

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: 09/09/2024

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 the Pharmacy First Service, flu vaccines, a contraceptive service and blood pressure checks.

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 suitably identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. It completes all the records it needs to by law, and it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

A near miss log was available electronically and used by the members of the team. The foundation trainee pharmacist demonstrated how each team member had their own individual sign on details so they could record their own near misses and errors. The trainee pharmacist explained that when a mistake was found, pharmacists would act as the dispenser to double check the dispensed item and identify what went wrong. The pharmacy regularly received updates from their head office team informing them of any trends in mistakes across the company and things that 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 and signed.

There was a workflow in the pharmacy where labelling, dispensing, checking were carried out at different areas of the work benches. 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. The complaints procedure was also detailed in a leaflet in the retail area. Appropriate public liability and professional indemnity insurance was in place and a certificate for this was displayed in the dispensary.

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 2. 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. Some team members also have the NHS Safeguarding app on their personal phones for easy access to policies and contact details.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy trains its team members for the tasks they carry out using accredited training courses and provides additional training to allow the staff to develop their roles. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable with assisting one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there was one locum pharmacist, one foundation trainee pharmacist and one NVQ Level 2 dispenser. Team members were seen to be working well together and supporting each other. They explained that they were all aware of the tasks which needed to be completed in the pharmacy and they would work to make sure this was done daily to stay on top of the workload.

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 foundation trainee pharmacist explained that they were provided with protected training time to complete accredited training or training updates.

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 premises are clean, organised and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively. The pharmacy has a suitable consultation room for private conversations.

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 a range of services to support the health needs of its community. And people can easily access these services. The team makes suitable checks to ensure people taking higher-risk medicines do so safely and they provide appropriate counselling. Team members store and manage medicines appropriately. And they take the right action in response to safety alerts and medicines shortages, so people get medicines and medical devices that are safe to use.

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. 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 and the new updates regarding men who take valproates. The pharmacy provided an emergency hormonal contraceptive (EHC) service. The PGD for the EHC service was valid and up to date. The pharmacy provided the Pharmacy First service and the team had all completed the appropriate training. The PGDs were all signed and complete, and the pharmacist and team were familiar with the clinical pathways and protocols. The pharmacy team also provided a hypertension case finder service where they would target people more at risk of hypertension for blood pressure checks. Most of the team members were trained to provide this service but would ensure they referred to the pharmacist with each consultation.

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 Ponstan.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use.

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.