General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, 3-5 Harben Parade, Finchley Road, LONDON, NW3 6JP

Pharmacy reference: 1080593

Type of pharmacy: Community

Date of inspection: 26/02/2020

Pharmacy context

The pharmacy is located on the high street in a busy mixed commercial and residential area of north west London. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include anti-malarial medicines and seasonal flu vaccination. The pharmacy has healthy living status.

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	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 has up-to-date written procedures to make sure the pharmacy team works safely. The pharmacy keeps its records up to date to show that medicines are supplied safely and legally. The pharmacy team satisfactorily manages the risks involved in providing its services. And they make sure that people have the information they need so that they can use their medicines in the right way. They understand their role in protecting the welfare of vulnerable people and keeping people's information secure.

Inspector's evidence

Near misses were recorded online on Pharmapod along with other incidents such as controlled drug (CD) discrepancies. Information was reviewed centrally, and learnings were shared across the company monthly in a clinical governance report. One incident involving incorrect directions on the dispensing label had been discussed with staff and it was decided that reducing interruptions during dispensing and checking procedures would minimise future similar errors. A patient safety review (PSR) was compiled regularly detailing actions to improve patient safety such as separating 'lookalike soundalike' (LASA) medicines. So medicines such as rivastigmine and rivaroxaban had been separated in the dispensary to reduce picking errors due to having similar names. Medicines available in more than one strength had been separated to reduce near misses involving picking the incorrect strength. Since the introduction of scanning medicines in line with falsified medicines directive (FMD) picking errors were detected reducing the number of selection error near misses. The majority of errors related to quantity. As a result, staff had re-trained in the relevant standard operating procedures (SOPs) and reduced interruptions.

The clinical governance folder contained the business continuity plan to deal with providing services following systems failure. A pharmacy audit was conducted and included training in procedures on the training platform (Edge), record keeping, stock handling and use of the NHS cards. There was a weekly conference call to remind staff of current actions to complete such as public health campaigns. A poster in the dispensary detailed reporting of safeguarding and CD concerns. The GPhC poster of what the public can expect when visiting the pharmacy was displayed.

Workflow: baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated and medicine pack codes were scanned. If the medicine selected did not match the expected medicine on the dispensing label, the computer system alerted staff. This reduced picking errors. There was a separate checking area. The clinical and final accuracy check of prescriptions was completed by the pharmacist. Interactions between medicines for the same person were shown to the pharmacist as part of the clinical check. The dispensing audit trail on the dispensing labels was completed identifying staff involved in dispensing and checking prescriptions. There was a procedure for dealing with outstanding medication. The original prescription was retained and an owing slip was issued to the patient. For 'manufacturer cannot supply' items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

Multi-compartment compliance aids were prepared at a separate area of the dispensary bench by the pharmacist. Patients managed re-ordering of their own repeat prescriptions by calling or visiting the pharmacy or via the Superdrug Health Era App. New prescriptions were checked against the previous

prescription, discharge summary or backing sheet for changes. Queries were clarified with the patient or their doctor. There was a folder to retain patient information such as backing sheets. The backing sheet was not always reprinted when corrected due to changes in medication. The pharmacy liaised with the doctor's surgery when new patients were identified who would manage administration of medicines better if supplied in a compliance aid.

Following the visit, the pharmacist said each patient now had their own basket to retain compliance aids and a wallet to contain their information relating to preparation of the compliance aids. Baskets were stored on a dedicated shelf in the dispensary. Any interventions were recorded and dated to maintain an audit trail and a matrix was completed of information such as when prescriptions were received from the doctor. Backing sheets included a description identifying individual tablets and capsules. Patient information leaflets (PILs) were routinely supplied with each set of compliance aids. High-risk medicines such as sodium valproate and alendronate and CDs were generally supplied separately from the compliance aid. Levothyroxine tablets were supplied in the compliance aid and special instructions highlighted to ensure medicines were taken correctly or explained during a medicines use review.

Standard operating procedures (SOPs) were available online and included procedures for complaints, CD and responsible pharmacist. There were staff training records to show staff were up to date with training in line with the company standards audit. A staff member who served at the medicines counter was observed selling co-codamol tablets without following the sales protocol but later explained questions that should have been asked and advice to give prior to a similar sale. There was a poster of medicines liable to abuse which staff could refer to.

Patient feedback was obtained via the community pharmacy patient questionnaire and the practice leaflet was displayed. To protect patients receiving services, there was professional indemnity insurance in place provided by the National Pharmacy Association (NPA) expiring 31 Jan 2021. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. The CD registers were complete and the balance of CDs was audited weekly. A random check of the actual stock of MST 10mg tablets reconciled with the recorded balance in the CD register. The invoice number and supplier name but not always address were recorded for receipt of CDs. Footnotes correcting entries were signed and dated. Patient-returned CDs were recorded in the destruction register for patient-returned CDs. Records for supply of medicines for private prescriptions and unlicensed 'specials' were complete. The flu vaccination patient group direction (PGD) was in date, signed and filed with the pharmacist's declaration of competence.

The pharmacist and staff had undertaken General Data Protection Regulation (GDPR) training. Staff had signed confidentiality agreements and were using their own NHS cards. Confidential waste paper was collected for shredding. Posters titled 'NHS your data matters' and 'Accessible information standard' were displayed. The pharmacy computer was password protected and backed up regularly. The pharmacist had completed Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. Staff had completed safeguarding and dementia friends training.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members generally manage the workload within the pharmacy. They are supported in keeping their knowledge and skills up to date. Team members are comfortable about providing feedback to improve the pharmacy's services.

Inspector's evidence

Staff comprised: one full-time pharmacist, one part-time pharmacist, one full-time pre-registration pharmacist (enrolled on Buttercups pre-registration training course) and three part-time dispensers also accredited as medicines counter assistants (MCAs).

At the beginning of the visit, there was a backlog of prescriptions awaiting final check. The pharmacist explained that workload had increased when a nearby pharmacy had closed recently. Although the additional 15 staff hours had been agreed, recruiting a new staff member had not commenced yet due to available budget. The additional hours were being covered by existing staff or staff from other Superdrug stores. Staff made good progress clearing this backlog during the visit.

The regular pharmacist was the pre-registration tutor. The pre-registration pharmacist attended study days including a four-day residential training course and a mock pre-registration examination. There was protected learning time to undertake training. The company pre-registration co-ordinator emailed support resources to accompany training. There were regular appraisals every 13 weeks to monitor progress in pre-registration training.

Staff had had their own profile on the company online training platform (Edge) where they could access training topics such as SOPs relevant to their role, product knowledge, health and safety and GDPR. In line with the Pharmacy Quality Scheme (PQS) training had been completed in risk management (RM), sepsis, safeguarding and reducing LASA medicine errors. LASA medicines such as ropinirole and risperidone had been risk assessed.

Staff performance was monitored through an annual documented appraisal and interim review at six months. There were team meetings to provide updates such as introduction of new services. Staff were able to provide feedback and had suggested storing private prescriptions awaiting collection in one place in the retrieval system to make them easier to find. There was a whistleblowing policy. Staff said targets and incentives were not set in a way that affected patient safety and wellbeing.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are clean and mostly suitable for the services provided. The consultation room is clearly signposted so people can have conversations in private.

Inspector's evidence

The pharmacy was located at the rear of the store and the dispensary was elevated above the level of the medicines counter. The pharmacy was closed sometimes when the wider store was open. The pharmacy’s premises were generally clean. A cleaner swept the floor and removed rubbish twice a week. The cleaner was unaccompanied by pharmacy staff when the dispensary floor was swept. Ensuring there was no private information visible and that the cleaner was aware of confidentiality procedures was discussed. Lavatory facilities were not seen during the visit. The consultation room was signposted and locked when not in use. The consultation room was very small. There were health related leaflets displayed. There was sufficient lighting and air conditioning.

Principle 4 - Services ✔ Standards met

Summary findings

People with different needs can access healthcare services. The pharmacy gets its medicines from reputable suppliers and makes sure they are stored at the correct temperature. The pharmacy team members know what to do if any medicines need to be returned to the suppliers. They highlight prescriptions for high-risk medicines and provide people with the information they need to take their medicines safely. And they give advice to people about where they can get other support.

Inspector's evidence

There was wheelchair access to the pharmacy premises. Pharmacy team members could converse in or understand Gujarati, Hindi, Punjabi, Kosovan and Arabic to assist people whose first language was not English. Large font labels could be printed to assist visually impaired people. Patients were signposted to other local services such as the dentist, local family planning clinic for emergency hormonal contraception, A&E, and out of hours service. There was a folder containing signposting information. PGDs available included period delay and flu vaccination. Anti-malarial and other medication could be obtained on prescription through the pharmacy online prescribing service. Members of the public could access treatment for minor ailments and emergency supplies via the Community Pharmacist Consultation Service (CPCS). The current minor ailments service (NHS Camden) was being phased out due to the introduction of CPCS.

The pharmacy computer flagged up alerts when dispensing high-risk medicines including for sodium valproate. The pharmacist explained the procedure for supply of sodium valproate to people in the at-risk group. Information on the pregnancy prevention programme (PPP) would be explained. There was information to give to patients on PPP. The intervention was recorded on the PMR. The pharmacist was aware of the procedure for supplying isotretinoin following a negative pregnancy test result and within seven days of the date on the prescription. Information on the PPP would be explained. The treatment would be initiated by a consultant. The pharmacist said she would contact the prescriber and record the intervention regarding prescriptions for more than 30 days' supply of a CD. CD prescriptions were highlighted to ensure supply within the 28-day validity period.

There was an intervention screen to record interventions on the patient medication record (PMR). Prescriptions and the bag label were highlighted to prompt counselling to the patient. The pharmacist said when supplying warfarin, people were asked for their record of INR along with blood test due dates. INR was not always recorded on the PMR. Advice was given about side effects of bruising and bleeding along with advice about over-the-counter medicines and diet containing green vegetables and cranberries which could affect INR. People taking methotrexate were asked if they had regular blood tests and reminded about the weekly dose, when to take folic acid and care when handling methotrexate tablets. People were advised to seek medical advice if they developed an unexplained fever.

An audit had been conducted to identify people in the at-risk group taking sodium valproate and to explain the PPP. An audit had been completed to identify people for referral for prescription of a proton pump inhibitor for gastric protection while taking non-steroidal anti-inflammatory drugs (NSAID). Recent audits included monitoring dates of last foot checks and retinopathy screening for diabetic

people and people taking lithium to ensure they understood signs of toxicity and attended regular blood tests. There was an NHS Camden fall prevention service aimed at at-risk people. Staff would talk to the person and ask if they had fallen, were worried about falling or felt unsteady. After gaining patient consent, the pharmacist could refer the person for further investigation. An NHS Camden audit was being conducted of reasons for refusal to supply over-the-counter medicines.

The pharmacy had healthy living status. Health campaigns to increase public awareness had been conducted such as sepsis, Stoptober, Dry January, flu, antibiotic resistance, children's oral health and 'Help us to help you'. There were health related leaflets displayed on the consultation room door. LASA medicines had been risk assessed and separated to minimise picking errors.

Medicines and medical devices were obtained from Alliance and AAH. Floor areas were generally clear, and stock was neatly stored in the dispensary drawers and on the dispensary shelves. Stock was date-checked and recorded. No date-expired medicines were found in a random check. Medicines were stored in original manufacturer's packaging and the date of opening was marked on liquid medicines. Cold chain items were stored appropriately between two and eight Celsius. Uncollected prescriptions were cleared from retrieval every month and the patient was contacted. Prescriptions containing high-risk medicines, CDs and fridge items were highlighted. Waste medicines were stored separate from other stock and were collected by the contractor every month. Falsified medicines directive (FMD) hardware and software was operational at the time of the visit. Drug alerts were received, printed, annotated and filed in the clinical governance folder.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It uses these appropriately to keep people's private information safe.

Inspector's evidence

Current reference sources included BNF, NPA, EMC and Drug Tariff. The dispensary sink required treatment to remove lime-scale. There were stamped glass measures to measure liquids. Minimum and maximum fridge temperatures were monitored daily and found to be within range two to eight Celsius. The CD cabinet was fixed with bolts. The blood pressure monitor had been replaced recently. The vaccination sharps bin and the clinical waste bin were stored under lock and key. Pharmacy team members used their own NHS cards. Confidential waste paper was collected for shredding. Posters titled 'NHS your data matters' and 'Accessible information standard' were displayed. The pharmacy computer was password protected and backed up regularly.

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.