

# Registered pharmacy inspection report

**Pharmacy Name:** Superdrug Pharmacy, 14-18 Stockwell Centre,  
MANSFIELD, Nottinghamshire, NG18 1LE

**Pharmacy reference:** 1035563

**Type of pharmacy:** Community

**Date of inspection:** 10/04/2019

## Pharmacy context

This is a community pharmacy which is part of a larger health and beauty store in the centre of Mansfield, an ex-mining market town. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It also dispenses private prescriptions, including prescriptions from the company's online prescribing service. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also supplies medicines in multi-compartmental compliance packs to people living in their own homes.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

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## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	1.4	Good practice	The pharmacy proactively advertises how people can provide feedback and raise concerns. And it uses this feedback to improve people's experiences.
<b>2. Staff</b>	Standards met	2.5	Good practice	The pharmacy encourages the pharmacy team members to provide feedback. And they suggest ideas for improvement. The pharmacy uses this feedback to inform the safe delivery of its services.
<b>3. Premises</b>	Standards met	3.2	Good practice	Pharmacy team members promote the use of the private consultation room when speaking to people accessing the pharmacy's services.
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy team members work well to promote services to help improve people's health and wellbeing. They ensure that the pharmacy is accessible and engage people in quality conversations about their health.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has systems in place to protect the safety and wellbeing of people accessing its services. It maintains the necessary records required by law. The pharmacy proactively advertises how people can provide feedback and raise concerns. And it uses this feedback to improve people's experiences. The pharmacy keeps people's private information safe. Pharmacy team members have a good understanding of their roles and responsibilities. They discuss mistakes that happen during dispensing and act to reduce risks. They have the skills and training to protect the welfare of children and vulnerable adults.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. It held these both electronically and in paper format. This meant that they were easily accessible to both the regular team and locum staff. SOPs contained version numbers and were up to date. The pharmacy superintendent's team reviewed the SOPs on a two year rolling rota. Roles and responsibilities of the pharmacy team were set out within SOPs. There was also a roles and responsibilities matrix in the front of the manual SOP file. Training records confirmed all members of the team had completed training associated with SOPs. A medicine counter assistant was aware of what tasks could not be completed if the responsible pharmacist (RP) was absent from the premises.

Pharmacy team members completed labelling, assembly and accuracy checking tasks in designated areas of the dispensary. They used coloured baskets throughout the dispensing process. This informed workload priority and kept medicines with the correct prescription form. The RP shared labelling duties with the dispenser. This meant that two people were involved in the labelling and assembly process prior to the medicine reaching the accuracy check. The dispenser picked and assembled medicines routinely. During the dispensing process barcodes on medicines were scanned to confirm stock selection. And to identify medicines picked incorrectly. The team explained how this further reduced risk during the dispensing process. The scanning process was separate to any check required by the Falsified Medicines Directive (FMD). The team completed managed workload in batches. Around 10 prescriptions were labelled, assembled and accuracy checked before another batch was completed. The team explained how this helped to reduce work-load pressure on the RP and kept some free bench space for other activities.

Pharmacy team members completed daily and weekly checks as part of an ongoing audit. The checks included record keeping, organisation and management of workload. The pharmacy was also subject to a 6-monthly audit directed by the superintendent's office. Results from this internal audit for the last year were positive with only minor areas highlighted for improvement.

There was a near-miss reporting procedure in place. The team recorded significant near-misses electronically through 'Pharmapod'. But near-misses picked up by the scanner and minor near-misses such as small quantity errors were not routinely recorded. The team did alert each other to these near-misses and reflected on them through conversation when they occurred. The dispenser explained that she would look again at her work and correct her own near-misses. This technique encouraged self-reflection and learning. The pharmacy managed incident reporting through Pharmapod. All members of the team could log onto Pharmapod and report a near-miss or incident. There was evidence of incident reporting available.

The team regularly met to discuss near-misses and incidents. Pharmacy team members demonstrated how they separated similar looking medicines and different formulations of the same medicine to reduce the risk of picking error. The manager printed a monthly summary from Pharmapod. And the team reflected on mistakes and discussed improvement actions. Details of general learning points were recorded. But there were no learning points associated with specific mistakes recorded. For example, the team had recognised the need to carry out additional checks of multi-compartmental compliance packs following an incident. But this action was not recorded on Pharmapod. So, this made it more difficult for the team to measure the effectiveness of their actions.

The pharmacy had a complaints procedure in place. And the practice leaflet clearly advertised how people could provide feedback. The pharmacy displayed a certificate informing people that it had scored 100% on its latest mystery shopper survey. The pharmacy had acted on feedback from the latest 'Community Pharmacy Patient Questionnaire' by replacing chairs in the waiting area. The RP explained that the previous seats were stained and numerous people had raised it as area of improvement. The RP encouraged feedback from people by informing them of the NHS.UK review facility. People were yet to leave a review. A member of the team explained how she would manage and escalate a concern. Pharmacy team members contacted surgeries on people's behalf, if they had a query about their prescription or medication. The team were observed communicating with surgeries during the inspection.

The pharmacy had up to date insurance arrangements in place.

The RP notice displayed the correct details of the RP on duty. Entries in the responsible pharmacist record complied with legal requirements.

A sample of the controlled drug (CD) register found that it met legal requirements. The pharmacy maintained running balances in the register. The pharmacy also kept running balances of CDs on the clinical software programme. This formed part of a three way check during the dispensing process. It also helped to reduce the risk of missed entries in the register. Balance checks of the register against physical stock took place weekly. A physical balance check of Zomorph 10mg capsules complied with the balance in the register. A CD destruction register for patient returned medicines was maintained to date. The team entered returns in the register on the date of receipt.

The Prescription Only Medicine (POM) register generally contained full details of private prescriptions dispensed. But 1 prescription from 13 March 2019 had not been entered. Private prescriptions from the online doctor service were held electronically and were readily accessible. Pharmacy team members explained that they contacted surgeries when people requested an emergency supply of a medicine. They generally completed certificates of conformity for unlicensed medicines in accordance with MHRA requirements. One certificate from 2018 had not been completed.

The team held records containing personal identifiable information in staff only areas of the pharmacy. All information in the consultation room was secured in a locked cabinet. The consultation room door was also locked between use. The team had completed additional learning following the introduction of the General Data Protection Regulation (GDPR). All team members signed the pharmacy's information governance policy. Team leaders and managers in the health and beauty store also signed the document. The pharmacy stored assembled medicines in the dispensary. The pharmacy team put confidential waste in designated white sacks. These were sealed and placed in locked cages with an 'inter-branch transfer' record. This record meant that waste was tracked from the pharmacy up until it was securely destroyed.

The pharmacy had procedures relating to safeguarding vulnerable adults and children. The team had

access to contact details for local safeguarding teams. Pharmacy team members had completed some learning relating to safeguarding. The RP had completed level 2 training on the subject. And had discussed safeguarding in team briefings. The medicine counter assistant provided examples of hypothetical concerns that she would pass onto the pharmacist. The team explained that they had not needed to report any safeguarding concerns to date.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough skilled people in place to provide its services. It supports the team by providing access to ongoing learning. The pharmacy responds well to pressure during periods of reduced staffing. The team makes plans and uses extra staffing resources when needed. The pharmacy encourages the pharmacy team members to provide feedback. And they suggest ideas for improvement. The pharmacy uses this feedback to inform the safe delivery of its services. Pharmacy team members have regular appraisals and take part in team discussions. This helps them to reflect on their performance and supports an open and honest working environment.

### Inspector's evidence

On duty at the time of the inspection was the pharmacy manager (RP), a qualified dispenser, a qualified medicine counter assistant and an apprentice. The apprentice was completing a Buttercups medicine counter assistant course. A part-time delivery driver also worked at the pharmacy. There was a part-time dispenser vacancy in the team. This position had been vacant for around 4 months. The company was advertising it through several channels. To support the team during this time 16 hours of locum dispenser cover each week was approved. Some members of the team regularly worked extra hours. The team were up-to-date with workload at the time of inspection. The RP explained how she structured the staff rota to ensure that a locum pharmacist and a locum dispenser were not on shift together. This meant that either the regular dispenser or pharmacist were always available to manage queries. A locum folder was in place to assist pharmacist's in delivering services consistently. The RP explained that the company recognised periods of increased workload. For example, 10 additional staff hours were made available during the week prior to Christmas and Easter.

Pharmacy team members had access to ongoing training relating to their roles. They received some support during working hours to help them access the training. But the team regularly completed the learning modules in their own time, at home. The apprentice received protected training time at work. And confirmed that she felt fully supported in her training role. Pharmacy team members received regular performance development reviews.

A scorecard in the dispensary displayed details of targets. The pharmacy team discussed performance against targets in team briefings. The RP explained that her MUR target of seven per week was linked to the number of items dispensed by the pharmacy. The pharmacy had achieved 400 MURs in the 2018/2019 period. The RP explained how she applied her professional judgement when undertaking services.

Pharmacy team members communicated a lot of information through informal discussions. They met most Fridays to share information and discuss significant events. The medicine counter assistant confirmed that she received a hand-over if she had not been present for a meeting. Brief details relating to discussions were recorded on the monthly Pharmapod report.

Pharmacy team members were aware of the company's whistleblowing policy. They could explain how to raise and escalate a concern about the pharmacy or its services. And they explained how the

manager was approachable and would listen to suggestions and ideas. Discussions about task management and workflow in the dispensary since the manager had started had informed positive changes to the dispensing workflow. These improvements were reflected in the results from internal audits. The team had recently shared feedback about CD prescriptions coming through the Electronic Prescription Service (EPS). There was a concern that the prescription may not be identified as a CD on hand-out. The team had responded to this by highlighting every CD prescription thoroughly. This included prescriptions for gabapentin and pregabalin.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and secure and generally presents a professional environment for the services it provides. Pharmacy team members promote the use of the private consultation room when speaking to people accessing the pharmacy's services.

### Inspector's evidence

The pharmacy was at the back of the health and beauty store. It consisted of the medicine counter, dispensary and a consultation room. The premises were modern and smart in appearance and were secure. An up-to-date business continuity plan was in place. The pharmacy reported maintenance issues to a designated help-desk. And concerns were managed by prioritising the most urgent. The pharmacy team had reported several concerns relating to broken drawers in the dispensary. The broken drawers did not retract fully and as such were sticking out from the unit. The team had removed stock from the drawers and had labelled them as broken.

The pharmacy was clean and tidy with no slip or trip hazards evident. Air conditioning was in place. Heaters were in place in the dispensary. Lighting throughout the premises was bright. Antibacterial soap and paper towels were available close to the sink in the dispensary. A hand dryer in the consultation room was fitted. Antibacterial soap for use in the room required replacing.

The pharmacy stored pharmacy only medicines behind the medicine counter. This appropriately protected them against self-selection.

There was a private consultation room to the side of the medicine counter. It was sound proof and clearly signposted. It was professional in appearance and allowed for confidential conversations to take place. Pharmacy team members provided examples of how the room was used to protect confidentiality of people wanting to speak to a member of the team. The room was securely locked between consultations. A cordless telephone was available which allowed pharmacy team members to speak with people over the phone out of ear-shot of the public area.



## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy team members work well to promote services to help improve people's health and wellbeing. They ensure that the pharmacy is accessible. And they engage people in quality conversations about their health. The pharmacy has good records and processes to make sure people get the right medicines at the right time. The pharmacy provides medicines in devices designed to help people remember to take them. But it doesn't always give people information leaflets with these devices. So, some people may not be receiving the full information about their medicines. The pharmacy gets its medicines from reputable sources. And it stores and manages them appropriately to help make sure they are safe to use.

### Inspector's evidence

The pharmacy was clearly visible from the store entrance. Wide-spaced aisles allowed easy access to the medicine counter. The main door to the store remained open during the day to promote access. The green pharmacy cross on signage outside indicated that there was a pharmacy inside. Opening times were clearly advertised. The pharmacy displayed details of its services on a wall next to the medicine counter. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if they were unable to provide a service. Designated seating was available for people waiting for a prescription or service.

The pharmacy had health information literature available for people. They focussed on promoting healthy living campaigns. And they worked well with other healthcare providers to do this. For example, a member of the Nottinghamshire smoking cessation team had attended the pharmacy to offer free carbon monoxide readings to people. The event was designed to encourage people into stop-smoking services across the county. The pharmacy held a blood pressure testing day in 2018. This had led to an increased awareness of the health impacts of high blood pressure. 193 people had accessed the flu vaccination service in the 2018/2019 season. The RP reflected on services and discussed examples of positive feedback following services such as MURs.

The pharmacy team identified people on high-risk medicines and undertook additional monitoring checks for these people through verbal counselling. But details of these conversations were not recorded on people's medication records. So, the pharmacy could not demonstrate how often these checks took place. The team were knowledgeable about the checks required under the Valproate Pregnancy Prevention Programme (VPPP). An audit in 2018 identified one woman on valproate in the at risk group. The RP had sought assurance that an appropriate pregnancy prevention plan was in place. But warning cards associated with the VPPP were not available to supply to people.

The pharmacy ordered some prescriptions through a repeat prescription service. The pharmacy kept a full audit trail of prescriptions ordered. Pharmacy team members checked ordering records and queried changes and missing items with surgeries. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. The prescription was used throughout the dispensing process when the medicine was later supplied. An audit trail for the delivery service was maintained.

People signed for receipt of their medicines.

Every person receiving a multi-compartmental compliance pack had a profile sheet in place. The pharmacy team managed timescales for the service well. A four week schedule was in place which spread workload across the month. Changes to medicine regimens were queried with surgeries and recorded on profile sheets through tracked changes. Packs contained a backing sheet which detailed what time of the day each medicine was to be taken. Labels were also applied to the backing sheet. But the sheets were not physically attached to the packs. So, there was a risk of them falling out when a pack was opened. A sample of assembled packs contained full dispensing audit trails and descriptions of medicines inside the packs. The pharmacy did not provide patient information leaflets (PILs) routinely every month when dispensing packs. A discussion took place about the legal requirement to supply a PIL each time a medicine was dispensed.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. The team were aware of the Falsified Medicines Directive (FMD). A new scanner was in place and the pharmacy had a SOP which set out steps to ensure full compliance with FMD. A training module was available. But the team had not started this as they were waiting for a date of implementation to be confirmed.

The pharmacy stored medicines in an orderly manner and in their original packaging. A date checking book was in place and confirmed routine rolling checks across all stock areas. A random check of dispensary stock found no out-of-date medicines. The team highlighted short-dated medicines. And annotated details of opening dates on bottles of liquid medicines.

The pharmacy held CDs in a secure cabinet. Medicines storage inside the cabinet was orderly. Patient returns and out-of-date CDs were segregated from stock within the cabinet. The pharmacy fridge was clean and was a sufficient size for the cold chain medicines held. Temperature records for the pharmacy fridge confirmed that it was operating between two and eight degrees .

Medical waste bins were in place along with sharps bins and CD denaturing kits.

The pharmacy received drug alerts electronically. Pharmacy team members explained how they checked stock and recorded any action taken. Alerts were retained for reference purposes.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy team has access to a range of equipment for providing its services. The team completes monitoring checks to ensure equipment remains safe to use and fit for purpose.

### Inspector's evidence

Pharmacy team members had access to up to date written reference resources. These included the British National Formulary (BNF), BNF for Children and some clinical reference guides. Internet access and intranet access provided further reference resources. Computers were password protected and faced into the dispensary. This prevented unauthorised access to the contents on screen. Pharmacy team members had personal NHS smart cards. The computer in the consultation room remained locked when not in use.

Clean, crown stamped measuring cylinders were in place. Separate measure used for methadone were clearly indicated. Counting equipment for tablets and capsules was available. This included a separate triangle for use with cytotoxic medicines. Equipment for the multi-compartmental compliance packs was single use. Gloves were available for assembling packs.

A blood pressure machine was available in the consultation room. This was a few months old. The consultation room was locked between use to safeguard equipment inside. Temperature records for the pharmacy fridge confirmed that it was operating between two and eight degrees. Stickers on electrical equipment showed that safety testing was last carried out in October 2017.

### 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.