

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, Within Savers Store, Units J&K, Wellgate Shopping Centre, Dundee, Angus, DD1 2DB

Pharmacy reference: 9011868

Type of pharmacy: Community

Date of inspection: 11/10/2023

Pharmacy context

The pharmacy is located in a retail store within a shopping centre in the city of Dundee. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. It supplies some people with their medicines in multi-compartment compliance packs. And it dispenses serial prescriptions as part of the Medicines: Care and Review service.

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
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 suitably manages risk to help its team provide safe services. Members of the team keep the records that are needed by law. They keep people's private information safe. And they know what to do to help protect the health of vulnerable people. They discuss mistakes they make when dispensing so that they can learn from them.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) to help team members manage risks. The SOPs were all kept electronically, and each team member had an individual login to the electronic platform to access them. The pharmacy superintendent (SI) reviewed the SOPs on a regular basis. Team members read the SOPs relevant to their role and completed a short assessment to confirm their understanding of them. They were observed working within the scope of their roles. Team members were aware of the responsible pharmacist (RP) regulations and of what tasks they could and couldn't do in the absence of an RP.

Pharmacy team members recorded any mistakes they identified during the dispensing process, known as near misses. These were recorded on an electronic near miss record. They explained that an error would be highlighted to them by the pharmacist, and it was their responsibility to enter it onto the record. This allowed them to reflect on the mistake. The pharmacy manager reviewed the near miss record monthly to identify any trends and patterns. This was recorded on a patient safety report. A common trend found from this analysis included an increase in spelling errors whilst labelling prescriptions. The team had discussed the increase in errors and agreed to double check prior to printing the dispensing label to reduce the recurrence of this type of error. Team members also recorded details of any errors which were identified after the person had received their medicines, known as dispensing incidents. These incidents were recorded on an electronic platform and were then reviewed by the SI team. A poster was displayed in the retail area for people to scan a quick response (QR) code to share feedback of pharmacy services. The feedback was reviewed by head office. The team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the complaint, they would escalate to the manager or SI office.

The pharmacy had current professional indemnity insurance. The RP notice displayed contained the correct details of the RP on duty, and it could be seen clearly from the retail area. The RP record was in order. The pharmacy held its controlled drug (CD) register on paper. And from the entries checked, it appeared to be in order. The physical stock levels of CDs were checked against the balances recorded in the CD register every week. There was a record of patient returned CDs in a register and this was maintained to date. The pharmacy held certificates of conformity for unlicensed medicines and full details of the supplies were included to provide an audit trail. Accurate records of private prescriptions were maintained.

Team members were aware of the need to keep people's information confidential. They were observed separating confidential waste for collection by a third-party contractor for secure destruction. The pharmacy stored confidential information in staff-only areas and in secure locked cupboards within the consultation room. Pharmacy team members had completed learning associated with their role in protecting vulnerable people. They understood their obligations to manage safeguarding concerns and

were familiar with common signs of abuse and neglect. They knew to discuss their concerns with the pharmacist and had access to contact details for relevant local agencies which were displayed in the dispensary. The pharmacist was a member of the Protecting Vulnerable Groups (PVG) scheme.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient team members with the right qualifications and knowledge to manage its workload and provide its services. The pharmacy supports its team members to complete appropriate training for their roles and keep their skills up to date. Members of the team work well together and communicate effectively. And they are comfortable raising concerns should they need to.

Inspector's evidence

The pharmacy employed a full-time pharmacist manager. There was a small pharmacy team including a trainee pharmacy technician who was also the dispensary team leader. Team members had all completed accredited training or were enrolled on an accredited training course. They were observed working well together and managing the workload. Planned leave requests were managed so that only one team member was absent at a time. Part-time staff supported by working additional hours during periods of planned leave. And there was additional locum dispenser support available if required.

All team members received protected learning time per week which equated to 10% of their employed hours. And those on accredited training courses received additional learning time. They had access to an online learning platform where they completed additional training relevant to their roles. Team members had recently completed training on General Data Protecting Regulation (GDPR). The team had regular meetings where they discussed any learnings from near misses or dispensing incidents and alerts from head office. They felt comfortable to raise any concerns to their manager and area manager. Team members received a formal appraisal annually.

Team members were observed asking appropriate questions when selling medicines over the counter and referring to the pharmacist when necessary. They explained how they would identify repeated requests from people for medicines subject to misuse, for example, codeine containing medicines. And that they would refer repeated requests to the pharmacist. The pharmacist explained they had received repeated requests for codeine linctus and had informed the local controlled drug accountable officer (CDAO).

The team were set some targets to achieve by the company. These included prescription items and pharmacy services. Team members felt they were achievable and allowed them to continue providing a safe service to people.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and the team maintain them to a high standard. It has a private consultation room where people can have confidential conversations with a pharmacy team member.

Inspector's evidence

The pharmacy had recently moved to new premises that were secure and maintained to a high standard. It was clean and organised throughout. The pharmacy workspace was well organised with designated areas for completion of pharmacy tasks and suitable storage of prescriptions. There was a separate area to the side of the dispensary to dispense medicines into multi-compartment compliance packs. The pharmacy was regularly cleaned and there was a log showing when this had been completed. The medicines counter could be clearly seen from the dispensary which enabled the pharmacist to intervene in a sale when necessary. There was a good- sized consultation room, which was suitably equipped and fit for purpose. And it had a hatch to the dispensary to allow for supervision of a substance misuse service. This space allowed team members to have private conversations with people. The consultation room was lockable to prevent unauthorised access when not in use. Team members had access to storage lockers in the stock room of the retail store. These were used to store stock pharmacy medicines and multi-compartment compliance packs. The lockers were locked at all times and only authorised pharmacy team members had access to the keys.

There was a clean, well-maintained sink in the dispensary used for medicines preparation and team members had access to staff facilities and hand washing facilities. The pharmacy kept heating and lighting to an acceptable level in the dispensary and retail area. There were chairs in the retail area that provided a suitable waiting area for people receiving clinical services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers services that are well managed and easy for people to access. It receives its medicines from licensed wholesalers and stores them appropriately. The team carries out checks to help ensure medicines are kept in good condition and safe to supply.

Inspector's evidence

The pharmacy had good physical access with a level entrance into the shopping mall and retail store. The pharmacy displayed its opening hours and services at the entrance to the retail store. The team kept a range of healthcare information leaflets for people to read or take away. The pharmacy provided separate areas for labelling, dispensing, and checking of prescriptions. Team members used dispensing baskets to safely store medicines and prescriptions throughout the dispensing process. This helped manage the risk of medicines becoming mixed-up. Team members signed dispensing labels to maintain an audit trail. The audit trail helped to identify which team member had dispensed and checked the medicine. The pharmacy gave owing slips to people when it could not supply the full quantity of medicines prescribed. And it offered a delivery service and kept records of completed deliveries including CDs.

Team members demonstrated an awareness of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They explained how they would highlight any prescriptions for valproate for the attention of the RP. They knew to apply dispensing labels to the packs in a way that avoided covering up the written warnings on them.

The pharmacy supplied some people with their medicines dispensed into multi-compartment compliance packs to help them better manage their medicines. Team members used a calendar tracker to help them plan and monitor the dispensing process. They used medication record sheets which contained a list of each person's medicines and dosage times. And they cross referenced prescriptions with the medication record sheets to make sure prescriptions were accurate. They documented any changes to the person's medication regime on these sheets. For example, if a treatment had been stopped. The packs were annotated with detailed descriptions of the medicines inside which allowed people to distinguish between each medicine within the compliance pack. The pharmacy supplied the packs with patient information leaflets, so people had access to full information about their medicines. The compliance packs were signed by the dispenser and RP so there was a full audit trail of who had been involved in the process. Team members managed the dispensing of serial prescriptions as part of the Medicines: Care and Review (MCR) service. The prescriptions were stored alphabetically, and people telephoned the pharmacy to advise that they required their next prescription supply. This allowed the team to dispense medicines in advance of people collecting. The NHS Pharmacy first service was popular. This involved supplying medicines for common clinical conditions such as urinary tract infections under a patient group direction (PGD). The pharmacist could access the PGDs electronically. Team members would record patient details and symptoms on a consultation form before referring to the pharmacist to prescribe a medicine in line with the NHS Pharmacy First Tayside formulary. Team members also dispensed CDs for a supervised substance misuse service using an automated dispensing machine. The machine had fingerprint recognition technology and the pharmacist checked the person's name, address, and dose of medicine before supply.

The pharmacy obtained its stock medicines from licensed wholesalers and stored them tidily in drawers. Team members had a process for checking expiry dates of the pharmacy's medicines. Short-dated stock which was due to expire soon was highlighted and rotated to the front of the shelf, so it would be used first. The team advised that they were up to date with the process and kept a record of checks they had completed. The team marked liquid medication packs with the date of opening to ensure they remained suitable to supply. The pharmacy had a medical grade fridge to store medicines that required cold storage and it was operating within the correct temperature range. Team members monitored and recorded the temperature every day. This provided assurance that the fridge was operating within the accepted range of between two and eight degrees Celsius. The pharmacy received medicine alerts electronically through email. The team actioned the alerts and kept a printed record of the action taken. They returned items received damaged or faulty to manufacturers as soon as possible.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to support the safe delivery of its services. It maintains its equipment to ensure it remains fit for purpose and safe to use. And its team members use the equipment appropriately to protect people's confidentiality

Inspector's evidence

Team members had access to up-to-date reference sources including the British National Formulary (BNF) and the BNF for children. And there was access to internet services. The pharmacy had a range of CE marked measuring cylinders which were clean and safe for use. And it had a set of clean, well-maintained tablet counters. The pharmacy used an automated measuring machine for dispensing of some CD liquids that was calibrated before use and regularly cleaned. And it documented when these tasks were completed on an electronic log.

The pharmacy stored dispensed medicines awaiting collection, in a way that prevented members of the public seeing people's confidential information. The dispensary was screened, and computer screens were positioned to ensure people couldn't see any confidential information. The computers were password protected to prevent unauthorised access. The pharmacy had cordless telephones so team members could move to a quiet area to have private conversations with people.

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.