

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, 184-186 The Marlows &, 2 Fareham House, HEMEL HEMPSTEAD, Hertfordshire, HP1 1BJ

Pharmacy reference: 1032203

Type of pharmacy: Community

Date of inspection: 13/11/2019

Pharmacy context

The pharmacy is located opposite a shopping centre on the high street in a mostly pedestrianised area. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection, substance misuse, anti-malaria medicines and seasonal flu vaccination. The pharmacy has healthy living status.

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's working practices are safe and effective. It manages risk and has written procedures which tell staff how to provide services safely. The pharmacy team makes sure that people have the information they need so that they can use their medicines in the right way. They keep the records they need to so that medicines are supplied safely and legally. The team members understand their role in protecting vulnerable people and make sure confidential information is kept secure.

Inspector's evidence

Near misses were recorded on 'Pharmapod' online and reviewed centrally by head office. Pharmapod was used to record near misses, incidents, controlled drug discrepancies, abuse and safeguarding. A safety report was produced and printed monthly.

Workflow: baskets were used to separate medicines and prescriptions. Dispensing labels were generated from the prescription by scanning a barcode or manually entering the information into the pharmacy computer. Medicines were picked from reading the prescription. The selected medicines were then scanned and if they did not match what the computer system was expecting, the computer system flagged up a message to alert staff. The pharmacist said the scanning procedure had reduced the number of near misses. The pharmacist performed the clinical and final checks before initialling the dispensing audit trail showing which staff dispensed and checked the prescription. Taking a mental break between dispensing and checking was discussed as the pharmacist was working alone. Interactions between medicines for the same patient were considered by the pharmacist. There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For 'manufacturer cannot supply' items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

Multi-compartment compliance aids were prepared for a number of patients and usually supplied weekly. The pharmacy managed prescription re-ordering for compliance aid items on behalf of most patients. The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a compliance aid. Labelling included a description to identify individual medicines and patient information leaflets (PILs) were mostly supplied with each set of compliance aids. The pharmacist gave an assurance that moving forward PILs would be supplied so patients had the latest manufacturer information on their medicines. Patient notes relating to compliance aids were maintained on the pharmacy computer. High-risk medicines such as alendronate were generally supplied separately from the compliance aid. The dates of controlled drug (CD) prescriptions were managed to ensure supply within the 28-day validity of the prescription.

The practice leaflet was on display and included details of how to comment or complain. The annual patient questionnaire was conducted and had resulted in positive feedback. There were newly reviewed standard operating procedures (SOPs) for staff to access on 'The Edge' which was an online training programme. The pharmacist said staff training was up to date.

To protect patients receiving services, there was professional indemnity insurance in place provided by the NPA and expiring 31 Jan 2020. The responsible pharmacist notice was on display and the

responsible pharmacist log was completed. Records for private prescriptions were electronic and complete. The patient group directions (PGDs) to administer flu vaccination and norethisterone were in date. A PIL was supplied to the patient following administration of the flu vaccination.

The CD and methadone registers were complete and the balance of CDs was audited regularly. A random check of the actual stock of two strengths of MST reconciled with the recorded balances in the CD registers. Footnotes correcting entries were not always signed and dated. Invoice number and name but not the address of the supplier was recorded for receipt of CDs. FP10MDA prescriptions were endorsed at the time of supply.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). Staff were using their own NHS cards. The mini poster 'Your data matters to the NHS' was displayed. Confidential waste paper was collected for safe disposal and a cordless phone enabled a private conversation. The Data Security and Protection toolkit had been completed. The pharmacy computer was password protected and backed up regularly. Staff had undertaken safeguarding and dementia friends training and the pharmacist was accredited at level 2 in safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team works well together and manages the workload within the pharmacy. The team members are supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist to improve services.

Inspector's evidence

Staff comprised: one full-time pharmacist and one part-time pharmacist, one full-time dispensing assistant also accredited as a medicines counter assistant and one newly recruited staff member to cover Saturdays and who would be enrolled on accredited training on completion of the probationary period.

Staff had protected learning time and accessed ongoing training on The Edge where each staff member had a training profile in line with their role. The dispensing assistant later confirmed that training in 'Challenge 25' and updated SOPs had been completed recently. To meet Pharmacy Quality Scheme (PQS) criteria training had been completed in sepsis, lookalike soundalike 'LASA' errors, safeguarding and risk management. The general pharmacy had been risk managed. Nytol liquid and PGD training had been undertaken by the pharmacist who administered vaccinations at a travel clinic elsewhere. The pharmacists had twice yearly appraisals and other staff had a yearly appraisal to monitor performance. The pharmacist felt able to provide feedback and had highlighted non-functioning sections of a pharmacy computer programme she needed to access. There was a whistleblowing policy. The pharmacist said targets were set but not in a way that affected patient wellbeing.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally clean and suitable for the provision of its services. The consultation room is used regularly so people can speak to the pharmacist in private. The pharmacy prevents people accessing the premises when it is closed.

Inspector's evidence

The pharmacy premises were located at the back of the main store. The dispensary was on a raised level allowing the pharmacist a view of the medicines counter below. The retail area of the pharmacy where medicines were on sale was generally clean and tidy and well presented. The consultation room was at the end of the medicines counter and was locked when not in use. It was clean and tidy. Sections of flooring in the dispensary had come unstuck in places and may have caused a trip hazard. Lavatory facilities were not seen. There was sufficient lighting and air conditioning.

Principle 4 - Services ✓ Standards met

Summary findings

People with different needs can access the pharmacy's services. The pharmacy provides its services safely and effectively and it gets its medicines from reputable sources to protect people from harm. The pharmacy team know what to do if any medicines or devices need to be returned to the suppliers. The pharmacy makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe to use. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely.

Inspector's evidence

There was wheelchair access and large font labels could be printed to assist visually impaired patients. Members of the public were signposted to other local services including a chiropodist, local pharmacies, dentist and travel clinic.

The pharmacist explained the procedure for supply of sodium valproate to people in the at-risk group. Information on the pregnancy prevention programme (PPP) would be explained. The intervention was recorded on the PMR. The pharmacist explained the procedure for supply of isotretinoin to people in the at-risk group. Isotretinoin should be prescribed by a specialist and supplied within seven days following a negative pregnancy test. The prescriber would be contacted regarding prescriptions for more than 30 days' supply of a CD as good practice. CD prescriptions were highlighted to ensure supply within the 28-day validity period. Interventions were recorded on the PMR.

Prescriptions for high-risk medicines such as CDs and fridge items were highlighted with stickers. CD stickers were attached to prescriptions for schedule 2 CDs and the date was highlighted on prescriptions for schedule 3 and 4 CDs to ensure supply within the 28-day period of validity. The pharmacist said when supplying warfarin, people were asked for their record of INR along with blood test due dates. INR was not always recorded on the PMR but moving forward the pharmacist said INR would be recorded. Advice was given about side effects of bruising and bleeding. Advice was given about over-the-counter medicines and diet containing green vegetables and cranberries which could affect INR. People taking methotrexate were reminded to have regular blood tests and about the weekly dose and when to take folic acid. People were advised to seek medical advice if they developed an unexplained fever. Following supervised consumption, the dispensing label was removed from the instalment container before disposal with the confidential waste.

Audits had been conducted regarding use of inhalers in the treatment of asthma. One audit monitored prescription of a salbutamol inhaler but with no steroid inhaler for patients for six months. The second audit monitored children treated for asthma but who did not have a spacer or asthma treatment plan. The sodium valproate audit had been conducted previously and was due to be conducted again. There was an audit of dates of last foot checks and retinopathy screening for diabetic people. There were flu flags and NHS 111 information displayed to raise public awareness of both services.

Medicines and medical devices were obtained from Alliance, AAH and NWOS. Floor areas were clear, and stock was neatly stored on the dispensary shelves and in drawers. Stock was date checked and recorded. Short-dated stock was highlighted. No date-expired medicines were found in a random check.

Liquid medicines were marked with the date of opening and medicines were stored in original manufacturer's packaging. Cold chain items were stored in the medical fridge. Uncollected prescriptions were cleared from retrieval on a monthly basis after contacting patients. Waste medicines were stored separate from other stock. Falsified medicines directive (FMD) hardware and software was operational at the time of the visit. Drug alerts were received, printed, actioned and filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy's equipment and facilities keep people's private information safe.

Inspector's evidence

There were current reference sources. The dispensary sink required treatment to remove limescale. There were standard glass measures to measure liquids including separate marked measures for methadone. The medical fridge was in good working order. Minimum and maximum temperatures were monitored daily and found to be within range two to eight Celsius. The CD cabinet was fixed with bolts. The blood pressure monitor was not due for recalibration. There were two sharps bins for disposal of flu vaccination sharps and four in-date adrenalin injection devices for use in the event of anaphylaxis. Staff were using their own NHS cards. The mini poster 'Your data matters to the NHS' was displayed. Confidential waste paper was collected for safe disposal and a cordless phone enabled a private conversation. The Data Security and Protection toolkit had been completed. The pharmacy computer was password protected and backed up regularly.

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.