

Registered pharmacy inspection report

Pharmacy Name: Superdrug Pharmacy, Unit 10, 35 New Square,
West Bromwich, West Midlands, B70 7PR

Pharmacy reference: 9012321

Type of pharmacy: Community

Date of inspection: 25/07/2024

Pharmacy context

This is a community pharmacy located on a new retail park in West Bromwich town centre. People who use the pharmacy are either from the local community or have travelled to the retail park from further afield. The pharmacy dispenses NHS prescriptions, and it provides NHS funded services such as Pharmacy First, blood pressure testing and sexual health services. The pharmacy team dispenses some medicines into multi-compartment compliance packs for people to help make sure they remember to take them.

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 manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. And team members understand their role in protecting vulnerable people and they keep people's personal information safe.

Inspector's evidence

The pharmacy had moved to its current location in February 2024. It had relocated from a premises about 0.4 miles away. The pharmacy had been operating from the old premises for a number of years and was well-established. The new premises had been fitted out to a high standard and it was much larger, brighter and more modern than the previous premises. The pharmacist manager and the pharmacy team had all worked at the old premises.

The pharmacy was part of a large chain of pharmacies located across the country. A range of corporate standard operating procedures (SOPs) were available which covered the activities of the pharmacy and the services provided. SOPs were held electronically, and different SOPs and training modules were uploaded to the team members personal training library dependent on their job role. Each SOP was electronically signed by the team member to confirm that they had read it. The pharmacist manager had access to a reporting function and was able to demonstrate that each member of the team had read SOPs that were relevant to their job role. Roles and responsibilities were highlighted within the SOPs.

Many of the pharmacy's processes and records were managed electronically which meant that records were easily accessible. Near miss records were recorded electronically and the system summarised the number of near misses recorded. The pharmacy team gave some examples of different types of mistakes and demonstrated some examples of how processes had been adapted to try and avoid the same mistake happening again. The near miss log and summary was reviewed by the pharmacist manager on a monthly basis and the learnings were recorded so they could be shared with the team. The outcome of the review was recorded electronically and used to create an annual patient safety review for the NHS Pharmacy Quality Scheme (PQS) report. Dispensing errors were recorded, reviewed and reported to head office using the electronic system. Head office reviewed the error and contacted the pharmacist manager if anything else was required or had been missed. A weekly healthcare update was issued by head office, and a monthly clinical governance newsletter was sent from the pharmacy superintendent. The newsletters contained information about company, NHS initiatives and learning from pharmacies across the company. Newsletters were read by the pharmacist manager and the pharmacy team, and they explained some of the key points from recent issues.

The pharmacist completed a daily pharmacy audit when they signed in as responsible pharmacist. The checks were carried out and recorded in a book. The checks included a CD key audit trail compliance and fridge temperature checks. Company auditors completed an unannounced pharmacy safe and legal

audit every 6 months. Various aspects of the pharmacy were checked to cover GPhC standards, NHS contractual requirements, pharmacy law and trading standards. The pharmacist manager was sent a summary of the findings and the pharmacy had scored very highly on the previous audit. The team demonstrated how the procedure for ensuring private prescriptions were recorded accurately had been reviewed following the audit.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales and discussed how she managed requests for codeine containing medicines.

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written or by contacting head office. The pharmacy team members tried to resolve issues that were within their control and involved head office if they could not reach a solution. The pharmacist manager was not aware of any formal complaints being made recently. They had noticed an increase in prescription items being dispensed, and medicine sales since they had moved to their new location.

The pharmacy had up-to-date professional indemnity insurance. The RP notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and two random balance checks matched the balances recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements.

Confidential waste was stored separately from general waste and destroyed securely by a specialist company. The pharmacy team members had their own NHS Smartcards and they confirmed that passcodes were not shared. The pharmacist manager had completed accredited safeguarding training and the rest of the team completed some online safeguarding training. The pharmacy team demonstrated that they understood what safeguarding meant. A dispensing assistant gave examples of types of safeguarding and wellbeing concerns that she had come across and described what action she had taken to support the person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. Team members plan absences in advance, so the pharmacy has enough staff cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacist manager, two trained dispensing assistants, and a home delivery driver. There were other non-pharmacy team members working within the store. The pharmacy team were managed by a separate pharmacy leadership team within the company and did not report to the store manager. Holiday requests were discussed with the pharmacist manager and cover was provided by other staff members as required. There was a vacancy for another part time member dispensing assistant, and a trainee pharmacist was due to start their foundation training in the summer.

The pharmacy team were observed working well together and helped each other by moving from their main duties to help with more urgent tasks when required. The team discussed any pharmacy issues as they arose and the pharmacy team used an encrypted instant messaging service to share information.

Training was uploaded onto the team member's eLearning library. There were mandatory modules and additional optional modules. The team members had regular appraisals with their line manager based on a company appraisal document. Pharmacy team members said that they could raise any concerns or suggestions with the pharmacist manager or head office and felt that they were responsive to feedback. Team members said that they would speak to other members of the team, or the GPhC if they ever felt unable to raise an issue internally. The details of confidential whistleblowing helplines were displayed in the staff areas. The company carried out regular staff satisfaction surveys and the outcomes and next steps were shared with the team.

The pharmacist manager was observed making herself available throughout the inspection to discuss queries with people and giving advice. Some targets for professional services were set by head office. The pharmacist manager felt that most of the targets were realistic and achievable, and that her line manager would discuss the reasons why other targets were not met.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can speak to the pharmacy team in private when needed.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the store management or head office. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter. A secure area of the stockroom was available for the pharmacy team to use as additional storage space.

The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a private soundproof consultation room which was signposted to people using the pharmacy. The consultation room was professional in appearance. The door to the consultation room remained locked when not in use to prevent unauthorised access.

The dispensary was clean and tidy and was cleaned by pharmacy staff and an in-store cleaner. The sinks in the dispensary and staff areas had hot and cold running water, hand dryer and hand soap were available. The store had an air-conditioning system which regulated the temperature. Lighting was adequate for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy was in a new retail park which was on the edge of the town centre. The shop had step free access from the car park and an automatic front door. Pharmacy staff could speak to people in English, Punjabi, Urdu and Hindi. The team spoke with people in Punjabi regularly and felt that this helped give people information about their medicines or pharmacy service. The pharmacy staff used local knowledge and the internet to refer people to other providers for services the pharmacy did not offer.

Private prescriptions for the Superdrug online prescribing service were dispensed in branch and the service was popular. The pharmacy was alerted when there was a prescription to dispense. The team had recently received an update from the prescribing service about supplying prescriptions for weight loss medication and had been asked to alert the prescribing service if they supplied medication to a patient who appeared to not meet the body mass index criteria to be eligible for the service.

The pharmacy offered the NHS Pharmacy First service. The service was clearly advertised to people using the pharmacy. The team had undergone training and had read training materials. They had quick reference guides and the NHS PGDs (patient group directions) and supporting documentation were available for reference.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. The team had a clear understanding of the risks associated with the use of valproate containing medicines during pregnancy, and the need for additional counselling. They knew to supply valproate containing medicines in original containers.

Multi-compartment compliance packs were supplied to people in the community. Prescriptions were requested from the surgeries to allow for any missing items to be queried with the surgery ahead of the intended date of collection or delivery. A sample of dispensed compliance pack prescriptions were labelled with descriptions of medication. The backing sheets were not fixed to the inside of the tray which increased the risk that they could be lost. Patient information leaflets (PILs) were not always supplied, this meant that people may not have all of the information that they required about their medicines. These points were discussed during the inspection and the team agreed to review them. The pharmacy team carried out a suitability assessment for patient's that requested to have their medicines dispensed into compliance packs.

The dispensary and pharmacy medicines were date checked regularly and short dated stock was listed and marked so that it could be removed from the shelf prior to its expiry date. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in designated bins. Drug recalls were received electronically and marked when they were actioned.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridge was working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team uses it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF) and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough computer terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available. Equipment for clinical consultations had been suitably procured and was stored appropriately. Some of the equipment was single use, and ample consumables were available.

Computer screens were not visible to members of the public. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.