

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, Units 3-4, Woolworth Development, Whitgift Centre, CROYDON, Surrey, CR0 1US

Pharmacy reference: 1036527

Type of pharmacy: Community

Date of inspection: 05/09/2019

Pharmacy context

This is a community pharmacy set within a Superdrug store in a shopping centre in Croydon. The pharmacy opens seven days a week. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It supplies multi-compartment compliance packs to help people take their medicines. It also delivers medicines to people who can't attend its premises in person. And it offers winter influenza (flu) vaccinations.

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 adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It generally keeps all the records it needs to by law. And it asks people using its services for their views. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately. They record the mistakes they make and learn from them to try and stop them happening again. They keep people's private information safe. And they understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) and a business continuity plan in place for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members were required to read and sign the SOPs relevant to their roles.

The team members responsible for the dispensing process tried to keep the dispensing workstations tidy. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. The pharmacy had systems to record and review dispensing errors and near misses. The pharmacy's staff discussed and recorded individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again; for example, they kept look-alike and sound-alike drugs separate from one another to help reduce the risks of them picking the wrong product.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. And its staff were required to wear name badges which identified their roles within the pharmacy. Members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help; for example, a member of the pharmacy team explained that repeated requests for the same or similar products were referred to a pharmacist.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. People could provide feedback about the pharmacy in-store, online or by contacting the company's customer service department. The results of last year's patient satisfaction survey were published online. People's feedback led to changes in the way the pharmacy team managed its dispensing workload to reduce how long people needed to wait for their prescriptions.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA).

The pharmacy's controlled drug (CD) register and its RP records were adequately maintained. The pharmacy team checked the CD register's running balance regularly. The nature of the emergency and the date of supply weren't always included in the pharmacy's records for emergency supplies made at the request of patients. The date of supply was sometimes omitted from the pharmacy's private prescription records. The date an unlicensed medicinal product was obtained at the pharmacy, when it was supplied and to whom weren't always included in the pharmacy's 'specials' records.

The pharmacy had an information governance policy in place which staff needed to read and sign. Arrangements were in place for confidential waste to be collected then sent to a centralised point for secure destruction. The pharmacy team tried to store prescriptions in such a way to prevent people's details being visible to the public.

A safeguarding policy and a list of key contacts for safeguarding concerns were available. Staff were required to complete safeguarding training relevant to their roles. And they could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable adult.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably qualified staff to deliver its services safely. And it encourages its team to provide feedback and keep its knowledge up to date. The pharmacy team makes appropriate decisions about what is right for the people it cares for. Staff know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 66½ hours a week and it dispensed about 3,600 prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a pre-registration pharmacist trainee, a full-time dispensing assistant, a part-time dispensing assistant, five part-time trainee medicine counter assistants, a part-time assistant and a part-time delivery driver. The RP managed the pharmacy. The pharmacy was reliant upon its team, staff from one of the company's other pharmacies and locum pharmacists to cover absences. The RP, a dispensing assistant and the assistant were working at the time of the inspection.

The pharmacy had an induction training programme for its team. Its team members needed to complete or undertake accredited training relevant to their roles after completing a probationary period. The assistant had completed a recognised pharmacy training qualification. But she hadn't worked in a pharmacy for many years. So, she was enrolled upon an accredited training course shortly after the inspection.

Staff supported each other so prescriptions were processed in a timely manner and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team needed to follow. A member of the pharmacy team described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist; for example, requests for treatments for infants, people who were pregnant, elderly people or people with long-term health conditions.

The pharmacy's team members discussed their performance and development needs with their line manager informally throughout the year and at colleague reviews. They were encouraged to learn from their mistakes, read company's newsletters and undertake training to keep their knowledge up to date. But they didn't always get time to do so and sometimes they completed training in their own time. A 'WhatsApp' group, team meetings and one-to-one discussions were used to update the pharmacy's team members and to share learning. Staff felt comfortable in providing suggestions about the pharmacy during team meetings. And they knew how to raise a concern if they had one. Their feedback led to changes to the pharmacy's prescription retrieval process.

The pharmacy's team members didn't feel their professional judgement or patient safety were affected by targets. Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations were only provided by suitably qualified pharmacists when it was clinically appropriate to do so and when the workload allowed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for people to receive healthcare. And its premises are clean and tidy.

Inspector's evidence

The pharmacy was bright, professionally presented and air-conditioned. The pharmacy team kept the registered pharmacy area clean and tidy. The pharmacy's sink had a supply of hot and cold water. Antibacterial hand wash and alcoholic hand sanitisers were available.

The pharmacy had the workbench and storage space it needed for its current workload. A small consultation room was available if people needed to speak to a team member in private. It was locked when not in use to keep its contents secure. But it wasn't enclosed as it didn't have its own ceiling. So, staff tried not to talk too loudly when in it to reduce the risk of their conversations with people being overheard.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It provides services that people can access easily. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. And it gets its medicines from reputable sources and it stores them appropriately and securely. The pharmacy's team members check stocks of medicines to make sure they are fit for purpose. And they usually dispose of people's waste medicines safely too.

Inspector's evidence

The store and its pharmacy were located on the ground floor of a shopping centre. The store's entrances were level with the shopping centre's flooring. The aisles leading to the pharmacy were wide and parts of the pharmacy counter were low level. The pharmacy team knew what services the pharmacy offered and where to signpost people to if a service couldn't be provided. The store also had a nurse-led health clinic that provided additional healthcare services to people. But this was operated separately to the pharmacy.

The pharmacy offered a delivery service to people who couldn't attend its premises in person. And an audit trail was maintained for each delivery to show people had received their medicines. The pharmacy offered a winter flu vaccination service. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service. The pharmacy provided over 30 MURs and about eight NMS consultations a month. People were required to provide their consent when recruited for these services.

The pharmacy provided a needle exchange service. And the pharmacy team encouraged needle exchange clients to return spent sharps within the containers provided and deposit these into a designated receptacle.

The pharmacy used a disposable and tamper-evident system for people who received their medicines in multi-compartment compliance packs. The pharmacy team sometimes assembled compliance packs before people's prescriptions were received at the pharmacy. An audit trail was maintained of the person who had assembled each compliance pack and who had checked it. But a brief description of each medicine contained within the compliance packs wasn't provided. And patient information leaflets were only supplied when a medicine was dispensed for the first time or once every four weeks. So, sometimes people didn't have all the information they needed to take their medicines safely.

Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers, such as AAH and Alliance Healthcare, to obtain its pharmaceutical stock. It stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. It also kept its medicines and medical devices in an organised fashion within their original manufacturer's packaging. Its stock was subject to date checks and products nearing their

expiry dates were appropriately marked.

The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. Staff were required to keep patient-returned and out-of-date CDs separate from in-date stock.

Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. And they were decommissioning stock at the time of the inspection as the pharmacy had the appropriate equipment and computer software to do so. The pharmacy's SOPs had been revised to reflect the changes FMD brought to the pharmacy's processes.

Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as household chemicals, were appropriately signposted. Pharmaceutical waste receptacles were available and in use. But the pharmacy didn't have a receptacle to dispose of people's hazardous waste, such as cytostatic and cytotoxic products. And some cytotoxic waste, namely chloramphenicol eye drops, was found in a receptacle intended for non-hazardous waste.

A process was in place for dealing with recalls and concerns about medicines and medical devices. Drug and device alerts were retained, actioned and annotated following their receipt.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had up-to-date reference sources available. And it had access to the NPA's information department. The pharmacy had a range of clean glass measures. And it had equipment for counting loose tablets and capsules too.

The pharmacy had a medical refrigerator to store its pharmaceutical stock requiring refrigeration. The maximum and minimum temperatures of the refrigerator was monitored and recorded daily. The pharmacy provided blood pressure checks on request. And its blood pressure monitor was replaced every year.

Access to the pharmacy's computer and its patient medication record system was restricted to authorised personnel and password protected. The computer screen was out of view of the public. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

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.