

# Registered pharmacy inspection report

**Pharmacy Name:** Superdrug Pharmacy, 12-14 Old George Mall,  
SALISBURY, Wiltshire, SP1 2AG

**Pharmacy reference:** 1038732

**Type of pharmacy:** Community

**Date of inspection:** 30/05/2019

## Pharmacy context

This is a community pharmacy located in a shopping centre in Salisbury. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment compliance aids for people to use living in their own homes.

## 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 pharmacy team members can access training to keep their knowledge up to date and receive protected time to complete it.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy team members can speak multiple languages and this helps widen the accessibility of pharmacy services to their local population.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has written procedures to help make sure the team works safely. Pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information well and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

### Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were recorded electronically and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. However, the pharmacist had difficulty providing specific examples of changes made in response to near misses.

The team would also document all errors and send an error report to the company's head office. A root cause analysis was part of the dispensing error investigation. The pharmacist explained that an electronic system called 'Pharmapod' was being used to report all near misses, errors, safeguarding incidents and controlled drug discrepancies.

There was a clear and established workflow in the pharmacy where labelling, dispensing and checking were all carried out at specific areas of the work benches. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

The standard operating procedures (SOPs) were kept electronically and were regularly reviewed. There was an electronic audit trail in place to demonstrate that staff had read the SOPs. The pharmacy team were all clear on their roles and responsibilities and explained they would refer to the pharmacist if they were unsure of something.

There was a complaints procedure in place and the staff were all clear on the processes they should follow if they received a complaint. The pharmacy team gathered feedback from their patients annually by using the Community Pharmacy Patient Questionnaires (CPPQ).

A certificate of public liability and indemnity insurance from the NPA was displayed and was valid and in date until the 31 January 2020. Records of controlled drugs (CD) and patient returned controlled drugs were seen to be complete and accurate and all corrections were signed and dated. A sample of a random CD was checked for record accuracy and was seen to be correct. The controlled drug balance was seen as being checked weekly. Patient returned and out of date CDs were separated from regular CD stock and labelled appropriately.

The responsible pharmacist record was seen as complete and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range.

The private prescription records were retained but entries often omitted the date on the prescription.

Emergency supply and specials records were retained and were in order. Date checking was carried out in a manner which meant the whole pharmacy was date checked regularly and records of this were seen to be completed appropriately.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored securely. Conversations inside of the consultation room could not be heard from outside and it was locked when not in use. Confidential waste was collected and disposed of appropriately.

The pharmacy team had been trained on safeguarding children and vulnerable adults. Staff explained that they were all confident of signs to look out for which may indicate safeguarding issues in both children and adults. Contact details were available for local safeguarding advice, referrals and support.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

There was one pharmacist and one medicines counter assistant present during the inspection. There was one vacancy for a dispensing assistant to cover 37.5 hours per week. The pharmacist reported that she had to self-check a significant number of items whilst recruitment for this vacancy could be completed. The pharmacist reported that she was aware of the risks of this.

Staff performance was monitored and reviewed formally annually against key performance indicators (KPIs). In these reviews, a development plan would be introduced to help further develop and train the members of staff.

The staff reported that they completed training online on 'The Edge' and had regular updates to their knowledge and understanding of products and services. The pharmacy team reported that they had recently completed refresher training on Syndol which had recently been re-released for purchase over the counter. Pharmacy staff also completed seasonal training on hay fever so that they could best advise their patients over the summer.

The pharmacist reported that meetings took place on an ad-hoc basis and when there were business updates. Huddles took place in the morning to set priorities and communicate the daily targets to the team.

Staff explained they felt comfortable to raise any concerns they had with the pharmacist or their area manager. There was also a whistleblowing policy in place which staff were aware of and were happy to use should they require it.

There were targets in place in the pharmacy but the pharmacist explained that she did not feel any pressure to deliver these targets and would never compromise her professional judgement to achieve targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy generally provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy retail area towards the front and a dispensary area toward the back which was separated from the retail area by a medicines counter to allow for the preparation of prescriptions in private. There were sinks available in the dispensary with hot and cold running water with sanitiser to allow for hand washing.

Medicines were stored on the shelves in a generic and alphabetical manner and these were being rearranged during the inspection. The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy generally obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment. But the pharmacy team do not always store medicines with batch numbers and expiry dates which could mean that it would be more difficult to trace these medicines when things have gone wrong.

### Inspector's evidence

Pharmacy services were displayed on posters and leaflets around the medicines counter and in the consultation room. There was step free access to the entrance available. Adequate seating for patients and customers who were waiting for services was available. The medicines counter assistant spoke five different languages which staff reported was helpful when dealing with patients from a variety of different backgrounds.

The pharmacy team had offered the flu vaccination from September to March and had completed approximately 300 in total. The pharmacist reported how she had received good feedback from patients with regards to the accessibility of the vaccination. The pharmacist had completed recent refresher flu vaccination training and appropriate anaphylaxis training. The PGD was valid and in date.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing valproate to all people who may become pregnant. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

The pharmacy used recognised wholesalers such as AAH and Alliance Healthcare to obtain medicines and medical devices. Specials were ordered via Alliance specials. Invoices from these wholesalers were seen.

The pharmacy was compliant with the European Falsified Medicines Directive (FMD). The relevant scanning equipment and software was in place.

Destruction kits for the destruction of controlled drugs were seen. Designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A bin for the disposal of hazardous waste was not available for use at the time of the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The majority of medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. But the following medicines were found without the following information on the container:

Amitriptyline 10mg tablets with no batch number or expiry date

Apixaban tablets with no strength, form, quantity, batch number or expiry date

Co-codamol 30mg/500mg tablets with no strength, form, quantity, batch number or expiry date

Pharmaceutical stock was subject to date checks which were documented and up to date. Short dated products were appropriately marked. The fridge was in good working order and the stock inside was stored in an orderly manner.

MHRA alerts came to the pharmacy electronically through the company's intranet and the pharmacist explained that these were actioned appropriately. Audit trails were also kept to demonstrate this.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Separate measures were in use for CD dispensing. Amber medicines bottles were seen to be capped when stored and there was a counting triangle and a cytotoxic counting triangle available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge in use which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range.

Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.