropriately with start and finish times. The private prescription register was kept electronically and generally contained the required information. However, some dates and prescriber details did not match the details on the prescription. The RP said he would ensure the correct details were recorded going forward. Records of emergency supplies were kept appropriately with the reason for supply made. Controlled drug (CD) registers were maintained as required by law. And balance checks were completed frequently. A balance check of two randomly selected CDs was carried out during the inspection. The balance in the register matched the physical balance in stock for both CDs.

People could complain to the pharmacy over the phone, in person or via email. Complaints were generally managed by the pharmacy manager or the RP but could be escalated to the pharmacy superintendent (SI) if needed. The pharmacy had indemnity insurance which covered the activities of the pharmacy. Team members kept confidential information separate from normal waste in the dispensary. This was then transferred to bags in the stockroom awaiting collection by a third-party provider, for safe disposal. And assembled prescription bags, awaiting collection, were not visible to people using the pharmacy.

Team members could explain what action they would take if they identified a vulnerable person

requiring support. And the RP had completed level 2 safeguarding training. He knew how to escalate a safeguarding concern if needed.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to carry out its services safely. And staff have completed training relevant to their roles. Team members feel comfortable about raising concerns or giving feedback about the pharmacy. And they do some on-going training to try and keep their knowledge up to date.

Inspector's evidence

During the inspection, there was the RP, pharmacy manager and a dispensing assistant present. The pharmacy manager was also a dispensing assistant. The RP was a regular locum pharmacist who had been working there for the past two months. All team members had completed accredited training relevant to their roles. The pharmacy also had a new delivery driver who had recently started. The RP explained they were experienced and had joined from another pharmacy. The RP said he felt the staffing level was sufficient to manage the workload in the pharmacy. And the pharmacy was seen to be up to date with dispensing. One team member correctly described how they would safely make a sale of a Pharmacy-only (P) medicine. And they knew which medicines were more liable to misuse so would take extra care when selling these.

Team members did not generally get set-aside time at work to do ongoing training but generally kept their knowledge up to date by reading pharmacy publications in their own time. The pharmacy manager had completed online training about the flu vaccination service. The other dispensing assistant was new and was receiving time to complete some training whilst at work. The pharmacy manager said the team had an informal catch-up every two weeks to discuss performance and services. And team members said they felt comfortable about giving feedback or raising any concerns they might have. Team members were not set targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is kept secure from unauthorised access. And it is generally in an adequate state of repair. It has a consultation room so people can have a conversation in private if needed.

Inspector's evidence

The pharmacy premises consisted of a retail area, a dispensary and a consultation room. There were also two stock rooms which were quite dated. The shop floor was generally clean and P medicines were stored behind the pharmacy counter. The dispensary was small but had just enough work bench and floor space for completing dispensing activities. And there was a clean sink with hot and cold running water. The dispensary was generally kept clean and tidy. And the temperature and lighting were adequate for working and storing medicines. There was a staff toilet with hand handwashing facilities. Team members were responsible for keeping the pharmacy clean.

The pharmacy's consultation room had recently been refurbished. It was clean and bright and provided a suitable space for providing healthcare services. It was sufficiently private so conversations could not be heard from outside the room. And no confidential information was visible in the room.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy makes its services accessible to people. And it provides its services safely. The pharmacy obtains its medicines from licensed wholesalers and stores them appropriately. It responds to safety alerts and recalls helping to ensure medicines are safe to supply. Team members do not always highlight higher-risk medicines so they may make miss opportunities to provide further advice to people receiving these medicines.

Inspector's evidence

The pharmacy had a small step up at the entrance to the manual door. The pharmacy manager said team members would try to help people enter the pharmacy if needed. But they would sign-post people to the company's other nearby pharmacy, which was step-free, if necessary. The pharmacy's opening times were displayed in the pharmacy's window. And there was also a practice leaflet available which provided further information about the pharmacy's services. Seating was available for people who wanted to wait. And there was a range of health promotion leaflets available providing helpful information for people. The pharmacy delivered prescriptions every other day to those people who could not get to the pharmacy. The driver would take a record sheet containing details of the deliveries to be made and would tick them off once complete. The team said prescriptions containing fridge items were delivered first and the driver would sign the record sheet once he delivered CDs. Any failed deliveries were brought back to the pharmacy and another delivery or collection arranged.

The pharmacy provided the NHS Pharmacy First service and the NHS flu vaccination service. The RP had completed the necessary training and had signed the required patient group directions (PGDs) to provide these services safely.

Team members used baskets to separate people's prescriptions which helped prevent medicines for different people getting mixed up. Labels on assembled medicines were seen to contain the initials of the dispenser and checker to maintain an audit trail. The pharmacy provided medicines in multi-compartment compliance packs for some people. Labels on the packs contained the required information, and also had descriptions of the medicines to help people identify what they were taking. And patient information leaflets were provided with each month's supply. The pharmacy would liaise with the GP surgery if they had any queries about prescriptions for these packs.

The pharmacy obtained its medicines from licensed wholesalers and stored them appropriately. CDs requiring safe custody were stored securely. And medicines requiring cold storage were stored in one of two fridges. Fridge temperatures were taken daily and recorded on paper logs. The logs were attached to each fridge and showed that temperatures were kept in range. The team said it date checked the dispensary every six weeks, and any short-dated stock was highlighted. No date-expired medicines were found on the shelves when spot checked. Liquid medicines were also marked with the date of opening so the team could check if they were suitable to use. The pharmacy kept waste medicine separately in a designated bin awaiting safe disposal.

Team members did not routinely highlight prescriptions for higher-risk medicines, including CDs. This meant there was a chance people may not receive the additional safety advice for these medicines. The RP said he would look to implement stickers to highlight these prescriptions going forward. Team

members were aware of the guidance on supplying medicines containing valproate. They correctly explained that they would be supplied in their original packs, ensuring that any additional safety information was provided. Drug alerts and recalls were received via email and actioned appropriately.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. Team members maintain the equipment, so it is safe to use. And they use it in a way that protects people's privacy.

Inspector's evidence

Team members could access any online resources they needed via the computers in the pharmacy. Computers were password protected and sensitive information on the screens was not visible to people using the pharmacy. The fridges provided enough space to store medicines requiring cold storage. And there was a cordless phone available so team members could take phone calls in private if needed. All electrical equipment appeared to be in good working order.

The pharmacy had a range of clean, calibrated glass measures for measuring liquid medicines. Measures used for methadone were stored in a separate basket to prevent cross-contamination. And there was a clean tablet triangle available for counting tablets. The pharmacy had a new blood pressure monitor that did not yet need calibration or replacement. And it had the necessary equipment to provide the NHS Pharmacy First service, such as an otoscope and disposable earpieces.

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.