

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, 37-38-39 Cornhill, BURY ST.
EDMUNDS, Suffolk, IP33 1DX

Pharmacy reference: 1037131

Type of pharmacy: Community

Date of inspection: 13/09/2024

Pharmacy context

This pharmacy is located in the rear of a Superdrug store in the town of Bury St. Edmunds. It provides a variety of services including dispensing of NHS and private prescriptions, the New Medicine Service (NMS) and onsite blood pressure testing. It also prepares medicines in multi-compartment compliance packs for people who have difficulty taking their medicines from original packs.

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 manages the risks associated with its services well. And its team members review their mistakes regularly. It has written procedures to help the team work safely which are updated regularly. The pharmacy largely keeps the records it needs to by law. It has appropriate indemnity insurance in place. And the team knows how to protect vulnerable people.

Inspector's evidence

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. The RP was a locum pharmacist who had been working at the pharmacy regularly for the last few weeks. The pharmacy had a range of standard operating procedures (SOPs) covering all activities and services provided which had been issued by the pharmacy's head office. Records showed that all team members had read them. The SOPs were reviewed and updated regularly by the pharmacies head office and sent to team members to read. Team members knew their roles and responsibilities in the pharmacy. And they were observed working in an efficient and safe manner during the inspection. The team recorded near misses, which were dispensing mistakes that were spotted before a medicine left the pharmacy, electronically. Near misses were reviewed monthly by the pharmacy manager for any trends which were discussed with the team. The pharmacy manager also said that she discussed near misses with the team member who made them. Dispensing errors, which were mistakes that had reached a person, were also recorded electronically. These were recorded in more detail and also discussed with the team as well as being sent to head office for review. The pharmacy manager gave an example about how as a result of a previous error, two similar sounding medicines had been clearly separated on the shelves to reduce the chance of the same error occurring.

Complaints and feedback were usually submitted online. However, the pharmacy manager said that any complaints or feedback about the pharmacy could also be given in person or via a phone call and would be actioned in the same way. Complaints were usually resolved in store by the pharmacy manager but could be escalated to head office if necessary.

Confidential waste was disposed of in designated confidential waste bins. When full these were collected by the company and taken away for safe disposal. No confidential waste was found in the general waste bins. And no person-identifiable information could be seen from outside the dispensary. The RP confirmed that he had completed safeguarding level three training with eLearning for healthcare (elfh) and team members had also completed safeguarding training given to them by head office. The pharmacy had a list of local safeguarding services team members could contact if there was a safeguarding issue.

The pharmacy had current indemnity insurance. Balance checks were carried out regularly of controlled drugs (CDs), and other records in the CD register were made in accordance with the law. A random check of a CD showed the quantity in stock matched the running balance in the register. Records about private prescriptions were complete with all entries seen having the required details recorded. Records about emergency supplies of medicines were complete with an appropriate reason for the supply having been record for all supplies seen. Records about unlicensed medicines were also complete. The RP record was largely complete with just a couple of entries missing a finish time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just enough team members to manage its workload effectively. And team members do the right training for their roles. They receive ongoing training to keep their knowledge and skills up to date. Team members have no concerns about providing feedback or raising concerns if needed.

Inspector's evidence

The pharmacy team consisted of the RP, the pharmacy manager who was a dispenser, another dispenser, a counter assistant and a delivery driver. The team said that they had just enough team members to manage the workload but would ideally like another team member to help with dispensing. Team members said that they sometimes got a few days behind on dispensing when the pharmacy was busy but were currently up to date with dispensing.

The pharmacy manager confirmed that all team members had completed an accredited training course or were in the process of completing one. Learning materials for team members to read were regularly sent to the pharmacy from head office. The pharmacy manager confirmed that team members had a yearly formal appraisal to review progress. The team was observed working well together during the inspection. And team members asked knew what they could and could not do in the absence of an RP. Team members were observed asking appropriate questions when supplying Pharmacy only (P) medicines. Team members had no issues raising any concerns; they would usually go to the pharmacy manager first but could go to head office if necessary. The pharmacy manager said the team was set some targets for NMS reviews and blood pressure checks. The team said these targets were sometimes difficult to achieve, but the pharmacy manager said that the team did not prioritise the targets over providing a safe and efficient pharmacy service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy and provides a safe and appropriate environment for people to access its services. It has a consultation room for people to have private conversations. And the pharmacy is kept secure from unauthorised access. However, the pharmacy could do more to keep its floors free of potential trip hazards.

Inspector's evidence

The front fascia of the pharmacy was in a good state of repair and was professional looking. The pharmacy had a consultation room for people who wished to have a conversation in private. It allowed for a conversation at a normal level of volume to be had and not be heard from the outside. It was kept locked when not in use. The shop floor area was neat and tidy and there were chairs for people who wished to wait to access the pharmacies services. The dispensary was somewhat cluttered with boxes on the floor which potentially presented a trip hazard to the team. The pharmacy manager explained that this was due to a delivery coming in shortly before the inspection and gave assurances that the boxes would be tidied away. There was enough floor and desktop space for team members to work. The temperature and lighting of the pharmacy were adequate, and it had air conditioning to help control the temperature. It had an upstairs area which had a breakroom and toilets for team members to use. The toilets had access to hot and cold running water and handwash. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its medicines and services safely. It gets its medicines from reputable sources, and it stores them appropriately. The team takes the right action in response to safety alerts and recalls ensuring that people get medicines and medical devices that are fit for purpose. People with different needs can access the pharmacy's services.

Inspector's evidence

The pharmacy had step-free access via an automatic door. It was able to cater for people with different needs, for example by printing large-print labels for people with sight issues. There was enough space for wheelchairs and pushchairs to access the dispensary counter. The dispensary had separate areas for dispensing and checking medicines, and baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines that were seen contained a dispensing label which had the initials of the dispenser and checker, and this provided an audit trail. The pharmacy provided a delivery service to people who had difficulty collecting their medicines. The pharmacy provided the driver with paper sheet with people's deliveries details. The driver ticked off the names as deliveries were completed and returned the sheet to the pharmacy to be archived. For deliveries containing a CD, an extra signature was required. If there was a failed delivery, a note was put through the door to arrange redelivery and the medicines returned to the pharmacy.

Multi-compartment compliance packs were prepared in the back area of the dispensary. A check of completed packs showed that they contained all the necessary dosage instructions and safety information. They also had a description of the colour, shape and any markings on the medicines to help people identify their medicines. Team members said that patient information leaflets (PILs) were only supplied the first time a person was started on a medicine, so people could be missing out important information about their medicines. The pharmacy manager said that going forward PILs will be supplied with all packs. Team members confirmed that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained medicines from licensed wholesalers and invoices were seen confirming this. CDs requiring safe custody were stored securely. Medicines requiring refrigeration were stored appropriately. Fridge temperatures were checked and recorded daily, and records seen were all in the required range. The current temperatures were found to be in range during the inspection. Expiry date checks were carried out weekly on a rota basis with a different section being checked each time. The pharmacy used stickers to highlight stock soon to expire. A random check of medicines on the shelves found a couple of medicines that had expired the previous month. The pharmacy manager provided assurances that shelves would be checked more carefully in future.

Safety alerts and recalls were received by email. These were printed and actioned as appropriate before being archived in a folder. Team members knew where to apply a dispensing label to a box of sodium valproate so as not to cover any important safety information. The RP knew what to do if a person in the at-risk category presented at the pharmacy with a prescription. The team was aware of the guidance change regarding supplying sodium valproate in its original pack unless a risk assessment had been completed. The team confirmed some people did have sodium valproate in a multi-compartment compliance pack, but risk assessments had been completed deeming it safer for it to be supplied in the

pack. The pharmacy had patient group directions (PGDs) for the Pharmacy First service. The PGDs were in date but had not all had been signed by the RP. The RP said he would get these signed as a priority.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide a safe and effective service. And it uses this equipment to protect people's privacy.

Inspector's evidence

The pharmacy had computers with access to the internet, allowing the team to access any online resources it needed. Computers were password protected and faced away from public view to protect people's privacy. The pharmacy had cordless phones to allow conversations to be had in private. Team members were observed using their own NHS smartcards. The pharmacy manager confirmed the electrical equipment had been safety tested earlier in the year. The pharmacy had appropriate glass measures for measuring liquids. And it had triangles for counting tablets and a separate one for cytotoxic medicines such as methotrexate to prevent cross-contamination. There was a blood pressure machine in the consultation room, the pharmacy manager confirmed that it was new and did not currently require replacement or recalibration. There was also an appropriate otoscope in the consultation room for use with the Pharmacy First service.

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.