

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, 10-12 Hampstead House, The Walks Shopping Centre, BASINGSTOKE, Hampshire, RG21 7LG

Pharmacy reference: 1031656

Type of pharmacy: Community

Date of inspection: 09/01/2024

Pharmacy context

This pharmacy is located in a busy shopping centre in central Basingstoke. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also provides flu vaccines and blood pressure checks.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	2.1	Standard not met	There are not enough members of staff in the pharmacy to effectively manage the workload.
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 team identifies and manages risks in the pharmacy satisfactorily. Team members record their mistakes and ensure they learn from them to reduce the likelihood of any recurrences. Team members are clear about their roles and responsibilities and work well together. The pharmacy keeps up-to-date records as they should do. The pharmacy keeps people's private information safe and team members understand their role in protecting the safety of vulnerable people.

Inspector's evidence

A near miss log was available electronically and used by the members of the team. Each team member had their own individual sign on details so they could record their own near misses and errors. The pharmacist explained that when a mistake was found, he would discuss it with the relevant team members and find ways to prevent a recurrence. The team demonstrated a recent near miss with perindopril and since then, they have discussed medicines which are classed as 'Look Alike, Sound Alike' (LASA) medicines to ensure everyone knew which ones to exercise more caution with. The pharmacy also regularly received updates from their head office informing them of any trends in mistakes across the company and what teams can do to prevent similar mistakes happening. These updates also included updates across the profession which the team should be aware of. The updates came in the form of newsletters and were read by the whole pharmacy team.

There was a workflow in the pharmacy where labelling, dispensing, checking were carried out at different areas of the work benches. However, due to a backlog in the work, the workbenches were fairly cluttered with prescriptions ready to be dispensed or checked. Standard Operating Procedures (SOPs) were in place for the dispensing tasks and were available in the dispensary. The team members had all signed the SOPs to say they had been read and understood. Staff roles and responsibilities were described in the SOPs, and they were reviewed regularly. There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. Appropriate public liability and professional indemnity insurance was in place.

The responsible pharmacist (RP) record was held electronically, and the correct responsible pharmacist notice was displayed in pharmacy. The maximum and minimum fridge temperatures were recorded electronically daily and were within the required temperature range. A balance check on the controlled drugs (CDs) was completed regularly by the pharmacist. The private prescription records were completed appropriately. The specials records were complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard clearly. The consultation room was locked during the inspection. There were cordless telephones available for use and confidential wastepaper was collected in white bags to be disposed of by approved contractors.

The pharmacist had completed safeguarding vulnerable adults and children training to Level 3. The rest of the team had completed a safeguarding training module from the company. Team members were

aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding poster on display in the dispensary which included the contact information for all the local safeguarding organisations which the team could refer to quickly if required.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not have enough members of staff to manage their workload effectively and the result of this is delays in the preparation of prescriptions and minimal advanced services being provided. The pharmacy makes sure that its team members are completing appropriate training for the jobs they do. They can use their professional judgement to decide whether it is safe to deliver a service.

Inspector's evidence

During the inspection, there was one pharmacist, and one medicines counter assistant. They were under staffing pressure as there wasn't a dispensing assistant in the pharmacy. The team members explained that they were about five days behind on dispensing services due to the lack of staffing. The pharmacist and medicines counter assistant were seen to be working well together and supporting one another, but they were clearly under pressure with the work they had to do and patient requests. Certificates of completed training for the staff were available.

The pharmacy team received training updates electronically from the company's head office. These came to the team via the company's intranet for each member of staff. The pharmacist explained that they were provided with protected training time.

There was a whistleblowing policy for the company which all the members of staff had signed to say they had read and understood. There were some targets in place, but the team described how they would never compromise their professional judgement for any financial gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy and to deliver some services.

Inspector's evidence

The pharmacy was located in a busy shopping centre in the centre of Basingstoke. It was at the back of the shop and included a medicines counter, dispensary and a consultation room. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the shop. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. There was a daily cleaning rota on display in the dispensary and the team cleaned the pharmacy regularly to ensure their environment was hygienic. The team members had increased the frequency of cleaning since the COVID-19 outbreak and cleaned touch points more regularly.

The shelves were clean and tidy, and the team cleaned the shelves when they put stock away and date-checked stock. The dispensary was suitably screened to allow for the preparation of prescriptions in private. Conversations in the consultation room could not be overheard clearly and the consultation room included seating, a table and a computer. There was air conditioning throughout the retail area and lighting in the pharmacy was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides various services which are accessible to a range of people. The pharmacy sources, stores and manages medicines safely. This ensures that the medicines it supplies are fit for purpose. Team members identify people taking high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

Pharmacy services were displayed in the window of the retail shop. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion near the consultation room. There was step-free access into the shop via an electric sliding door. Seating was available should people require it when waiting for services. Alcohol hand gel was also available for use in the pharmacy and there were also antibacterial wipes available for use.

The pharmacy team members had an awareness of the strengthened warnings and measures to avoid valproate exposure during pregnancy. They were all also aware of the need to dispense valproates in their original packs. The pharmacy provided an emergency hormonal contraceptive (EHC) service. The PGD for the EHC service was valid and up to date. They also provided a blood pressure check service to patients who were over 40 and could have high blood pressure. However, due to the workload, it was difficult for the team to consistently provide this service.

The pharmacy obtained medicinal stock from AAH and Alliance. Invoices were seen to verify this. Date checking was carried out every three months and the team had stickers to highlight items due to expire and recorded any items which had expired. There were denaturing kits available for the destruction of controlled drugs. Dedicated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinet was appropriate for use and CDs for destruction were segregated from the rest of the stock.

MHRA alerts came to the team from their head office, and they were actioned appropriately. The team kept an audit trail for the MHRA recalls. The recall notices were printed off in the pharmacy and annotated to show the action taken. Recently the team had actioned a recall for formula milk.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 250ml, 100ml, 50ml, 25ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF and a BNF for Children. Internet access was also available should the staff require further information sources. Electrical equipment appeared to be in good working order.

Computers were all password protected and facing away from the public. Staff had their own NHS Smartcards which they did not share.

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.