

# Registered pharmacy inspection report

**Pharmacy Name:** Superdrug Pharmacy, 125-127 High Street,  
Tunstall, STOKE-ON-TRENT, Staffordshire, ST6 5EA

**Pharmacy reference:** 1037022

**Type of pharmacy:** Community

**Date of inspection:** 21/09/2022

## Pharmacy context

This community pharmacy is located in a Savers store in the town centre. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. It supplies a number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. It also supplies private prescriptions from the company's online prescribing service.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	The team members have the appropriate skills, qualifications and competence for their roles and the pharmacy effectively supports them to address their ongoing learning and development needs.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy effectively manages risks to make sure its services are safe, and it completes all the records that it needs to by law. Pharmacy team members work to professional standards, and they are clear about their roles and responsibilities. They understand how to protect vulnerable people and they follow written procedures to make sure they keep people's private information safe.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided which were available as electronic versions. A record was made on individual training accounts when pharmacy team members had read them and answered some questions to test their understanding. The responsible pharmacist (RP) was a locum pharmacist. She confirmed that she had read the SOPs before starting to work for the company. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. The name of the RP was displayed as required by the RP regulations. A pharmacy audit book was used to record internal audit checks which were carried out on a daily, weekly and monthly basis. Areas covered in the audit included fridge temperature checks, RP records and controlled drug (CD) key security. A business continuity plan was in place which gave guidance and emergency contact numbers to use in the case of systems failures and disruption to services.

The pharmacy team recorded dispensing incidents electronically on a safety portal. The dispenser explained that a senior manager would always be informed if there was a dispensing error, and it would be reported on the safety portal. Learning points were included in the report and discussed by the pharmacy team. There was also a facility on the safety portal to record near misses, but this wasn't consistently used, so the team could be missing out on some learning opportunities. The team received copies of a 'clinical excellence' newsletter from head office, which included professional issues and focused on relevant policies such as the 'Injury with potential blood-borne virus risk policy' and the 'Infection control policy', as the pharmacy prepared for the flu vaccination season.

The dispenser described how she would deal with a customer complaint which was to provide them with the details of head office or the pharmacist superintendent (SI) if she wasn't able to resolve the situation herself. There was nothing on display highlighting the complaint procedure, so people might not know how to report a concern or leave feedback. A current certificate of professional indemnity insurance was on display in the pharmacy.

Private prescription and emergency supply records, and the controlled drug (CD) registers were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately. The RP record was generally in order, although the RP had already completed the time they intended to cease their duties that day, which compromised the accuracy of the record.

All members of the pharmacy team had read and signed an information governance (IG) policy which

included information about confidentiality. Confidential waste was collected in designated bags which were sealed and locked away before sending to head office for disposal. The dispenser correctly described the difference between confidential and general waste. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately, so that people's details could not be seen by members of the public.

The pharmacist had completed training on safeguarding. The dispenser said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time and was aware that concerns might need to be reported to the local safeguarding team. She confirmed that their contact details were available. The pharmacy had a chaperone policy, and this was highlighted to people. There was a notice on the consultation room door advertising that it could be used as a 'Safe Space' for victims of domestic abuse.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the right qualifications for the jobs they do, and they get some ongoing training to help them keep their knowledge up to date. The team members work well together, and they are comfortable providing feedback to their managers.

### Inspector's evidence

There was a pharmacist and an NVQ2 qualified dispenser (or equivalent) on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and people who visited the pharmacy. There was another qualified dispenser on the pharmacy team and the two dispensers covered each other's absences. In an emergency, staff could be transferred from a neighbouring branch. The pharmacy had not had a regular pharmacist for the last six months, but pharmacist cover was usually provided by regular locum pharmacists, which helped to provide consistency. And the pharmacy was in daily contact with three senior managers including a regional manager, who all supported the pharmacy team.

Members of the pharmacy team had completed appropriate training and used online training resources to ensure their knowledge was up-to-date. Team members were alerted by email to any outstanding training and a record was maintained on individual learning accounts which managers could access. The dispenser demonstrated that she had completed recent training on over-the-counter (OTC) medicines such as Paramol, Nurofen, Nuromol, Optrex and Senokot, as well as medical conditions such as urinary tract infections (UTI). Team members were provided with protected training time but could also complete training at home.

The pharmacy team were given formal appraisals where performance and development were discussed. As the team was very small, they discussed issues informally as they arose. The dispenser confirmed she would feel comfortable talking to one of the senior managers about any concerns she might have and she was aware the company had a whistleblowing policy. The RP said she felt empowered to exercise her professional judgement and could comply with her own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because she felt it was inappropriate. She said targets were set for the New Medicine Service (NMS), which she felt were reasonable and she didn't feel under pressure to achieve them. The dispenser explained it was going to be challenging to meet flu vaccination targets, as they didn't have regular pharmacists, but they would do their best, and the senior managers were understanding of the circumstances.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It has a private consultation room that enables it to provide members of the public with the opportunity to receive services in private and have confidential conversations.

### Inspector's evidence

The pharmacy premises were reasonably clean and in an adequate state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with two chairs. The temperature and lighting were adequately controlled. Some of the fixtures and fittings needed repair, and one of the dispensary drawers could not be opened fully. Staff used the stores facilities which included WCs and wash hand basins with hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. The availability of the consultation room was highlighted. This room was used when carrying out services such as flu vaccinations and when customers needed a private area to talk.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are generally well managed and easy for people to access. The pharmacy sources, stores and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

### Inspector's evidence

The consultation room and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. A list of the services provided by the pharmacy was displayed in the pharmacy. There was a small range of healthcare leaflets for self-selection and a poster advertising the flu vaccination services. The pharmacy team was clear what services were offered and where to signpost people to a service not offered. There was a home delivery service with associated audit trail. The delivery driver confirmed the safe receipt in their records. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was quite limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary drawers and shelves were well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. Notes were added to highlight when counselling was required. The team were aware of the valproate pregnancy prevention programme. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling, and the RP knew to check that people had received a valproate review within the last 12 months.

Multi-compartment compliance aid packs were reasonably well managed. There was a partial audit trail for changes to medication in the packs, but it was not always clear who had confirmed these and the date the changes had been made, which could cause confusion when assembling packs. Medicine descriptions were not usually included on the labels to enable identification of the individual medicines. The dispenser confirmed that packaging leaflets were usually included. Disposable equipment was used. People were usually only started on a compliance aid pack if they had been referred by a healthcare professional.

The dispenser explained what questions she asked when making a medicine sale and when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist, and understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

CDs were stored in a CD cabinet which was securely fixed to the floor. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. One packet of date expired CDs had been placed on the bottom shelf of the CD cabinet, but it had not been clearly labelled and could be confused with current stock. Patient returned CDs were destroyed using denaturing kits,

usually in the presence of one the senior managers. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials'. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins. Alerts and recalls were received via email messages. These were read and acted on by a member of the pharmacy team. A copy was retained in the pharmacy with a record of the action taken, so the team were able to respond to queries and provide assurance that the appropriate action had been taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe, and they use it in a way that protects privacy.

### Inspector's evidence

The pharmacist could access the internet for reference sources. For example, electronic British National Formulary (BNF) and BNF for children. The RP said she usually used an App on her mobile phone to access the electronic BNF, as this was always the most up-to-date. There was a clean medical fridge. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order and had been PAT tested. There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

### 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.