

# Registered pharmacy inspection report

**Pharmacy Name:** Superdrug Pharmacy, Unit 9-11, Mitchell Arcade, Rutherglen, GLASGOW, Lanarkshire, G73 2LS

**Pharmacy reference:** 1042420

**Type of pharmacy:** Community

**Date of inspection:** 04/01/2024

## Pharmacy context

This is a pharmacy in a shopping centre in the town of Rutherglen, Glasgow. Its main activities are dispensing NHS prescriptions and providing some people with medicines in multi-compartment compliance packs to help them take their medicines correctly. It provides the NHS Pharmacy First service and delivers medicines to people in their 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	N/A	N/A	N/A
<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's written procedures help manage risk so its team members can provide services safely. Team members record errors made during the dispensing process so they can learn from them. They mostly keep records required by law. They keep people's private information secure and know how to respond effectively to concerns for people accessing the pharmacy's services.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were designed to help guide team members to work safely and effectively. These were reviewed every two years by the company's superintendent (SI) pharmacist team. Team members accessed them on an electronic platform where they were directed to review newly updated SOPs as they were released. And they completed quizzes to confirm their understanding of them.

The pharmacy recorded errors made during the dispensing process known as near misses. The records were completed by the responsible pharmacist (RP) or accuracy checking technician (ACT) when identified. Errors were recorded electronically and captured details such as the action taken and contributing factors. Records seen showed that most errors involved incorrectly dispensed quantities. Team members had informal conversations about the errors made and completed a monthly review of the data produced. However, this was last completed in July. Team members had previously moved medicines that looked-alike or sounded-alike (LASA) to help prevent a recurrence of errors, but no changes had been identified or implemented recently. The pharmacy completed incident reports for errors that were not identified until after a person had received their medicine. The pharmacist explained these were recorded electronically and shared with the pharmacy's head office team. The pharmacy had not had any recent dispensing incidents.

The pharmacy had a complaints policy. Team members aimed to resolve complaints and concerns at a local level. But if there were any complaints that could not be resolved, people were directed to contact the head office team. The RP notice displayed contained the correct details of the RP on duty, and it could be seen clearly from the retail area. Team members had some knowledge of the activities that could and could not be completed in the absence of the pharmacist. The RP record was in order. The pharmacy had controlled drug (CD) registers. Entries of medicines supplied appeared complete, however entries of received medicine did not contain all the information required by law. Team members completed checks of the physical stock against the register running balance weekly. And records of CDs returned by people who no longer needed them were made. There were some recent returns awaiting entry which had not been completed due to time constraints. The pharmacy held certificates of conformity for unlicensed medicines and full details of supplies were recorded to provide an audit trail. It maintained electronic records of its private prescriptions.

Team members had received some training regarding information governance (IG) and general data protection regulations (GDPR). They separated confidential waste into dedicated bags which were sealed before collection by a third-party company for destruction. Confidential information was stored in staff only areas of the pharmacy. The pharmacy had provided its team members with training regarding protecting vulnerable adults and children. And team members, including the delivery driver, were aware of their responsibilities to report any concerns to the pharmacist, who would contact the

relevant authorities. Team members described examples of concerns they had reported about people.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has suitably skilled and qualified team members to help manage the workload. Team members receive accredited training for their roles and are given regular training to help maintain their skills and knowledge. There is an open and honest culture amongst the team. And they know how to suitably respond to repeated requests for medicines liable to misuse.

### Inspector's evidence

The pharmacy employed a full-time pharmacist, who was the RP during the inspection. Other team members included three pharmacy technicians, one of whom was an ACT, two trained dispensers, two trainee dispensers and a delivery driver. Team members had completed accredited training for their roles or were enrolled on accredited training courses. And those in training were supported by both the pharmacist and more experienced team members. The pharmacy provided monthly training for its team members. Team members explained the most recent training course involved refresher training on ibuprofen. They were able to complete training during the working day, but some preferred to complete their training outwith business hours at home.

Team members were seen to be working well together to manage the workload. Annual leave was planned in advance so workload could be managed to cover team members holidays. Team members rotated tasks so that there was contingency for annual leave. And part-time team members could increase their hours to support during periods of absence. There was an open and honest culture amongst the team and team members felt comfortable to raise concerns or make suggestions for change. Team members received annual performance and development reviews, with the most recently completed in October 2023. The process helped team members identify their own development needs and supported those who wished to develop their skills and knowledge.

Team members asked appropriate questions when selling medicines over the counter and referred to the pharmacist when necessary. They knew to be vigilant to repeated requests for medicines liable to misuse. Team members felt able to deal with requests directly or referred to the pharmacist if they did not feel comfortable to manage such requests. The pharmacy set its team members targets. Team members used the targets to help identify people who could benefit from the pharmacy's services. And they gave an example of a person they were able help manage their medication as a result.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services it provides. And team members ensure they keep the dispensary clean. The pharmacy's consultation room is small and limits the ability of the team to have private conversations with people. But team members have implemented ways of working which manage the limitations effectively.

### Inspector's evidence

The premises were comprised of a large retail area to the front and the pharmacy at the rear. The pharmacy had a medicines counter which was well organised and portrayed a professional appearance. And it acted as a barrier to the dispensary, preventing unauthorised access. The dispensary was elevated above the medicines counter and the pharmacist was positioned so they could intervene in conversations at the medicines counter if required. The dispensary was small in size. Due to the smaller size of dispensary, and the volume of work being completed, the dispensary appeared cluttered. But team members managed the space available and there were designated spaces for the completion of tasks and storage of medicines. Medicines were stored neatly in long drawers and on shelves. There were some boxes on the floor which further reduced the floor area. The dispensary had a sink which provided hot and cold water for hand washing. And team members ensured the pharmacy was cleaned on a regular basis. Lighting was bright throughout. There were plug-in heaters on the benches and on the floor which were used to provide a suitable working environment. Heaters were positioned so they were not directly pointed at medicines. Team members explained that during the summer they were provided with a large air conditioning unit which took up further floor space.

The pharmacy had a consultation room for people to have private conversations and access services. The consultation room was small and allowed space for only one person to sit while accessing services. It did not have a ceiling, which meant that conversations may not be kept private. Team members explained that music played in the retail space provided some degree of privacy. However, they had received complaints that private conversations could be overheard. The pharmacist provided vaccinations from this room and had adapted their working practices for doing so by gaining consent from people to complete paperwork outside the consultation room.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy manages the delivery of its services safely and effectively. And it makes them accessible to people. Team members carry out checks to ensure that medicines remain fit for supply and know how to respond to alerts that medicines might not be suitable to supply. They mostly store their medicines as they should. And they source medicines from licensed wholesalers.

### Inspector's evidence

The pharmacy had level access which provided ease of access to those in wheelchairs or with prams. It displayed a range of healthcare leaflets for people to read or take away, which included information on the NHS Pharmacy First service. Team members provided people who had visual difficulties with large print labels. And some team members spoke different languages and were able to assist with translation. The pharmacy provided a range of services such as Pharmacy First and provision of emergency hormonal contraception. These services were underpinned by patient group directions (PGDs) which the pharmacist accessed online. The pharmacy received prescriptions from the company's associated online doctor service. The pharmacist directly contacted the service with any queries about these prescriptions, such as the frequency of supply.

Team members used baskets to keep people's prescriptions and medicines together and reduce the risk of errors. There was a documented owing process and team members supplied people with an owing slip when they could not provide the full quantity of medicine prescribed. The pharmacy offered a delivery service, taking medicines to people in their homes. The driver asked people to mark the delivery sheets to confirm they had received their medication. And records of deliveries were kept so that any queries could be resolved. The pharmacy supervised the administration of medicine to some people. Team members managed the service by preparing the medicine on the day they were due.

The pharmacy kept most of its medicines in original containers, but some amber bottles were found which contained medicines. These were labelled with the medicine but not the batch number or expiry date. And two bottles were not labelled at all. The pharmacist confirmed the medicines had been removed from multi-compartment compliance packs recently. They were removed for destruction during the inspection.

The pharmacy provided some people with their medicines in multi-compartment compliance packs to help them take their medicines. Each person had a medication record sheet that contained a copy of the medicines and dosage times. And any changes to their medication was documented on the record. Team members were responsible for ordering prescriptions, and this was completed ahead of them being required so that any queries could be resolved in a timely manner. Team members provided descriptions of the medicines in the pack so they could be easily identified. And they provided people with the necessary information to take their medicines effectively, including warnings and patient information leaflets (PILs). The pharmacy had considered the risks of putting medicines with limited stability into multi-compartment compliance packs. These were dispensed and sealed in the packs immediately so as to minimise the risk of stability loss.

Team members were aware of the requirements of the Pregnancy Prevention Programme (PPP) for people who were dispensed valproate and were aware that these people required additional

information to take their medicines safely. They confirmed they did not currently have any patients in the at-risk category. The pharmacy had some people who received valproate with their compliance packs. This required it to be dispensed outwith the original pack. The pharmacist had not yet assessed this process in line with the updated guidance regarding the supply of valproate out of the original pack.

The pharmacy sourced its medicine from licensed wholesalers. Team members had a process for checking the expiry date of medicines. And they completed different sections of the dispensary on a weekly basis, and this was up to date. Medicines expiring in the next six months were highlighted for use first. And medicines with a shortened expiry date on opening were marked with the date of first use. The pharmacy had a medical grade fridge to store medicines that required cold storage. And team members recorded the temperature twice a day, with records showing that the fridge was operating between the required two and eight degrees Celsius. Team members received notifications about drug alerts and recalls via emails. They printed, actioned and signed them to confirm this had been completed. And they stored them for future reference. Team members separated medicines returned by people who no longer needed them for destruction by a third-party company.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use the equipment in a way that protects people's private information.

### Inspector's evidence

The pharmacy had access to up-to-date reference sources including the British National Formulary (BNF) and British National Formulary for children (BNFc). It had a carbon monoxide monitor used for the smoking cessation service which was replaced in September 2023. There were clean BS and ISO stamped measuring cylinders which were marked to identify which were for water and which were for medicines.

The pharmacy had a cordless telephone so that conversations could be kept private. And it stored medicines waiting collection so that people could not see people's private information. Confidential information was secured on computers using passwords. And screens were positioned within the dispensary so that only authorised people could see them.

### 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.