General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, Unit 2-3, 57-62 High Street, STROUD, Gloucestershire, GL5 1AS

Pharmacy reference: 1031590

Type of pharmacy: Community

Date of inspection: 17/09/2024

Pharmacy context

This is a community pharmacy in the centre of Stroud in Gloucestershire. The pharmacy dispenses NHS and private prescriptions. It offers local deliveries and Pharmacy First. And it provides people's medicines inside multi-compartment compliance packs if they find it difficult to manage their medicines at home.

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 appropriate systems in place to identify and manage the risks associated with its services. Team members regularly monitor the safety of the pharmacy's services. They record and learn from mistakes made during the dispensing process. The pharmacy suitably protects people's confidential information, and it maintains its records as it should.

Inspector's evidence

The pharmacy had current standard operating procedures (SOPs) to underpin the team's activities and provide guidance on how to complete tasks appropriately. Staff had read them. Trained staff were present at the inspection who understood their roles and responsibilities well. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. This provided details of the pharmacist in charge of the pharmacy's operational activities.

Team members were observed using prescriptions to select medicines against and generate dispensing labels. The dispensary was kept clear of clutter and an efficient workflow was in operation. People's prescriptions were prepared, assembled and accuracy-checked in separate areas of the dispensary. Staff also prepared medicines for people requiring multi-compartment compliance packs in a separate area. The responsible pharmacist (RP) asked dispensing staff to identify their own near miss mistakes, they were routinely recorded and collectively reviewed by the RP. Any trends or patterns noted were shared with the team. The RP said that fewer reviews took place because less mistakes were made. Look-alike and sound-alike medicines and medicines that were commonly mistaken were highlighted and kept separate.

The pharmacy displayed details about how it maintained people's sensitive information and ensured people's confidential information was kept secure. Confidential waste was separated and removed for disposal. The pharmacy's computer systems were password protected and staff used their own individual NHS smart cards to access electronic prescriptions. No sensitive information could be seen from the retail area. The RP had been trained to level three to safeguard the welfare of vulnerable people and staff also understood their responsibilities. They had access to contact details for the local safeguarding agencies.

The pharmacy's records were compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs), the RP record, records of supplies made against private prescriptions, emergency supplies and unlicensed medicines. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy as well as records verifying that fridge temperatures had remained within the required range were also maintained appropriately. However, the former had been recorded within loose sheets. There were risks associated with this.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy’s services are delivered by team members who have a range of skills and experience. They understand their roles well. And they have access to resources so they can complete ongoing training. This helps keep their skills and knowledge up to date. But the pharmacy has no contingency cover. This can leave the team short and struggling to manage the workload.

Inspector's evidence

Staff at the inspection included a recently employed trained dispensing assistant and the regular pharmacist. Other team members included a full-time trained dispensing assistant who was on leave at the time and a part-time medicines counter assistant (MCA). The pharmacy's team members wore name badges and their certificates to verify completed training were on display. Staff were observed to be diligent, competent, and efficient in their roles. They also had the necessary knowledge to underpin their activities. A positive rapport was observed between the RP and dispenser. However, the pharmacy's current workload was seen to be stretching for the number of staff available on the day of the inspection. Whilst staff were up to date with all other routine tasks, they were five days behind with the workload. The inspector was told that this was partly down to the new dispensing system which had recently been installed. There was also no contingency cover in place to cover planned absences. This left the team struggling to cover the counter and complete dispensing activity within the appropriate times. This situation also meant that the RP was unable to complete many additional services. The team knew which activities could take place in the absence of the RP and referred appropriately. Relevant questions were asked before selling medicines and medicines which could be abused were monitored. Members of the pharmacy team had regular and formal appraisals annually. Staff also had access to resources for ongoing training and communicated verbally with regular discussions and team meetings.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are a suitable environment to deliver healthcare services from. The pharmacy is kept clean. And it has a separate space where confidential conversations or services can take place.

Inspector's evidence

The pharmacy premises were professional in appearance, maintained well, and kept clean. The dispensary had adequate space to safely prepare, process and store prescriptions as well as medicines. There was also a spacious consultation room in the retail area for private conversations and services. This room was large, signposted, and soundproof. It was kept locked when not in use and was suitable for its intended purpose. The premises were sufficiently bright and appropriately ventilated.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services efficiently. The pharmacy sources its medicines from reputable suppliers, stores and manages its medicines well. Members of the pharmacy team regularly identify people receiving higher-risk medicines and carry out appropriate checks. This helps ensure they provide suitable advice about their medicines. But they do not record this information. This limits the pharmacy's ability to show that this process routinely takes place.

Inspector's evidence

The pharmacy's opening times were clearly advertised. People could enter the pharmacy from automatic doors at the front and the retail area of the shop was made up of clear open space as well as wide aisles. This assisted people with wheelchairs or restricted mobility to easily access pharmacy services. Staff described making reasonable adjustments for some people with different needs if this was required. This included providing people with written details, communicating verbally to people who were visually impaired, speaking slowly, loudly if possible or using the consultation room if needed. Some members of the team also spoke different languages which assisted people whose first language was not English.

The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. The baskets were also colour coded which helped identify priority and different workstreams. Once staff generated the dispensing labels, there was a facility on them to help identify who had been involved in the dispensing process. Team members routinely used these as an audit trail. Staff were aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them, and only provided full packs. They had also identified people in the at-risk group who had been supplied this medicine, ensured people were counselled appropriately and supplied relevant educational material. In addition, the team routinely identified people with other higher-risk medicines, they always asked relevant questions about blood test results, but they did not record this information.

The pharmacy supplied some people's medicines inside multi-compartment compliance packs once the person's GP had identified a need for this. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Queries were checked with the prescriber and the records were updated accordingly. All medicines were removed from their packaging before being placed inside them. Patient information leaflets (PILs) were supplied but descriptions of the medicines inside the compliance packs were not aways provided. This could limit how well people can identify their medicines.

The pharmacy provided local deliveries and the team kept records about this service. CDs and fridge items were highlighted. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and no medicines were left unattended.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were stored in an organised way. CDs were stored securely and medicines requiring refrigeration were stored in a suitable way. Dispensed medicines requiring refrigeration were stored within clear bags which

helped to easily identify the contents upon hand-out. The keys to the CD cabinet were maintained in a way which prevented unauthorised access. Staff date-checked medicines for expiry regularly, they kept records of when they did this and routinely identified short-dated medicines. Medicines which were returned to the pharmacy by people for disposal, were accepted and stored within designated containers. This included sharps provided they were within appropriate containers. Drug alerts were received electronically. Staff explained the action the pharmacy took in response and relevant records were kept verifying this.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And its equipment ensures people's confidential information is kept secure.

Inspector's evidence

The pharmacy had access to the necessary equipment and resources in line with its activity. This included internet access, standardised conical measures for liquids, tablet counting triangles and capsule counters, a clean dispensary sink, which had hot and cold running water as well as hand wash. There was also a legally compliant CD cabinet and appropriately operating pharmacy fridge. Equipment was kept clean. Additional equipment for the pharmacy's services included an otoscope, pulse oximeter and blood pressure machine which were new. Portable telephones helped conversations to take place in private if required. The pharmacy's computer terminals were password protected, password protected, and their screens faced away from people using the pharmacy.

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.