

# Registered pharmacy inspection report

**Pharmacy Name:** Superdrug Pharmacy, 186 High Street, Slough, Berkshire, SL1 1JS

**Pharmacy reference:** 9011507

**Type of pharmacy:** Community

**Date of inspection:** 16/02/2022

## Pharmacy context

This pharmacy is situated within a Superdrug store in central Slough. It sells a range of over-the-counter medicines and it dispenses NHS and private prescriptions. It supplies some medicines in multi-compartment compliance packs to help make sure people take them safely. It also delivers medicines to people who can't visit the pharmacy in person. The pharmacy provides some other NHS services such as the Community Pharmacist Consultation Service (CPCS), the New Medicine Service (NMS), and needle exchange. And it offers winter flu vaccinations. This inspection was undertaken during the Covid-19 Pandemic.

## 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 risks adequately and it monitors the safety of its services. It has policies and procedures in place to help make sure that its team members work safely. The pharmacy has appropriate insurance for the services it provides. And it keeps all the records it needs to by law. Pharmacy team members keep people's private information safe. And they understand their role in protecting and supporting vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services it provided. These were available electronically but could be printed out if needed. SOPs were periodically reviewed and updated. The pharmacy team members were required to read the SOPs relevant to their roles. The pharmacist explained how the system required team members to complete a knowledge check to conform their understanding of each procedure.

The pharmacy had systems in place to help make sure the pharmacy operated safely. Company compliance checks were completed twice yearly by an external auditor and these were used to highlight areas for improvement. The pharmacy had systems for recording and reviewing errors and near misses in the dispensing process and some examples were seen. There was an audit trail on dispensing labels identifying team members involved in the process, although this was sometimes obscured by typed information. The pharmacy team members discussed learning points when they identified a mistake, and they reviewed their error records periodically to help identify common themes and learning points so they could stop the same issues happening again. The team members were aware of the risks associated with look-alike and sound-alike medicines. The company circulated regular communications to promote learning from significant incidents.

The pharmacy team members worked under the supervision of a pharmacist. The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. Team members explained their individual roles and responsibilities. The pharmacy had introduced some extra infection control measures due to the pandemic and team members wore face masks when working.

A complaints procedure was in place. People could provide feedback about the pharmacy in-store, online or by contacting the company's customer service department. Most concerns were resolved informally but they could be escalated to the superintendent's office if further input was needed.

The pharmacy had appropriate insurance arrangements in place. It maintained appropriate records including controlled drug (CD) registers, RP records and private prescription records. The pharmacy team checked the CD register's running balance regularly. 'Specials' records were generally in order.

The pharmacy had information governance policies. The team members understood the need to protect people's confidentiality and their personal information. Confidential material was stored securely. Confidential waste was segregated for collection and disposal by a licensed waste contractor. Pharmacists had completed level 2 safeguarding training and team members had completed company safeguarding training. The pharmacist knew how to access details for the relevant safeguarding

authorities online.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy generally has enough suitably qualified staff to deliver its services safely. And it encourages the pharmacy team members to complete training and keep their knowledge up to date. The team members work well together and communicate openly. And their professional judgement and patient safety are not affected by targets.

### Inspector's evidence

The pharmacy team consisted of two regular pharmacists who jointly shared management responsibility, a part-time dispenser and two part-time medicines counter assistants. At the time of the inspection a locum pharmacist was working with one of the regular pharmacists as she was new to the role and undertaking management tasks. Support staff included the part-time dispenser, a pharmacy undergraduate completing work experience and a hospital foundation student working temporarily at the pharmacy. This was not the usual staff profile as normally the RP worked with only one or two support staff most of the time. The RP occasionally worked alone in the pharmacy at the start or end of the day when it was quieter. The dispenser was working extended hours on an ongoing basis to provide extra support which suggested the current staffing profile should be reviewed. The pharmacy manager said they could request extra cover for staff absences, and they had sourced cover for the following week when one of the team members was on holiday. The pharmacy did not have an employed delivery driver and used a courier company when needed, to deliver dispensed medicines to people in their homes.

The pharmacy had a staff training programme and, after induction, team members were supported to undertake accredited training relevant to their roles if they had not already done this. Ongoing training was also provided, and the team members had recently completed training prior to the launch of the NHS Blood Pressure Checks Service. The two students had completed a basic induction prior to starting their work experience so they understood key procedures and the limitations of their roles. The dispenser had completed a dispensing assistant training qualification and was intending to progress to level three training; however, details of accredited courses and certificates were not available as they were kept at another location.

Staff worked under supervision and worked well together, so prescriptions were processed in a timely manner and people were served promptly. The team members communicated openly and could clearly explain how tasks were completed. They felt supported in their roles and could seek advice and guidance from head office when needed. Pharmacies in the local region could communicate and support each other through a messaging platform. Informal team briefings were held to disseminate information. And team members had annual reviews to monitor their performance and development,

The pharmacist didn't feel their professional judgement was affected by company targets which were calculated based on the pharmacy's previous performance. The team were congratulated when targets were met, but extenuating circumstances were considered, and they did not feel under pressure to meet them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has consultation facilities which are used for some services such as vaccinations, and so the pharmacy team can speak to people in private.

### Inspector's evidence

The pharmacy was situated in a designated area at the back of a larger store. It was open plan, but the medicines counter separated the dispensary from the main store. There was a lockable door restricting access and second door to the dispensary, and these were locked when the pharmacy closed. CCTV monitored the pharmacy area. Clear screens had been fitted to the counter as an infection control measure.

A consultation room was situated adjacent to the dispensary. It was spacious and well-equipped with a desk and two chairs, a sink, additional bench space, and a medical fridge for storing vaccines. The room was locked when not in use to keep its contents secure. Signs on the door indicated its use so members of the public were made aware of this facility.

The pharmacy was bright, professionally presented and air-conditioned. The dispensary was reasonably clean and tidy. The dispensary had sufficient workbench and storage space for its current workload.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are suitably safe and effective, so people receive appropriate care. It gets its medicines from reputable sources and it stores them securely. The pharmacy team members make checks and manage medicines to make sure they are fit for purpose and suitable to supply.

### Inspector's evidence

The store had step-free access from the street, the main entrance had double automatic doors and aisles leading to the pharmacy were free from obstructions, so access to the pharmacy was unrestricted. Signs were used to promote the pharmacy and its services. The pharmacy offered a home delivery service. It was open Monday to Saturday. The main store also traded on Sundays when the pharmacy was closed.

The dispensing service was well managed. Baskets were used to separate individual prescriptions and medicines during dispensing to prevent these becoming mixed up. The pharmacy used a retrieval system to store dispensed medicines awaiting collection. There was a basic audit trail for home deliveries. Stickers were sometimes used to identify any completed prescriptions containing higher risk medicines which required extra checks or counselling. The pharmacy manager was aware of the guidance about pregnancy prevention to be given to people in the at-risk group who took sodium valproate. Pharmacist interventions were documented on the patient medication record (PMR) but details seemed to be lacking on one record checked. So, interventions may not always be consistently recorded which may affect a person's ongoing care.

The pharmacy provided multi-compartment compliance packs for people who needed them. Records were kept for each compliance packs so medication changes could be monitored and queried if needed. Team members labelled compliance packs with a description of each medicine, including colour and shape, to help people to identify them. But backing sheets containing labels were not secured to the compliance pack so there was a risk that these could be misplaced or lost. Patient information leaflets (PILs) were provided with compliance packs.

Sales of pharmacy medicines were supervised by the pharmacist and there were protocols in place. Staff received training on high-risk over the counter medicines such as codeine containing painkillers and pseudoephedrine, so the knew to be vigilant when selling these.

Recognised licensed wholesalers were used to obtain stock medicines which were stored in an organised manner in the dispensary. CDs were stored in a cabinet which was securely fixed, and access was restricted to pharmacists only. Date expired and patient returned CDs were segregated in the cabinet. Patient returned CDs were recorded and destroyed using denaturing kits. Medicines were stored in their original containers at an appropriate temperature. Medical fridge temperatures were monitored. The pharmacist explained how date checking was carried out on a regular basis and short dated stock was highlighted and removed from the shelves in advance of expiry. Unwanted medicines and sharps were segregated and placed in designated bins. A random check of the stock found no expired items. Alerts and recalls were received to the pharmacy via email messages from head office and the MHRA. A recent alert had been actioned. An audit trail was kept so the pharmacy could

demonstrate this.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities to provide its services safely. Equipment is appropriately maintained and used in a way which protects people's privacy.

### Inspector's evidence

The pharmacy team had access to the internet and appropriate reference sources including the latest versions of the British National Formulaires (BNF). The dispensary sink was clean and had hot and cold running water. The pharmacy had glass liquid measures used to prepare medicines, and equipment for counting loose tablets and capsules as well as disposable containers for dispensing medicines. The pharmacy team had access to personal protective equipment and sundries necessary for the provision of vaccination services such as anaphylaxis equipment and sharps bins.

There were two medical fridges for storing medicines. Blood pressure meters were CE marked and supplied by head office. The pharmacy had two computer terminals in the dispensary and an additional one in the consultation room, so sufficient for the volume and nature of the services. Computer screens could not be viewed by members of the public. Access to computer systems was password protected and team members used individual smartcards to access NHS data. Telephone calls could be taken out of earshot of the counter. All electrical equipment appeared to be in working order.

### 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.