

# Registered pharmacy inspection report

**Pharmacy Name:** Superdrug Pharmacy, 15 High Street, YEOVIL,  
Somerset, BA20 1RQ

**Pharmacy reference:** 1084963

**Type of pharmacy:** Community

**Date of inspection:** 10/12/2019

## Pharmacy context

The pharmacy is located in the town centre of Yeovil. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicines Service (NMS), flu vaccinations, a smoking cessation service and the supply of emergency hormonal contraception. The pharmacy supplies medicines in multi-compartment compliance aids to people living in their own homes. It also offers services for drug misusers.

## 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 identifies its risk appropriately. Team members record their errors and review them. They identify the cause of errors and try to make changes to stop them from happening again. The pharmacy has written procedures in place for the work it does. It asks people for their views and acts appropriately on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy keeps the records required by law. And it keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had appropriate processes in place to monitor and reduce risks. Near misses were recorded online using the 'Pharmapod' system. Entries contained details of the error and a brief reflection on the cause and the learning points. Dispensing incidents were also recorded on Pharmapod and included a more detailed analysis of the cause. When errors were identified, they were discussed as a team to identify the potential contributing factors. 3 near misses had been reported in the preceding six months. The responsible pharmacist (RP) said that the low number of errors was mostly due to the dispensing process used, in that products were scanned before labels were applied. The patient medication record (PMR) system then flagged if the selected product did match that which had been labelled. Errors were reviewed in a monthly patient safety report completed by the RP and actions were generated to try to prevent a reoccurrence of errors. The patient safety report was discussed in a huddle. The RP said that pharmacy team members proactively highlighted drugs which had similar livery or unusual quantities to try and prevent errors. Following a handout error, the pharmacy team routinely checked the name and address on the prescription and bag label before handing to the person collecting.

Standard operating procedures (SOPs) were held online up to date and were regularly reviewed. A record of which SOPs had been read by staff was held on each individual's 'The Edge' account. Team members could access 'The Edge' on their smartphones. The RP checked understanding of SOPs through observation and questioning. She provided additional coaching as required. A dispenser could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges. The pharmacy had a business continuity plan in place. The RP described how, before implementing a new service, she would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. She would review staffing levels to ensure provision of the service could be maintained and would check that she and her staff had access to the appropriate tools and training to provide the service.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 62.5% of respondents had rated the pharmacy as very good or excellent overall. The pharmacy had addressed feedback that people did not always receive advice on living a healthy lifestyle by becoming a healthy living pharmacy. The RP said that she took every opportunity to provide lifestyle advice to people using the pharmacy. A complaints procedure was in place and was displayed in the retail area.

Professional indemnity and public liability insurances were provided by the NPA with an expiry of 31

January 2020.

Records of the RP were maintained appropriately and the correct RP certificate was displayed. Controlled drug (CD) registers were generally maintained appropriately. Balance checks were usually completed weekly. A random stock balance check of Matrifen 25mcg patches was found to be accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions and emergency supplies were made in a book and were mostly in order. But a record of the prescriber was not always made. Specials records were retained and the certificates of conformity contained all legally required details.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. Smart cards were used appropriately. Written consent was obtained where possible before summary care records were accessed. If written was not possible, verbal consent was obtained.

All staff were trained to an appropriate level on safeguarding. The RP and the two dispensers, who were completing the NVQ3 qualification, had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the escalation of concerns were accessed online. Pharmacy team members gave examples of when they had made appropriate safeguarding referrals.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. Team members receive training for their roles. They keep their skills and knowledge up to date and are supported in their development. Team members suggest and make changes to improve their services. They communicate well with each other.

### Inspector's evidence

Staffing levels were adequate on the day of the inspection. In addition to the RP, there were two NVQ2 trained dispensers, both of whom were working towards an NVQ3 qualification. The small team had a good rapport and felt they could manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours.

The pharmacy team reported that they were allocated protected time to learn during working hours, although some chose to complete their learning at home. Resources accessed included compulsory SOPs, CPPE packages and optional additional learning on 'The Edge'. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. Staff were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required.

The dispensers felt able to raise concerns and give feedback to the RP, who they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP said that the pharmacy was not set formal targets. She felt able to use her professional judgement to make decisions. She would only undertake services such as MURs that were clinically appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

### Inspector's evidence

The pharmacy was located in the town centre of Yeovil. There was a large, well-presented retail area which stocked a wide range of health and beauty products. The healthcare counter was at the rear of the shop and led through to a raised dispensary. A barrier was installed to prevent unauthorised access to the dispensary. An additional room in the stock room was dedicated to the preparation of multi-compartment compliance aids. But the dispensers said that they rarely used the room as it was very cold, choosing instead to prepare the compliance aids in the dispensary.

The dispensary was well organised and there was adequate bench space for dispensing. Stock was stored neatly on pull-out shelves. The fixtures and fittings were well maintained.

The pharmacy had a consultation room that was clearly advertised. It was of an adequate size and was soundproofed to allow conversations to take place in private. It was secured with a lock when not in use. The table in the room had lots of dents in it and did not present the most professional image.

Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers a range of additional services and the pharmacy team deliver these services safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had step-free access. The consultation room was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy. The RP was accredited to provide all of the promoted services. The RP described how if a patient requested a service not offered by the pharmacy, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online. Records of signposting referrals were made on the PMR.

Dispensing tubs were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedule 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. Stickers were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. Details of significant interventions were recorded on the patient medication record (PMR). Substance misuse services were provided for 3 people. The RP described how she would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

The pharmacy offered a range of additional services including flu vaccinations and a smoking cessation service. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The declaration of competence for all pharmacists administering flu vaccinations were seen. The regular pharmacist had completed training on injection techniques and anaphylaxis and resuscitation within the last two years.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. It also had the information booklets and cards to be given to eligible women and supplied these at each dispensing.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 50 people based in the community. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. But the backing sheet containing the details of the medicines inside the compliance aid were not secured appropriately and could easily be removed. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the checking process.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. A dispenser described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable , and this was found to be adequate.

The dispensary shelves used to store stock were generally organised and tidy. The stock was arranged alphabetically. Date checking was usually undertaken regularly and appropriate records were kept. Spot checks revealed no date expired medicines or mixed batches. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AAH. Invoices were seen to this effect. Records of recalls and alerts were received by email and were annotated with the outcome and the date actioned.

The pharmacy had the required hardware and software to be compliant with the Falsified Medicines Directive (FMD). But they were not currently checking products were FMD compliant on the national database. Team members made visual checks to ensure the tamper proof seal was intact. The Clinical Governance Manager confirmed after the inspection that FMD was live across all stores in the company. She later liaised with the pharmacy team to address the issues they had experienced in the FMD process and confirmed that their equipment was functional and fit for purpose.

The fridges in the dispensary were clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded.

Patient returned medication was dealt with appropriately. Patient details were removed from returned medicines to protect people's confidentiality.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Computers and telephones are used in a way that protects people's private information.

### Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible. The dispensary sink was clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system with no details visible to people waiting.

### 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.