

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, 21-25 Union Street, Torquay, Devon, TQ1 1ES

Pharmacy reference: 9011714

Type of pharmacy: Community

Date of inspection: 30/03/2022

Pharmacy context

The pharmacy is located in the centre of Torquay. 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 the NHS New Medicine Service (NMS) and the supply of medicines to drug misusers. It also supplies medicines in multi-compartment compliance aids to people living in their own homes.

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 identifies and manages its risks appropriately. Team members record their errors and review them to identify the cause of errors. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. The pharmacy responds appropriately when it receives feedback. It has adequate insurance to cover its services. And it keeps all of the records required by law. 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 relocated from a nearby premises in October 2021. The inspection took place during the COVID-19 pandemic. The pharmacy had completed a risk assessment of the impact of COVID-19 on the pharmacy and its services. Each team member had had an individual risk assessment completed to help identify and protect those at increased risk. All team members were self-testing for COVID-19 twice each week using lateral flow tests. They wore face masks to help reduce the risks associated with the virus. And they washed their hands or used hand sanitisers regularly. The pharmacy had a business continuity plan in place.

The pharmacy had processes in place to manage and reduce its risks. Any near miss errors were reported on the internal healthcare safety portal. The number of near misses was very low. The dispenser said that this was because they were required to scan the barcode of medicines as they were dispensed. The patient medication record (PMR) system then alerted the dispenser if the incorrect product had been selected. The main errors recorded when the incorrect quantity dispensed. Team members now took additional care to check quantities were correct, particularly when dispensing from opened packs. Dispensing incidents were also reported on the internal healthcare safety portal. Team members completed a more detailed reflection on why the incident had happened and what needed to change to prevent a reoccurrence. They discussed any near misses and dispensing errors as a team to learn from them. The pharmacy also received a monthly clinical excellence newsletter from head office. All team members read it and any issues affecting the pharmacy were discussed as a team.

The pharmacy had standard operating procedures (SOPs) which were regularly reviewed. A record of completion was available on each individual's e-learning account. The SOPs reflected how the pharmacy team worked. The SOPs had been updated to reflect changes made to processes during the COVID-19 pandemic. The dispenser could describe the activities that could not be undertaken in the absence of the RP. Team members had clear lines of accountabilities and were clear on their job role.

Feedback was usually obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. But this had been suspended during the COVID-19 pandemic. A complaints procedure was in place and was displayed in the retail area. The pharmacy kept a copy of any formal complaints and what action had been taken to resolve them. Public liability and professional indemnity insurances were in place.

A record of who had acted as the responsible pharmacist (RP) each day was maintained on the PMR system. Whilst there were no missing entries, pharmacists frequently forgot to sign out at the end of the day. The dispenser said that she would ensure this was included as part of the end of day process

going forward.

Controlled drug (CD) registers were in order. Balance checks were completed regularly. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions were made in a book and were in order. The pharmacy did not generally make emergency supplies and referred people to NHS111. Specials records were maintained, and certificates of conformity were stored with all required details completed.

All team members had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste were 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. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed and a record of access was made on the person's PMR.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the referral of concerns were available. Team members were aware of signs of concerns requiring escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs enough people to manage its workload. Team members receive time in work to complete training for their roles and keep their skills up to date. They are confident to suggest and make changes to the way they work to improve their services. The team communicates effectively. And they work well together to deliver the pharmacy's services.

Inspector's evidence

On the day of the inspection, there was a locum RP, a dispenser and a medicines counter assistant (MCA). There were also team members working in the unregistered retail section of the store, including the store manager. There was another dispenser and a pharmacy technician who were not working at the time.

The team felt that they could comfortably manage the workload with current staffing levels. One team member was stepping up to the pharmacy manager role. The dispenser and MCA felt well supported by her and the store manager. The dispenser had completed an accredited training course and had plenty of experience of working in pharmacies. She was seen to coach and support the MCA, who had only recently joined the pharmacy. The MCA was registered on an approved training course but had not been able to start working through it as the pharmacy had no regular pharmacist to act as her tutor at that time. She planned to ask a regular locum to support her. She was observed giving appropriate advice when selling medicines over the counter and checked advice with the pharmacist when needed.

Team members were given time during working hours to learn. This included reading SOPs and learning about new products or systems. The company also provided regular training on clinical issues which team members could access on their e-learning account. They kept records of their learning and certificates and stored them in a folder.

The team gave each other regular ad hoc feedback and there was a culture of openness and honesty. They all had a yearly performance review. The team felt confident to discuss concerns and give feedback to the pharmacy manager, who they found to be receptive to ideas and suggestions. They felt able to make suggestions for change to improve efficiency and safety. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The RP said that he had not been set formal targets whilst working in the pharmacy. He used his professional judgement to make decisions and described that all services undertaken 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 introduced specific measures to reduce the spread of COVID-19, including regular cleaning and social distancing. 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 centre of Torquay. It had recently relocated from a premises on the same street. There was no vehicle access to the pharmacy after 10am each day due to restrictions on the street. But there was a large carpark nearby. There was a large retail area and the pharmacy was located to the rear of the shop. Only the dispensary, the healthcare counter and the consultation room were registered with the General Pharmaceutical Council.

The pharmacy had a large, soundproofed consultation room which was well advertised. It was locked when it was not in use and no confidential information was stored in it.

The dispensary was large enough to accommodate the workload. It had a locked barrier which prevented members of the public accessing it. The dispensary was well organised. Stock was stored neatly in pull-out drawers, all of which were in good working order.

Team members cleaned the pharmacy every day and made records of this in a daily log. The healthcare counter had clear Perspex screens fitted to protect team members from COVID-19. Hand sanitiser was available throughout the pharmacy.

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 obtains its medicines from reputable suppliers. It stores them securely and makes regular 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 range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Team members explained that if a person requested a service not offered by the pharmacy at the time, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense and accuracy check prescriptions. Team members initialled the labels of dispensed items when dispensed and checked.

The pharmacy used stickers to identify prescriptions that contained CDs, fridge items and high-risk medicines. Stickers were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. The RP ensured he spoke to anyone receiving high-risk medicines to ensure relevant blood tests had been completed and to check that doses were correct. He made notes on the person's PMR of any significant counselling given. The pharmacy provided substance misuse services to a small number of people. The RP described that he 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 was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) but received few referrals. It had supplied lateral flow tests to the public as part of the 'Pharmacy Collect' scheme until the service had ceased on 31 March 2022.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). 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 people receiving prescriptions for valproate. The pharmacy had the information booklets and cards to hand out as appropriate. Notes were placed on the PMR of people at risk of becoming pregnant receiving valproate to confirm a discussion about PPP had taken place.

Multi-compartment compliance aids were prepared by the pharmacy for a small number of people

based in the community. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid was clearly labelled. Team members signed to show who had dispensed and checked the compliance aid. And they wrote a description of the tablets included so that they could be easily identified. 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 clinical checking process.

The dispensary shelves used to store stock were well organised and tidy. The stock was generally arranged alphabetically. Certain groups of medicines were stored out of alphabetical order including those prescribed for diabetes and contraceptives. Date checking was undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. Spilt packs were annotated with the expiry date and batch number. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources. Records of recalls and alerts were annotated with the outcome and the date actioned and were stored in the pharmacy.

The fridge 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. There was one CD cabinet in use which was very full. The pharmacy had a second, larger CD cabinet but it was not bolted to the floor and was therefore not used. The team said that they had requested it be secured by the maintenance team as they would find the additional storage space useful. But it had not yet been done. A denaturing kit for the safe destruction of CDs was on order. Patient returned CDs were recorded in a register and destroyed in the presence of a witness.

The pharmacy used an external courier (CitiSprint) to deliver medicines to people's homes. The pharmacy contacted people in the morning of their delivery to ensure they would be home. But the pharmacy frequently found that despite this call, they were not home when the courier attempted delivery. Undelivered items were returned to the pharmacy promptly. The dispenser would then always try to make contact with the person again to check they were safe. The courier returned the records of deliveries made to the pharmacy and these were kept for an audit trail. Logs were kept of deliveries made to people in their own homes. Patient returned medication was dealt with appropriately.

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. The pharmacy uses its equipment in a way that protects people's private information.

Inspector's evidence

The pharmacy had crown-stamped measures available to measure liquids, with several marked for the use of CDs only. A range of clean tablet and capsule counters were present, with a separate triangle reserved 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 on shelves 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.