

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, 20 Cornhill, ACCRINGTON,
Lancashire, BB5 1EX

Pharmacy reference: 1033056

Type of pharmacy: Community

Date of inspection: 27/06/2022

Pharmacy context

This is a community pharmacy inside a Savers store in an indoor shopping centre in the town of Accrington, Lancashire. The pharmacy sells over-the-counter medicines, dispenses NHS and private prescriptions, and offers the NHS hypertension case finding service. And it delivers medicines for some people to their homes. The pharmacy supplies some people with their medicines in multi-compartment compliance packs to help them take their medicines.

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 effectively identifies the risks with its services. And it manages these services well. The pharmacy has appropriate written procedures for its team members to follow to help them manage the services effectively and efficiently. Team members appropriately keep the records they need to by law, and they keep people's private information safe. The team is well equipped to manage any safeguarding concerns. Team members discuss and record details of mistakes they make while dispensing. And they regularly review them to help make changes to the way they work to improve patient safety.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). These provided information to help team members carry out various tasks, including dispensing and record keeping. The pharmacy held an older version of the SOPs in a file. It stored the latest SOPs electronically. They were reviewed every two years. The pharmacy completed the last review in November 2021. Team members described their roles within the pharmacy and the processes they were involved in. Team members had read and understood the SOPs relevant to their roles. And they did this as part of their employment induction process. Occasionally, team members were provided with new SOPs by the pharmacy's superintendent pharmacist (SI) office. For example, when the pharmacy started providing the NHS hypertension case finding service. Team members read the new SOPs and were required to complete a short quiz to test their understanding.

The pharmacy had a process to record and report mistakes made by team members during the dispensing process. These were known as near misses. Team members used an electronic reporting system to help them record each near miss. They recorded details including the type of near miss, the date and time the near miss happened and what might have contributed to the mistake. The pharmacy analysed the near misses each month for any trends or patterns. Recently, the team noticed several near misses happened because team members had forgotten to scan the barcodes on the packaging of medicines during the dispensing process. The team explained the process of scanning barcodes helped reduce the risk of mistakes as if the incorrect medicine was scanned, a warning alert would flag up on the pharmacy's computer system. The team held a meeting to make sure all team members were aware of the importance of scanning barcodes every time they dispensed a medicine. The pharmacy used a similar electronic reporting system to report any dispensing errors that had reached people. The pharmacy had a concerns and complaints procedure. Any complaints or concerns were verbally raised with a team member. If the team member could not resolve the complaint, it was escalated to the SI's office. The pharmacy completed an annual customer satisfaction survey. People who used the pharmacy, were asked to complete a questionnaire to help the team understand how the pharmacy was performing. The pharmacy displayed the results of the survey which showed most people who participated, rated their experience as 'excellent'. The pharmacy also received feedback through its app. People who were signed up to use the app were asked to rate the pharmacy between one and five stars. Some of the most recent reviews showed an overwhelmingly positive response.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice displayed the name and registration number of the RP on duty. Entries in the RP record were kept in line with legal requirements. The pharmacy kept records of supplies against private prescriptions. It

kept CD registers, and to make sure they were accurate, each week the pharmacy audited CD registers against physical stock. During the inspection the balance of a randomly selected CD was checked. The balance was correct.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate basket to avoid a mix up with general waste. The waste was periodically destroyed by third-party contractor. Team members understood the importance of securing people's private information. The pharmacy kept the company's information governance policy in the dispensary. It had been read by each team member. The pharmacy had a formal procedure to help the team raise any concerns team members may have about the safeguarding of vulnerable adults and children. The RP had completed training via the Centre for Pharmacy Postgraduate Education. And other team members had completed internal training. The pharmacy displayed the contact details of the local safeguarding teams on poster affixed to a wall in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the skills to effectively provide the pharmacy's services. It supports its team members in keeping their knowledge and skills up to date. And it provides them with a comprehensive appraisal and personal development programme. Team members are supported in making changes to improve the way the pharmacy operates. They feel comfortable in raising concerns and giving feedback to senior management.

Inspector's evidence

At the time of the inspection the pharmacy team consisted of the RP who was the pharmacy's full-time pharmacist and manager. And a part-time trainee pharmacy assistant. The pharmacy also employed a part-time qualified pharmacy assistant and a part-time delivery driver. The pharmacy used locum pharmacists to cover the days the RP didn't work. The two pharmacy assistants covered each other's absences. The RP on occasions in the day, worked alone in the dispensary. The pharmacy's head office organised locum pharmacist cover. The pharmacy ensured any locum pharmacists that were booked had declared they were competent in using the pharmacy's dispensing software. Locum pharmacists were also provided with a business continuity handbook and the direct contact numbers of the RP and the pharmacy's area manager. Team members were working well, and they were not seen dispensing prescriptions under any significant time pressures. If people wanted to wait for their prescriptions to be dispensed, team members asked people to have walk around the store. This helped them dispense without pressure. They demonstrated a good rapport with many people who visited the pharmacy and were seen effectively helping them manage their healthcare needs.

The pharmacy provided its team members with regular, protected training time to help them update their knowledge and skills. The trainee pharmacy assistant was enrolled onto an approved training course. All team members had access to the pharmacy's online training programme. The programme consisted of online healthcare related modules for the team to complete. The team were directed by the pharmacy's head office to which modules they needed to complete and by when. Team members had recently completed several modules on new over-the-counter medicines. They completed a short quiz at the end of each module to test their understanding of the medicines. For example, which conditions the medicines would be suitable to treat.

The pharmacy had a performance development appraisal process in place for its team members. They were completed every year. The RP and the team member discussed what they were doing well in their role, areas they could improve on, and any personal development plans. A pharmacy assistant discussed implementing a 'best dispensing practice' plan to share with other team members, including locum pharmacists. The plan was designed to help reduce the number of near miss errors and dispensing incidents. The plan included asking all team members to use a blue pen to sign the dispensed by box on dispensing labels. And pharmacists used a different coloured pen to sign the checked by box. Pharmacists were encouraged to follow the system when they worked alone. The RP explained that the system helped him take a mental break between the dispensing process and the final check.

The team held weekly meetings. The pharmacy head office set some of the agenda points to be discussed and team members added additional points which were relevant to the pharmacy. Team

members discussed topics such as upcoming work streams and rotas while they worked. They could raise concerns with the pharmacy's area manager or the SI office. Team members felt comfortable giving feedback or raising concerns. And they felt confident their thoughts would be considered. The team had asked for additional support to help them manage the workload. The pharmacy was recruiting for a part-time trainee pharmacy assistant. The pharmacy had a whistleblowing policy in place. The team was set some basic targets to achieve by the pharmacy's head office.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean, secure, and well maintained. The premises are suitable for the services the pharmacy provides for people. The pharmacy has a suitable consultation room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was clean, well maintained, and professional in appearance. Benches were generally kept tidy and well organised. The pharmacy's floor space was mostly clear from obstruction. There were clearly defined areas used for the dispensing process and there was a separate bench used by the RP to complete the final checking process. The pharmacy had plenty of space to store its medicines. There was a private consultation room available for people to have private conversations with team members. The room was well organised and kept tidy. The room was small and so it wasn't possible for people to socially distance from each other when in use. The room wasn't completely soundproofed. And there was a small risk that conversations could be overheard by people shopping in the store close to the room. To reduce this risk, the RP used white noise audio which helped prevent people shopping listening to conversations when people using the room spoke at a normal speaking volume. The team kept the room locked when it wasn't in use.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team manages the pharmacy's services well to help people manage and improve their health. It makes its services easily accessible to people, particularly people within the local community. The pharmacy correctly sources, stores and manages its medicines, and it completes regular checks of its medicines to make sure they are in date.

Inspector's evidence

People had level access into the pharmacy through the main automatic entrance door. The pharmacy advertised its services in the main window of the store, next to the main door. The shopping centre had its own multi-story car park. The car park had several disabled and parent and child car parking spaces. The pharmacy provided large print labels to people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy didn't offer. The RP and both pharmacy assistants were fluent in Urdu and Punjabi. The RP explained several people who used the pharmacy felt more comfortable communicating with the team in these languages. The pharmacy had an up-to-date SOP for the NHS hypertension case finding service. During the inspection the RP checked the blood pressures of several people. The RP asked people relevant screening questions and gave appropriate advice on how people could improve their lifestyles to help reduce the risk of high blood pressure. The pharmacy sent the results of the blood pressure checks to the person's GP. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation, including checking people were enrolled on a pregnancy prevention programme if they fit the inclusion criteria. The pharmacy had a supply of leaflets and other material that provided information that the team could give to people to take away with them. The RP checked people's international normalised ratio (INR) if they were dispensed warfarin. The RP gave advice to people if their INR was outside the normal ranges. The RP explained he didn't have the opportunity to do this recently as most people had their warfarin prescriptions changed to a suitable alternative.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy had its own app which people could download to help them order their prescriptions. People used the app to check when their medicines had been dispensed and were ready to be collected. The pharmacy offered a delivery service. It kept complete records of the service.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. The team dispensed the packs on a bench at the back of the dispensary. This helped team members dispense the packs away from the retail area to reduce the risk of distractions. Team members used master sheets which contained a list of the person's current medication and dose times. Team members checked prescriptions against the master sheets before the dispensing process started to make sure they were

accurate. Team members discussed any queries with the relevant prescriber. They recorded details of any changes such as dosage increases or decreases on the person's master sheet and their electronic record. The pharmacy supplied the packs with patient information leaflets. And with descriptions of the medicines to help people identify them. For example, 'orange, round, tablet'.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter. It stored other medicines in their original packaging on shelves and in drawers. The pharmacy used an up-to-date date-checking matrix. Team members described the process for highlighting stock that would expire within six months. These items were highlighted with alert stickers and the details added to record sheets. The team checked the records at the start of each month to ensure the team removed stock due to expire from the shelves. No out-of-date medicines were found after a random check of around 20 randomly selected medicines. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It used a medical grade fridge to store medicines that needed cold storage. The team kept daily records of the fridge temperature ranges. And a sample of the record showed the fridge was operating within the correct range. The pharmacy received regular updates via email of any drug alerts. Team members recorded the action they took following an alert.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. Team members had access to personal protective equipment including face masks and gloves. The team used suitable blood pressures monitors. And the pharmacy replaced them each year with new models.

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.