

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, MSU6, The Potteries Centre, Hanley, STOKE-ON-TRENT, Staffordshire, ST1 1PS

Pharmacy reference: 1037066

Type of pharmacy: Community

Date of inspection: 11/03/2020

Pharmacy context

This community pharmacy is situated inside a large shopping centre in the centre of Stoke-on-Trent. It dispenses prescriptions and sells a range of over-the-counter medicines, as well as other health and beauty items. It supplies some medicines in multi-compartment compliance aid packs, to help make sure people take them at the correct time. The pharmacy offers several other services including Medicines Use Reviews (MURs) and emergency hormonal contraception (EHC), as well as local services for the treatment of impetigo and uncomplicated urinary tract infections (UTIs) and a minor ailments scheme. Flu vaccinations are also available during the relevant season.

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	1.2	Good practice	The pharmacy proactively audits its procedures to help ensure team members complete tasks safely and effectively.
2. Staff	Standards met	2.2	Good practice	Pharmacy team members complete structured ongoing learning to address any gaps in their knowledge. And they get regular feedback on their development to help them learn and improve.
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 proactively identifies and manages the risks associated with its services. Team members follow written procedures to help make sure they complete tasks safely. They learn from their mistakes and take action to help prevent the same mistake from happening again. The pharmacy maintains the records it needs to by law. Its team members complete training to help make sure they know how to keep people's private information safe. And they understand how to raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational tasks and activities. The procedures had been recently reviewed and defined the responsibilities of pharmacy team members. Team members were seen to work within their defined roles and a dispensary assistant clearly explained the activities which were permissible in the absence of a responsible pharmacist (RP). The team reviewed the SOPs electronically and the pharmacist carried out checks to ensure that all team members were up to date. The pharmacy had professional indemnity insurance covering pharmacy services and a displayed certificate was valid until the end of January 2021.

A company compliance audit was completed twice a year. The audit was unannounced and reviewed the pharmacy against a range of standards. Areas covered by the audit included various governance systems, staff development and legal record keeping. The regular pharmacist referred to the audit standards regularly throughout the year and completed personal compliance checks on an ongoing basis to help ensure standards were maintained. The last audit, completed in 2019, recorded 100% compliance with the audit standards.

The pharmacy kept records of near misses. Team members were comfortable to discuss and record the details of near misses they were involved with. A near miss report was generated and discussed at the end of each month and action was taken to help prevent the same mistakes from happening again. The pharmacist discussed the storage of medicines in drawers in the dispensary and additional dividers had been sourced, to help provide better segregation of medicines. Additional care was also taken with common 'look alike, sound alike' medicines and team members had been instructed not to leave a prescription midway through dispensing in order to serve on the medicine counter, as it was felt that this potentially contributed to some mistakes. Dispensing incidents were also recorded through the electronic reporting system and were reviewed by the company's head office.

The pharmacy had a complaint procedure, but this was not clearly advertised so people may not always be aware of how concerns can be raised. The pharmacist agreed to source more copies of a pharmacy practice leaflet to place on the retail floor, so that the relevant information would be available. Feedback was usually positive, and the team demonstrated a good rapport with regular customers throughout the inspection. The inspector was shown recent examples where people had contacted the company's head office directly to give their thanks to the pharmacy team for the service received. The pharmacy also completed an annual Community Pharmacy Patient Questionnaire (CPPQ) and the

results of a recent survey were positive.

The correct RP notice was clearly displayed near to the medicine counter and the RP log was in order. As were records for emergency supplies and private prescriptions. And specials procurement records provided an audit trail from source to supply. Controlled Drugs (CD) registers maintained a running balance and regular balance checks were completed. A patient returns CD destruction register was available and previous entries had been signed and witnessed.

Pharmacy team members had completed training on the General Data Protection Regulation (GDPR). A dispensary assistant discussed some of the ways in which people's private information was kept safe. Confidential waste was segregated and removed for suitable disposal and completed prescriptions were stored out of public view. Team members held their own NHS smartcards and appropriate use was seen throughout the inspection.

The pharmacy had a safeguarding procedure and the pharmacist had completed training through the Centre for Pharmacy Postgraduate Education (CPPE). Further information was also available on an NHS information pack which was displayed in the dispensary. The pharmacist discussed some of the types of concerns that might be identified, and the contact details of local safeguarding agencies were available to support the escalation of concerns. Safeguarding concerns could also be reported through the internal electronic reporting system. The pharmacy had a chaperone policy and a notice was clearly displayed on the door to the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together in an open culture, and they hold the appropriate qualifications for their roles. Team members complete structured ongoing training to keep their knowledge up to date and they get regular feedback on their development, to help them learn and improve.

Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside a full-time dispensary assistant. A part-time trainee medicine counter assistant (MCA) arrived at the end of the inspection. The pharmacy also employed two additional part-time MCAs, one of whom was enrolled on a dispensary assistant training course provided by Buttercups. The pharmacy team managed the dispensing workload adequately throughout the inspection and there was no backlog in dispensing. But the environment could sometimes be busy meaning some non-urgent tasks were more difficult to complete. The pharmacist often arrived at the pharmacy early to complete other duties such as paperwork and management tasks, to ensure that she remained up to date. Planned leave was usually restricted to help ensure that suitable staffing levels were maintained.

Several suitable sales and referrals were witnessed during the inspection. The dispensary assistant explained the questions that she would ask to help make sure sales of medicines were safe and appropriate. She identified co-codamol as a medication which was susceptible to abuse and previous repeated requests had been referred to the pharmacist, who had signposted people to the GP surgery for review.

Team members were trained for the roles in which they were working or were enrolled on accredited training programmes. Their training certificates were clearly displayed near to the medicine counter. Team members completed structured ongoing training through an e-Learning platform. Regular training modules were released covering a variety of OTC topics and treatments, as well as updates to procedures. The pharmacist monitored training to ensure that modules were completed within the set deadline, and training records showed all team members to be up to date. Team development was reviewed through formal appraisals, which were completed twice a year. Recent records were reviewed. They recorded areas where team members were performing well and identified any areas for improvement. Further goals and objectives were also set.

Team members were happy to approach the pharmacist in charge and feedback and concerns were discussed and addressed on an ongoing basis. Team members also felt comfortable to approach the store manager, if required. The company had a whistleblowing policy and team members were aware of a contact number, which could be used to raise concerns anonymously. There were some targets in place for professional services such as MURs. Due to the location of the pharmacy, the environment could be busy. The pharmacist said that she sometimes arranged alternative times for people to return to complete MURs, to help make sure that safety was not compromised.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a clean and professional environment suitable for the delivery of healthcare services. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy was maintained to a good standard and it looked professional. Maintenance concerns were escalated to the company's head office, who arranged for any necessary repair work to be completed. The pharmacy team completed daily cleaning duties, with some support from a store cleaner. The pharmacy was clean and tidy on the day. There was air conditioning to help maintain a temperature suitable for the storage of medicines and the premises had adequate lighting facilities.

There were two chairs located near to the medicine counter for use by people waiting for their medicines and a range of health promotion and service literature was located near to the seating area. Pharmacy restricted medicines were secured from self-selection behind the medicine counter. The pharmacy had a large consultation room which was well presented and clearly signposted. The room was secured when not in use, and it was fitted with a desk and seating to facilitate private and confidential discussions.

The dispensary had adequate space for the provision of services. A main work bench was used for dispensing and a separate area was reserved for accuracy checking. Additional space was also available for the assembly of multi-compartment compliance aid packs and work benches were kept clear of unnecessary clutter. There was good use of drawers and shelving for the suitable storage of medicines and the pharmacy had a clean sink, and suitable cleaning materials.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are actively promoted and well managed to help ensure people receive appropriate care and get all the information they need about their medicines. The pharmacy sources and stores medicines safely and its team members carry out regular checks to make sure that medicines are fit for supply.

Inspector's evidence

The pharmacy had step-free access and it was clearly signposted from the entrance to the store. Additional adjustments could be made for people with different needs, including a hearing loop in the consultation room, and the production of large print labels to help people with visual impairment. The pharmacy was located in the city centre and served a diverse population. A poster displayed the availability of a language line, which team members had previously used. They believed access to the line was still available, but they had not used it recently. The pharmacist was also bilingual and was able to utilise these skills when conversing with some regular patients to help provide counselling and resolve queries.

Pharmacy services were advertised using a range of promotional leaflets. Health promotion materials were also displayed behind the medicine counter. The pharmacy was an accredited healthy living pharmacy and participated in national health promotion campaigns. Evidence of previous campaigns was logged and recorded in the health living folder. The pharmacy team members had access to resources to support signposting, and a restricted internet access was also available. The pharmacist provided signposting advice to a patient looking for a smoking cessation service on the morning of the inspection. It had previously offered a popular smoking cessation service, but this was no longer available due to a change in the service provider in the area.

Prescriptions were dispensed using baskets to keep them separate and team members signed 'dispensed' and 'checked' boxes on dispensing labels as an audit trail. The pharmacist kept records of interventions that were made using the PMR system and in a paper book to help demonstrate involvement in patient care. The pharmacy identified people on high-risk medications, to help make sure they received suitable counselling and monitoring. But records of monitoring parameters such as INR readings were not always maintained as an audit trail. The pharmacy had recently participated in an audit into the supply of valproate-based medicines to people who may become pregnant. No patients within the designated at risk group were identified. But the pharmacy did not have access to up to date safety literature to supply with valproate-based medicines if necessary. The pharmacist agreed to follow-up on this post inspection. Stickers were also used to highlight prescriptions for CDs to help make sure that supplies were made within the valid 28-day expiry date.

The pharmacy offered a repeat prescription collection service. People contacted the pharmacy to request their medicines, and other repeat prescriptions were managed by the pharmacy team. Records were kept reconciling prescriptions received back from the GP surgery and unreturned prescriptions were followed-up. Medications for people using multi-compartment compliance aid packs were

managed in the same way. Each patient had a master record sheet which was updated with the details of any changes. Completed packs were labelled with patient details. The backing sheet contained descriptions of individual medicines, but was not usually affixed to the tray, which may increase the risk of it becoming detached. Patient leaflets were supplied. Signatures were obtained confirming the delivery of medications, the reverse of the delivery sheet was signed to help protect the names and addresses of other people being inadvertently disclosed. And an additional signature was sought for the delivery of any CDs. Medications from failed deliveries were returned to the pharmacy, and a note was left for the patient.

The pharmacist had completed training for the administration of the flu vaccination and a certificate for this was displayed in the consultation room. Equipment to aid the administration of vaccines, including adrenaline and a sharps bin was also available. A declaration of competence was seen for the provision of EHC and access was available to a patient group directive (PGD). PGDs were also available for the local UTI and impetigo services. Treatments for UTIs were based off the PGDs and supplies were made dependent on the symptoms being presented. The pharmacy also offered a local minor ailment service, but use of the service had gone down following some recent amendments to the conditions available. A copy of the service specification and treatment protocols were available.

Stock medications were obtained from licensed wholesalers and specials from a licensed manufacturer. Stock medications were stored in the original packaging provided by the manufacturer and they were arranged in an organised manner. The pharmacy team members carried out regular date checks, which were documented in an audit book. Checks were up to date and short-dated medicines were highlighted and recorded. No expired medicines were identified from random checks of the dispensary shelves. Obsolete medicines were placed into pharmaceutical waste bins. A cytotoxic waste bin was available for hazardous materials and hazardous waste guidelines were displayed. The pharmacy had the hardware and software to enable compliance with the European Falsified Medicine Directive (FMD). Examples were seen where verification checks were complete by scanning the 2-D product barcode. It was not clear whether decommissioning checks were always being completed at the point of prescription collection. The pharmacist agreed to review the company SOP. Alerts for the recall of faulty medicines and medical devices were received via email. The system was checked twice a day and an audit trail was maintained demonstrating that alerts had been actioned.

CDs were stored appropriately. Expired CDs were segregated from stock medicine and CD denaturing kits were available for use. Random balance checks were found to be correct. The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was checked and recorded twice a day and the fridge was within the recommended temperature range.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services and team members use equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy team had access to an up-to-date edition of the British National Formulary (BNF), and internet access was available to support further research. The pharmacist also had a range of other pharmaceutical textbooks which she had purchased for her own personal knowledge. There was a range of approved glass measures which were well maintained, and clearly marked to indicate their use with different liquids. Counting triangles for loose tablets were clean and suitably maintained, and a separate triangle was reserved for use with cytotoxic medicines.

Electrical equipment was in working order and underwent PAT testing. The pharmacy computer systems were password protected and screens were located out of public view. The pharmacy phone was located in the dispensary. There was a risk that conversations could be heard from the medicine counter, but the team took care to minimise any personal information being disclosed. The pharmacist also said that the store had a cordless phone, which she could use to call people back, if there was a need for a private and confidential conversation.

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.