

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, 205 grange Road,
BIRKENHEAD, Merseyside, CH41 2PF

Pharmacy reference: 1034375

Type of pharmacy: Community

Date of inspection: 18/07/2019

Pharmacy context

This is a community pharmacy inside a retail store. It is situated in the town centre of Birkenhead. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and blood pressure checks. A number of people receive their medicines in multi-compartment compliance aids.

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	1.7	Good practice	The pharmacy team receive information governance training when their employment begins, then get regular refresher training.
2. Staff	Standards met	2.4	Good practice	The pharmacist manager supports the pharmacy team to identify and address their learning and development needs.
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 manages the risks associated with its services and protects people's information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. The pharmacy keeps the records that are needed by law. Members of the pharmacy team record things that go wrong, so that they can learn from them.

Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided and staff had read the SOPs that were relevant to their roles. Roles and responsibilities of staff were set out in SOPs. A dispenser was following the SOPs that were relevant to her role and was able to clearly describe her duties.

The dispenser demonstrated that dispensing incidents and near miss errors were reported online. The near misses were discussed with the pharmacy team member at the time they occurred. The pharmacist reviewed near miss errors for trends and patterns each month and copies of previous reviews were present. The dispenser was unable to recall any examples of near misses or dispensing errors that had previously happened and how the staff had learnt from them.

The correct responsible pharmacist (RP) notice was displayed conspicuously in the pharmacy. A complaints procedure was in place. The pharmacist explained that she aimed to resolve complaints in the pharmacy at the time they arose, but she would refer the customer to head office if they felt it was unresolved.

A customer satisfaction survey was carried out annually. The dispenser explained that a patient had provided negative feedback regarding the consultation room having no ceiling and a small clear glass window in the door. She said the pharmacist manager immediately fed this back to head office and a new consultation room was due to be installed in the very near future.

The company had appropriate professional indemnity insurance in place. The private prescription record, emergency supply record, specials procurement record and the CD register were in order. Patient returned CDs were recorded and disposed of appropriately. The responsible pharmacist (RP) record had a missed entry on 13 July 2019, but other entries were in order.

Confidential waste was placed in a designated bag to be collected by an authorised carrier. Patient information was kept out of sight of patients and the public. An information governance SOP was in place and all staff had read and signed confidentiality agreements. Information governance refresher training was completed by the staff on an annual basis. The computers were password protected, computer screens were facing away from the customer and assembled prescriptions awaiting collection were stored in the dispensary in a manner that protected patient information from being visible. Staff were observed using their own NHS Smart cards when using the computer.

The pharmacist had completed level 2 safeguarding training and the other team members had completed an e-Learning module on safeguarding. Safeguarding SOPs were in place and had been read by the staff. The local contact details for seeking advice or raising a concern were not present, which

may make it more difficult for the staff in the event of a concern arising.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough pharmacy team members to manage its workload safely. The team members are well trained and work effectively together. They are comfortable about providing feedback to their manager and receive feedback about their own performance. The pharmacy enables its team members to act on their own initiative and use their professional judgement, to the benefit of people who use the pharmacy's services.

Inspector's evidence

There was a locum pharmacist and a dispenser on duty. They were busy providing pharmacy services throughout the inspection and they appeared to manage the workload adequately.

The dispenser said the pharmacist manager was very supportive and was more than happy to answer any questions they had. The dispenser explained that ongoing training material was provided online to allow her to keep up to date. She demonstrated this by logging into her training record online which showed a comprehensive history of training completed. Staff received an annual performance development review with the pharmacist manager and a copy of a medicines counter assistants review from July 2019 was provided.

The dispenser said that they had been able to identify and request a development opportunity that had been fully supported by the pharmacist manager, when they had been enrolled on the NVQ level 3 course to become a pharmacy technician. Staff were regularly given feedback informally from the pharmacist manager, for example about near miss errors.

The dispenser was aware of a whistleblowing procedure and knew how to report concerns about a member of staff if needed. The dispenser was clear about her role. She knew what questions to ask when making a sale and when to refer to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as Nytol, i.e. she would refer the patient to the pharmacist for advice.

The pharmacist explained that there was an expectation for her to complete MURs for eligible patients, but there were no specific targets or incentives set in her role as a locum.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare.

Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. The dispenser said that dispensary benches, the sink and floors were cleaned regularly and a daily pharmacy audit that was carried out included cleaning. The temperature in the pharmacy was controlled by air conditioning units in the retail store. Lighting was adequate.

The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were reported to the store manager and head office to be dealt with. Staff facilities included a microwave, kettle, fridge, separate ladies and gents WC with wash hand basins and antibacterial hand wash.

There was a consultation room available which was uncluttered and clean in appearance. There was no ceiling on the consultation room and there was a small clear glass panel in the door, which may increase the possibility of a breach to a patient's confidentiality occurring, whilst waiting for the new consultation room to be fitted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access, and they are generally well managed, so people receive their medicines safely. The pharmacy stores medicines safely. And it carries out some checks to ensure medicines are in good condition.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets. Staff were clear about what services were offered and where to signpost to a service if this was not provided, for example opticians services. The opening hours were displayed near the entrance.

The work flow in the pharmacy was organised with dispensing bench space and a checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

Stickers were applied to dispensed medicines awaiting collection to identify when fridge medicines or CDs needed to be added. Some prescriptions containing schedule 3 and 4 CDs were highlighted with 'date' written on, but some were not, which may increase the possibility of supplying a CD on a prescription that had expired.

The dispenser explained that assembled prescriptions containing warfarin, methotrexate or lithium were highlighted on the assembled prescription bag to allow the pharmacist to provide counselling upon hand out. There were no assembled prescriptions awaiting collection for these medicines to demonstrate this.

The pharmacist had carried out a clinical audit for patients prescribed valproate and had identified one patient who met the risk criteria. The pharmacist had contacted the patient's GP to request a review. The dispenser said that the pharmacy had patient information resources for valproate, but these could not be found, which meant they may not be able to supply all of the necessary information if valproate was dispensed.

The dispenser provided a detailed explanation of how the multi-compartment compliance aid service was provided. She said that the pharmacy currently dispensed into disposable compliance aids for approximately 30 community patients. The compliance aid was organised with an audit trail for changes to medication added to a handwritten individual patient record and the computer PMR being updated. Disposable equipment was used. She explained that patient information leaflets for the medicines supplied were routinely included. Assembled compliance aids had descriptions for individual medicines and patient information leaflets included.

The delivery driver explained how the prescription delivery service was provided to patients. He said patient signatures were obtained for receipt of all prescription deliveries and previous delivery sheets provided demonstrated this. The delivery driver said if a patient was not at home at the time of delivery a note was left, and the prescription was returned to the pharmacy.

Stock was stored tidily in the pharmacy. Date checking was carried out and documented. Short-dated medicines were highlighted with the expiry date written on. No out-of-date stock medicines were present from a number that were sampled. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits and a record was kept. A balance check for a random CD was carried out and found to be correct. There was a clean fridge for medicines, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and the record was complete.

The pharmacist and dispenser were aware of the Falsified Medicines Directive (FMD). 2D barcode scanners were installed but the FMD system was not activated and staff had not received FMD training. The dispenser said she was unaware of any timescale from head office for the FMD system to be activated. Therefore, the pharmacy was not complying with legal requirements.

Alerts and recalls etc. were received via email. These were actioned on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide the service safely.

Inspector's evidence

The staff used the internet to access websites for up-to-date information, for example the BNF, BNFc and medicines complete. Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order and was PAT tested.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. The pharmacy used a methameasure pump for measuring out volumes of a CD, which was cleaned and calibrated between use. Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy.

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.