

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, 1-10 Paul Street & 9
Cheapside, TAUNTON, Somerset, TA1 3PF

Pharmacy reference: 1036361

Type of pharmacy: Community

Date of inspection: 04/04/2019

Pharmacy context

The pharmacy is located near the high street of a busy city centre. It has a large retail area selling health and beauty products. A designated healthcare area is at the rear of the store. The pharmacy dispenses approximately 3500 NHS and private prescriptions each month. It also supplies multi-compartment medicines devices for people to use in their own homes. It also offers advice on the management of minor illnesses and long-term conditions. The pharmacy also offers flu vaccinations, emergency hormonal contraception and drug user services.

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 identifies and manages risks appropriately. Team members record their errors and learn from them to stop them from happening again. Staff are clear about their roles and responsibilities. They work in a safe and professional way. The pharmacy asks people for their views and acts suitably on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy generally keeps the records required by law. But it sometimes omits information. This may mean that in future the pharmacy could find it difficult to show exactly what happened. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had processes in place to manage and reduce risk. Near misses were routinely recorded on the company reporting system, Pharmapod. Records contained details of the error and a brief reflection as to the cause and action taken to prevent a reoccurrence. Following near miss incidents, the pharmacy team had taken steps to reduce selection errors, such as separated amlodipine from amitriptyline. The responsible pharmacist (RP) showed evidence that since the introduction of a system where products were scanned, selection errors had drastically reduced. The errors found in recent months involved labels produced incorrectly or the wrong quantity dispensed.

Dispensing incidents were also reported on Pharmapod and contained a more detailed analysis of the cause. A recent incident had prompted the RP to request that staff gave longer waiting times during periods of stress to allow her more time to check the accuracy of products. A monthly patient safety report was generated through Pharmapod. This was reviewed by the RP, who included actions to be taken by the pharmacy team following any incidents. This was then shared with the team through individual briefings and huddles. A recent action had been to review certain standard operating procedures, and evidence was seen to suggest that this had been completed.

SOPs were held online, were up to date and had been read by all staff. The SOP relating to the RP activities was seen and a dispenser could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges. Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey, the results of which were displayed in the retail area. The company also used cards to encourage people to answer a short questionnaire online. Any comments were passed to the pharmacy team to review. The RP, who had worked in the pharmacy since 2014, had won the company pharmacist of the year award in 2017. A complaints procedure was in place. The pharmacy had received no formal complaints in three years.

Indemnity insurance was provided by the NPA and expired 31 January 2020. RP records were appropriately maintained and the correct RP certificate was conspicuously displayed. Records of emergency supplies and private prescriptions were held in a book and were in order. Records of specials were kept and were generally in order, although some did not have details of what had been supplied to whom.

Controlled drug (CD) records were maintained as required by law. Balance checks were completed

weekly, and a random stock balance check of Zomorph 60mg capsules was accurate. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and GDPR. Patient data and confidential waste was dealt with in a secure manner to protect privacy. Confidential information on prescriptions awaiting collection could not be seen by waiting customers. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated and disposed of appropriately. NHS smartcard use was appropriate. Verbal consent was obtained from patients prior to accessing their summary care record and records were made on PMRs.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for escalating concerns were available. Staff were aware of the signs that would require a referral. Safeguarding concerns could also be recorded on Pharmapod.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Most team members are appropriately trained for their roles and they keep their skills and knowledge up to date. Team members suggest and makes changes to improve their services. They communicate well and support each other.

Inspector's evidence

The staffing arrangements were adequate on the day of the inspection and comprised of the RP and two dispensers, one of whom had just enrolled on the NVQ3 course. Team members worked set hours each week and rotas were completed one month in advance. Both planned and unplanned absences were covered by staff working additional hours or rearranging shifts.

The team clearly had a good rapport and felt they could currently comfortably manage the workload with no undue stress and pressure. The team supported each other well for both work and personal issues. Team members had clearly defined roles and accountabilities which were detailed in standard operating procedures, and tasks and responsibilities were allocated to individuals daily.

Pharmacy staff received training time during working hours as needed. Training included reading updated SOPs or completing required packs from CPPE. The staff felt empowered to raise concerns and give feedback to the RP, who they found to be receptive to ideas and suggestions. They were aware of the internal escalation process for concerns and a whistleblowing policy was available in the staff handbook.

The RP had a six-monthly appraisal and the remaining staff had them yearly. They received ad hoc feedback. The RP spoke regularly to her manager and to pharmacists working in other branches. The RP said that the targets set were challenging but manageable and that she was supported to meet them. She said that all services provided were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. Some fixtures and fittings are broken. This may increase the risk of injury to pharmacy team members.

Inspector's evidence

The pharmacy was located at the rear of a large retail store in a busy city centre. There was a large healthcare counter which led to a small dispensary. The retail areas were well presented and well organised. A consultation room was available which was of an appropriate size. It was soundproofed and was locked when not in use. No patient information was stored in the consultation room.

The fixtures and fittings in the dispensary were dated. The stock was stored in pull out drawers. Three of these were broken were not secure so would fall out when pulled. The cupboard under the sink was broken, despite the maintenance department attending some weeks previously to attempt to rehang the door.

Cleaning was undertaken by pharmacy staff and the pharmacy was clean on the day of the inspection. The benches were a little cluttered due to lack of storage space. The pharmacy was light and bright, and temperature was controlled by an air-conditioning unit. The pharmacy closed for lunch and was secured using pull down shutters over the stock. A pharmacy team member remained in the pharmacy whilst it was closed for security.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services well. It supplies medicines safely. The pharmacy gives additional advice to people receiving high-risk medicines. It usually makes a record of this to show that this advice has been given. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and regularly checks that they are still suitable for supply. The pharmacy delivers prescription medicines safely to people's homes. It keeps records to show that it has delivered the right things to the right people. The pharmacy generally deals with medicines that people return to it appropriately. But it does not always dispose of them in the correct container. This may increase the risk to staff and the environment.

Inspector's evidence

The pharmacy and consultation room were wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels or using pen and paper for those with hearing impairments. Services provided by the pharmacy were advertised on the outside of the pharmacy and the RP was accredited to provide all promoted services.

A range of health-related posters and leaflets were displayed, and advertised details of services offered both in store and locally. A dispenser described how if a patient requested a service not offered by the pharmacy, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. A sign-posting folder was available with details of local agencies and support networks.

Baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and compliance packs. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedule 2 and 3 including tramadol. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. The RP described that she checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Records of results were usually made on the patient medication record (PMR), as were details of significant interventions.

The RP had completed an audit of patients at risk of getting pregnant receiving valproate as part of the Valproate Pregnancy Prevention Programme. No patients had been identified who met the eligibility criteria for the pregnancy prevention programme. Stickers were available for staff to apply to the boxes of valproate products for any potential women of child-bearing age, and information cards present to be given to eligible patients at each dispensing.

Compliance packs for 26 patients based in the community were prepared by the pharmacy. Each pack had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets were supplied at each dispensing, or with the first pack of four in the case of weekly supply. When required medicines were dispensed in boxes and the

dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the checking process.

Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. It was noted that there was an owing attached to a faxed prescription for pregabalin dated 28 March 2019. The PMR showed that the item had been labelled on 3 April 2019, after the legal classification had changed. The RP said that the owing had been generated retrospectively and no supply had been made on the fax after 1 April 2019.

Stock was obtained from reputable sources including Alliance and AHH. Specials were obtained from Alliance Specials. Invoices were seen to this effect. The pharmacy had the required hardware, software or scanners to be compliant with the European Falsified Medicines Directive (FMD), although the system was not fully implemented. As the pharmacy already scanned items when dispensing, all staff were ready for the change and had been trained on the new SOPs.

The dispensary shelves used to store stock were generally organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and the entire dispensary was checked every 3 months. A tracking sheet was completed detailing stock that was due to expire in the coming months. Spot checks revealed no date expired stock or mixed batches.

CDs were stored in accordance with legal requirements in two small cabinets. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

The delivery service provided to patients based in the community was safe and effective and logs were kept of deliveries made with appropriate signatures. Confidentiality was maintained when obtaining signatures. Additional records were kept for the delivery of CDs. The RP described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable.

Patient returned medication was dealt with appropriately, and a hazardous waste bin was available, although staff were not aware of all the medicines requiring disposal in it. Confidential patient information was generally removed or obliterated from patient returned medication. Records of recalls and alerts were seen and were annotated with the outcome, the date and who had actioned it.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy.

Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible and were in date. The dispensary sink was clean and in good working order. Dispensed prescriptions were stored alphabetically on shelves, out of sight of customers. Computers were positioned so that no information could be seen by customers, and phone calls were taken away from public areas.

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.