General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, 2 Central Approach, 40 East Cheap, LETCHWORTH, Hertfordshire, SG6 3DL

Pharmacy reference: 1078473

Type of pharmacy: Community

Date of inspection: 03/07/2024

Pharmacy context

This community pharmacy is located amongst other retail outlets in the centre of Letchworth and is open Monday to Saturday. Its main activity is dispensing NHS prescriptions, some of which it delivers to people's homes. It also provides other NHS services including the Pharmacy First service and hypertension case-finding service.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 has good systems in place to review risks and it makes changes to reduce future risks.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	3.1	Good practice	The pharmacy premises are very well organised and present a professional image to people visiting for services.
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 has up-to-date procedures to help its team members provide services safely. Team members record their mistakes and review them regularly, so they can learn and reduce risks. And they understand what they can and cannot do when there is no pharmacist present. The pharmacy keeps the records it needs to be law. It protects people's private information well. And its team members have an understanding of their role in protecting vulnerable people.

Inspector's evidence

Pharmacy services were supported by written standard operating procedures (SOPs) issued by the company and these were reviewed regularly. The pharmacy was prompted about any changes to the SOPs and there was an audit trail to show that members of the team had read current SOPs relevant to their roles. When checked, staff were observed following the dispensing SOP by signing dispensing labels at the dispensing and checking stages to create an audit trail. There were also several internal audit checks completed which covered routine tasks, record keeping and other governance routines; the pharmacy had scored well in these audits with few improvement areas identified.

The team members said that the pharmacist pointed out any dispensing mistakes the staff had made, and which were picked up during the final check of prescriptions (known as near misses). These events were generally recorded by the person who had made the mistake on an online system. Dispensing mistakes which reached patients (known as errors) were also recorded and were subject to an in-depth review to understand what had gone wrong and any learning points for the team. Near misses and errors were reviewed as part of a monthly patient safety review process to help identify patterns and trends and establish safer ways of working. An action point in recent patient safety reviews was encouraging greater care when checking people's details when handing out prescriptions to make sure the medicine reached the right person.

When asked, team members could confidently explain what they could and couldn't do in the absence of a responsible pharmacist (RP). They could describe the types of questions to ask when selling medicines and knew which ingredients needed greater care including codeine-containing painkillers and pseudoephedrine.

There was a company complaints procedure which the team members were able to describe. In most cases, people who wished to raise a complaint were directed to the store manager in the first instance. There were appropriate insurance arrangements in place for the services provided.

The RP notice correctly showed who the pharmacist in charge was and it was displayed clearly. The RP record and records about controlled drugs (CDs) were complete and CD running balances were checked regularly. The recorded balance of a couple of CDs checked agreed with the physical stock available. Private prescription records were made electronically in a timely way, and these included the right information. Patient-returned CDs were recorded on receipt and a record kept of their destruction.

The pharmacy protected sensitive information in several ways. Confidential waste was separated and disposed of securely. There were procedures and regular training about information governance.

Patient medication records were password protected and staff used their own NHS smartcards to access electronic prescriptions; passwords were not shared. Details on prescriptions waiting to be collected could not be seen from the shop floor and sensitive information on screens in the dispensary could not be seen by the public. There was also a process to ensure confidential information contained in emails sent to the store email account was deleted in a timely way.

Staff, including the RP, had completed safeguarding training relevant to their roles. There were procedures in place to help make sure the pharmacy took appropriate action to protect vulnerable people. The team was able to describe the types of situations which might need referring to other agencies for support and advice. The team members were aware of the 'Ask for Ani' scheme and what it meant; staff said information had been displayed about this but had been inadvertently removed following a recent store refresh.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members who have the right skills and training to provide the pharmacy's services safely. They are supported in ongoing learning and development, and they can share ideas and suggestions to help make the pharmacy's services better. The team uses mistakes as opportunities to learn and improve.

Inspector's evidence

The pharmacy had been through some challenging times due to staffing changes, but team members felt they were now on a more even keel. At the time of the inspection a regular locum pharmacist was providing RP cover; the pharmacy currently had a vacancy for a pharmacy manager. The rest of the team comprised three pharmacy assistants, one of whom also did prescription deliveries. All team members had either completed or were completing training which gave them the right skills to dispense medicines and sell medicines over the counter safely. It was relatively quiet during the inspection, but the team coped well with the workload and there was no backlog of work to be completed. Team members were observed working closely together, referring queries to the pharmacist where needed.

Team members were provided with online training materials by their head office. Some of the training modules were considered mandatory to complete, for example data protection training, to ensure team members kept their knowledge current. Progress on training was tracked. There were regular team meetings to share information and some in-house training when new systems were introduced such as barcode scanning during the dispensing process. As there was no pharmacy manager at present, team members had had their annual performance reviews with the store manager.

Team members said they could share suggestions about how to improve the way the pharmacy worked and gave examples of changes that had been made including to the CD balance check process and proactively contacting people if they hadn't collected their prescription. Team members asked said they could discuss concerns with the store manager or area manager. There was also a whistle blowing policy, details of which were advertised to the team. There were some targets set for services but, when asked, the RP explained they felt able to make professional decisions for the benefit of patients and this was not adversely affected by targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises are suitable for the services the pharmacy provides. The pharmacy keeps its premises clean and well-organised to help make its services safer. And the pharmacy is kept secure.

Inspector's evidence

The pharmacy was located to the rear of the store and was very clean and bright throughout, with good lighting and appropriate ambient temperature for storing medicines safely. There was flat access into the store and automatic doors so the premises could be accessed by people with wheelchairs, prams or other mobility problems. There was seating for people close to the pharmacy counter. Access to behind the counter and the dispensary beyond was restricted and activities carried out in the dispensary were out of view of the public, meaning staff were less likely to be disturbed mid-task. The dispensary was very tidy and dispensing benches were clear of clutter. Various sections of bench were used for designated purposes such as accuracy checking prescriptions and preparing multi-compartment compliance packs, to reduce risks. Staff had access to hygiene facilities including separate hand-washing arrangements. The sink in the dispensary had hot and cold running water. The premises could be secured to prevent unauthorised access.

A signposted consultation room was located to the side of the pharmacy counter and this was used for services and private conversations. The room also had a hatch through to the pharmacy. The room was equipped with a fridge and access to patient medication records, and it had adequate seating and space for the activities undertaken. The room was kept locked when not in use and no confidential information was left in the room unattended. It was well screened and conversations in the room would not be overheard from outside.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services safely. It stores its medicines in a very organised way to reduce mistakes when dispensing. It has good processes to make sure the medicines it supplies are fit for purpose. And the pharmacy has systems to make sure people taking higher-risk medicines are given important information about their medicines.

Inspector's evidence

The opening hours of the pharmacy were displayed at the store entrance and at the pharmacy. There was also a board showing the services offered by the pharmacy. The pharmacy provided a limited prescription delivery service, largely to housebound and more vulnerable people. There was an audit trail kept for this activity and fridge lines were transported in a cool bag. Most communications with customers were now through the company's app; this had reduced phone calls and had meant team members could spend more time serving customers in the pharmacy.

The pharmacy had started providing NHS Pharmacy First services. The relevant patient group directions (PGDs) were available to refer to and the RP had completed the necessary training. But not all of the PGDs had been signed; the RP agreed to do this before providing any further supplies. Uptake was said to be relatively low as there was a lot of local competition. To raise awareness and understanding about the service, the pharmacy had contacted local surgeries but were still being referred people who fell outside the criteria to receive the service.

When preparing multi-compartment compliance packs, the dispensers checked for any changes to previous supplies and queried anything unexpected including missing items with the prescriber. The packs were labelled with the dose, warnings, and a description of the medicines in the packs so people could identify the contents more easily. Medicine information leaflets were supplied every month to people. Two dispensers were able to dispense these packs meaning there was cover for absence if needed.

When asked, team members could explain the information that needed to be provided about pregnancy prevention when supplying sodium valproate. And they knew how to attach dispensing labels to the manufacturer's packs so as not to obscure important information. They also knew about the recent changes that meant valproate-containing medicines were to be supplied in their original packs. Alert stickers were attached to prescriptions for valproate-containing medicines and other higher-risk medicines including CDs so appropriate counselling and advice could be given to people when they collected their medicines. The team members knew that prescriptions for CDs were only valid for 28 days and prescriptions were kept with the dispensed medicines so the date could be readily checked.

The pharmacy got its medicines from licensed wholesalers. No extemporaneous dispensing was carried out. The pharmacy routinely experienced several stock shortages which were outside of its control. However, the team members tried to liaise with local surgeries for alternatives where possible rather than sending a person elsewhere. Medicine stock for dispensing was stored in a very orderly fashion in the dispensary. Medicines were kept in appropriately labelled containers.

The pharmacy checked the expiry dates of its stock regularly and kept a record about these checks. Short-dated items were marked to alert staff and reduce the risk of supplying when no longer in date. And there was a process to remove these from dispensing stock at a suitable time. When a sample of medicines was checked at random, there were no date-expired medicines found. Out-of-date medicines and patient-returned medicines were transferred to designated bins. These were stored away from other medicine stock and were disposed of through licensed waste contractors. There were processes followed to denature CDs before disposal. Appropriate arrangements were in place for storing CDs and access to the CD cabinets was well-controlled.

There was ample storage capacity for medicines requiring cold storage. Fridge temperatures were checked regularly to make sure they remained suitable for storing temperature-sensitive medicines. The records seen were within the appropriate range of between 2 and 8 degrees Celsius. The pharmacy was informed about drug recalls and safety alerts through company communications and there was a process in place to make sure the pharmacy responded to these promptly. Records about follow-up action were kept so the pharmacy could show how it had responded to alerts.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It generally keeps its equipment clean. And it has processes to make sure its equipment is safe and effective to use.

Inspector's evidence

The pharmacy had measuring and counting equipment of a suitable standard to use when dispensing and providing other services. The medicine measures seen were clean. However, a counting triangle had a covering of dust which could transfer to other medicines. The team members said they would clean this after use in future. There were resin kits available to denatured waste CDs and designated bins to dispose of other medicine waste safely. Team members could access online reference sources to help them provide advice and make clinical checks. The pharmacy had the equipment required to provide the Pharmacy First service including an otoscope and ear thermometer.

All electrical equipment appeared to be in good working order and was safety tested regularly. Patient medication records were stored electronically and access to these was password protected. NHS smartcards to access summary care records and electronic prescriptions were not shared. Screens containing sensitive information were not visible to the public. The staff had access to cordless phones and could move to quiet areas of the pharmacy to make phone calls out of earshot of waiting customers. The team explained there were sometimes problems with poor audibility of phone conversations, but a planned upgrade was expected to resolve this.

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.