

# Registered pharmacy inspection report

**Pharmacy Name:** Superdrug Pharmacy, Unit B, The Hart Centre,  
Fleet, ALDERSHOT, Hampshire, GU51 3LA

**Pharmacy reference:** 1031619

**Type of pharmacy:** Community

**Date of inspection:** 22/07/2019

## Pharmacy context

A community pharmacy belonging to Superdrug. The pharmacy is based in a shopping centre in the centre of Fleet. The pharmacy provides NHS essential services and provides medicines in multicompartiment compliance aids for 12 people. Other services include: Medicines Use Reviews (MURs), New Medicines Service (NMS) and seasonal influenza vaccinations. The pharmacy also has a prescription delivery service and is due to provide emergency hormonal contraception and malaria prophylaxis within the next few weeks.

## 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	1.2	Good practice	The pharmacy is good at reviewing its mistakes to improve its procedures.
<b>2. Staff</b>	Standards met	2.5	Good practice	Team members work well together and support one another well.
<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's working practices are safe and effective. Its team members understand their roles and responsibilities and they keep people's information safe. The pharmacy's team members log any mistakes they make during the dispensing process. They learn from these and take action to avoid problems being repeated. The pharmacy is good at reviewing its mistakes to improve its procedures.

### Inspector's evidence

Staff worked under the supervision of the responsible pharmacist (RP), whose sign was displayed for the public to see. Staff had standard operating procedures (SOPs) to follow. There was a procedure in place for managing risks in the dispensing process, whereby all incidents, including near misses, were discussed at the time and recorded on the pharmacy's online 'Pharmapod' system. The RP then reviewed the records each month, to help prevent the same mistakes being repeated. Actions after such a review included the direction for staff to ensure that stock was put away tidily, and to ensure that different strengths were separated in stock through the use of dividers in storage drawers. Near miss records indicated that there had been near misses when staff had misread the prescription or selected the wrong patient name from the PMR system. Follow up action was for staff to read the prescription carefully and to always check the item selected against the prescription. Monthly patient safety reports advised the team to take check bag labels against prescriptions and to improve dispensing team product knowledge, after the pharmacist reflected on what had gone wrong the previous month, so that the team could prevent similar mistakes in future.

The pharmacy team had a positive approach to customer feedback. The RP described how she had become more proactive in giving customers healthy living advice since the last customer satisfaction survey identified this as an area for improvement. She also now included healthy living advice as part of each MUR. She described how the team ordered the same brands of medicines for certain people to help with compliance. Customer preferences included the Teva brand of propranolol. Another preference was the Amias brand of candesartan, due its calendar pack. Notes had been added to the relevant patient medication records (PMRs) and details were printed on patients' labels as an additional prompt for staff.

The pharmacy had a documented complaints procedure. A standard operating procedure (SOP) for the full procedure was available for staff to refer to. Customer concerns were generally dealt with at the time and recorded on line for the attention of the superintendent. There was a leaflet on and the counter which contained information on how to raise a concern. Details of the local NHS complaints advocacy service and PALs could be provided on request. The pharmacy had professional indemnity and public liability arrangements so, they could provide insurance protection for staff and customers. Insurance arrangements were in place until 31 January 2020 when they would be renewed for the following year.

All the necessary records were kept and were generally in order including Controlled Drug (CD) registers, and records for, Private Prescriptions, unlicensed 'Specials', Responsible pharmacist and Emergency supplies. The pharmacy had records for patient returned CDs. Records of returned CDs were kept for audit trail and to account for all the non-stock CDs which RPs had under their control.

Staff understood the importance of safeguarding people's private information. They had received information governance training and GDPR training through the Superdrug on line training programme (The edge). Discarded labels and prescription tokens were placed in a confidential waste bag for collection and disposal by a licensed waste contractor. The pharmacy had a safeguarding policy which had been read and signed by all staff and the regular pharmacist had completed level 2 CPPE safeguarding training. Staff had also completed dementia friends training but had not had any concerns to report.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team manages the workload safely and effectively. Team members work well together and support one another. They are comfortable about providing feedback to employers and are involved in improving the pharmacy's services.

### Inspector's evidence

In general pharmacy services were managed by the regular RP, and two regular part-time locums. Support staff consisted of a medicines counter assistant (MCA) and a part-time MCA who generally worked on a Saturday and was available to cover holidays. On the day of the inspection the pharmacy was run by a regular RP and the Saturday MCA. The inspection took place at the start of school holidays when the pharmacy was relatively quiet.

Staff had performance reviews every six months, during which they were able to raise concerns. But the RP said that she was able to raise concerns with her line managers whenever she needed to. She described a situation where she felt that she did not have enough staff. Her line manager supported her by suggesting a different way of deploying the skills of the staff available to her, which had helped the situation. Pharmacy staff were also able to raise concerns and make suggestions within the team. The pharmacist described how the dispensing assistant had suggested a way of tracking repeat prescriptions using the PMR system. This had improved efficiency. The team was up-to-date with the daily workload of prescriptions and customers were attended to promptly.

The pharmacist was set targets for Medicines Use Reviews (MUR)s. She said she tried to do as many MURs as she could within the time available. She aimed to provide MURs for people who needed one but would not compromise her attention to the remaining workload. She aimed to provide a good service by ensuring that people's medicines were dispensed on time and the day's workload completed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, tidy and organised. They provide a safe, secure and professional environment for people to receive healthcare services.

### Inspector's evidence

The pharmacy was situated towards the rear of the store, which was in a shopping centre in the town centre. The dispensary sat on a raised plinth behind the chemist counter allowing the pharmacist to oversee what was happening at the counter. The premises had a bright, modern, professional appearance. It had large windows across the front, providing a plentiful source of natural light.

The consultation room was situated to the side of the counter. Conversations inside the consultation room could not be heard from the outside. The pharmacist used the room for MURs, and other services. Customers were asked if they wanted to use the room if they wished to talk in private. The pharmacy had a seating area for anyone waiting. It had a shutter to pull across the side entrance to the counter, which was meant to act as a barrier and restrict unauthorised access. In general, access to the dispensary was restricted to authorised individuals only, and at the discretion of the pharmacist.

The dispensary was situated behind the counter. It had a wide L-shaped area of bench space. There was a further small bench which contained the sink. The front facing area of bench space was where the main pharmacy computer was, allowing the pharmacist to easily see people at the counter. There were separate areas for dispensing and accuracy checking. The dispensary was clean and organised with clean sinks, floors, shelves, worktops.

The pharmacy stocked a variety of goods including items for health and personal care and was adjacent to the main Superdrug customer areas which held a range of cosmetics, perfumery, gift items, baby care and household items. Overall, the pharmacy was adequately lit and ventilated with temperature control systems in place. It was suitable for the provision of healthcare services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services safely. Staff give people the advice and support they need to help them use their medicines safely and properly. The pharmacy manages its medicines safely and effectively and it carries out checks to help make sure that its medicines are fit for purpose.

### Inspector's evidence

The store entrance had an automatic door and wide step-free access to enable wheelchair access. The shop floor area was uncluttered and wide enough for wheelchair users to move around and there was a repeat prescription collection service and a prescription ordering service. The service was offered to patients who needed help to manage their prescriptions. Services were advertised at the front window for people to see and there was a variety of information leaflets available for customer selection. Information leaflets were placed in a rack near the waiting area and HLP display.

In general services were delivered in accordance with SOPs. CDs were audited on a regular basis as per the SOP. A random sample of CD stock was checked during the inspection (Oxycontin 10mg tabs) and the quantity checked was as stated in the register. Dispensing labels were initialled by the person dispensing and the person checking, to provide a dispensing audit trail. This was as per the SOP.

Multicompartiment compliance packs were provided for patients who needed them. Patient information leaflets (PILs) were offered with new medicines and on a regular basis thereafter although not with every supply. Compliance packs also had the required BNF advisory information to help people take their medicines properly. But the medication was not always given a description, including colour and shape, to help people to identify them. Medicines summary (patient profile) sheets were created for each person and checked against prescriptions each time. Staff would pursue prescription changes after receiving discharge letters after being informed that people had been in hospital.

The pharmacy had procedures for targeting and counselling all at-risk patients taking sodium valproate. The pharmacist described including valproate warning cards with relevant prescriptions and referred to the guidance sheet for pharmacists which was kept in a drawer under the checking bench. No patients in the at-risk group taking the drug. Packs of sodium valproate in stock bore the updated warning label.

Medicines and Medical equipment were obtained from: AAH, Alliance Healthcare and Phoenix. Unlicensed 'specials' were obtained via Alliance specials. All suppliers held the appropriate licences and stock was generally stored in a tidy, organised fashion. A CD cabinet and fridge were available for storing medicines for safe custody, or cold chain storage as required. Fridge temperatures were read, recorded and monitored to ensure that the medication inside was kept within the correct temperature range. The pharmacy team were scanning products with a unique barcode in accordance with the European Falsified Medicines Directive (FMD).

Stock was regularly date checked and records kept. Short-dated stock was identified and highlighted using a green dot sticker so that it could be identified and removed easily. Waste medicines were disposed of in the appropriate containers for collection by a licensed waste contractor. But, there wasn't a list of hazardous waste for staff to help them dispose of hazardous waste medicines properly. Drug recalls and safety alerts were responded to promptly and records were kept. Patients had been

contacted in relation to the 11 July recall for Emerade adrenaline pens. None of the affected batches had been identified.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And, it uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy had the measures, tablet and capsule counting equipment it needed. Measures were of the appropriate BS standard and clean.

Staff used a separate triangle for counting loose cytotoxic tablets to help prevent cross contamination and amber dispensing bottles were stored with their caps on to prevent contamination with dust and debris.

There were up to date information sources available in the form of a BNF, a BNF for children, the MEP and the drug tariff. The pharmacist said he also used suppliers' websites to check product availability. He also used the NPA advice line service. Pharmacists also had access to a range of reputable online information sources such as the NHS websites, EMC and the SPS specialist pharmacist services.

The pharmacy had two computer terminals. One in the dispensary and one in the consultation room. All computers had a patient medication record (PMR) facility. They were password protected and were out of view of patients and the public. Patient sensitive documentation was stored out of public view in the pharmacy and confidential waste was shredded. The pharmacist was using her own smart card when accessing PMRs. Staff use their own smart cards to maintain an accurate audit trail and to ensure that access to patient records is appropriate and secure.

### 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.