

# Registered pharmacy inspection report

**Pharmacy Name:** Asda Pharmacy, Asda Store, Main Road, Bilton,  
HULL, North Humberside, HU11 4AL

**Pharmacy reference:** 1032113

**Type of pharmacy:** Community

**Date of inspection:** 12/03/2020

## Pharmacy context

This pharmacy is in an Asda supermarket. The pharmacy dispenses NHS and private prescriptions. The pharmacy supplies some medicines in multi-compartment compliance packs to help some people take their medicines. The pharmacy provides the seasonal flu vaccination service and malaria prophylaxis medicines. And the supervised methadone consumption 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
<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 team identifies and manages the risks associated with its services. The pharmacy team members respond appropriately when errors happen. They record their errors and review them. The team uses this information to take appropriate action to help prevent similar mistakes happening again. The team members have training and guidance to respond to safeguarding concerns. So, they can help protect the welfare of children and vulnerable adults. The pharmacy has arrangements to protect people's private information. And people using the pharmacy can raise concerns and provide feedback. The pharmacy keeps the records it needs to by law.

### Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of services. The SOPs covered areas such as dispensing prescriptions and controlled drugs (CDs) management. The pharmacy kept the SOPs electronically. The team members accessed the SOPs and answered a few questions to confirm they had read and understood the SOPs. Each team member had their own password to access the SOPs and other training modules. The pharmacist manager received alerts about new SOPs or changes via an internal notification system. The pharmacy had up-to-date indemnity insurance.

On most occasions the pharmacist when checking prescriptions and spotting an error asked the team member involved to find and correct the mistake. The pharmacy kept records of these near miss errors. A sample of near miss error records looked at found that the team usually recorded details of what had been prescribed and dispensed to spot patterns. But team members did not always record their thoughts on what caused the error and the actions they had taken to prevent the error happening again. The near miss error record had a section to record a weekly review to identify patterns. But in the sample of records looked at this section was not completed. The pharmacy recorded dispensing incidents electronically and shared them with the team. These were errors identified after the person had received their medicines. After an error involving the supply of medicines in multi-compartment compliance packs the team added a note about the error to the medication list that was kept with the packs. The note reminded the team of the error and advised the team to double check where the medicines had been placed in to the packs. The team used the person's electronic medication record (PMR) to record details of the error and the reminder to double check the medicines placed in to the packs.

One of the regular pharmacists undertook monthly reviews of the error records to spot patterns and make changes to processes. And discussed the outcome of the review with the team. There were no recent reviews in the pharmacy at the time of the inspection. The pharmacist had taken them offsite to refer to when compiling the annual patient safety report. The August 2019 review recorded that the team members were reminded to always refer to the prescription when dispensing. And to clearly mark split boxes. The last annual patient safety report stated that the team had separated medicines that looked alike and sounded alike (LASA). And the PMR was set up to prompt the team to double check LASA medicines. The team had separated LASA medicines such as sildenafil and sertraline to reduce the risk of selecting the wrong medicine. The pharmacy had a procedure for handling complaints raised by people using the pharmacy. And it had a leaflet providing people with information on how to raise a concern. The pharmacy team used surveys to find out what people thought about the pharmacy. The

pharmacy published these on the NHS.uk website. And displayed them in the consultation room for people to see. People's comments from the survey included the pharmacy team answering queries. The survey highlighted comments for improvement from people about the comfort and convenience of the consultation room.

A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy regularly checked CD stock against the balance in the register. This helped to spot errors such as missed entries. The pharmacy recorded CDs returned by people. A sample of Responsible Pharmacist records looked at found that they met legal requirements. Records of private prescription supplies, and emergency supply requests met legal requirements. A sample of records for the receipt and supply of unlicensed products looked at found that they met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA). The team had received training on the General Data Protection Regulations (GDPR). The pharmacy displayed details on the confidential data kept and how it complied with legal requirements. The team separated confidential waste for shredding onsite.

The pharmacy had a safeguarding procedure and team members had access to contact numbers for local safeguarding teams. The pharmacist had completed level 2 training in 2019 from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team had completed internal safeguarding training and Dementia Friends training. The team had not had the occasion to respond to a safeguarding concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team with the qualifications and skills to support the pharmacy's services. The pharmacy provides the team members with opportunities to develop their knowledge. And it gives some team members regular feedback on their performance. The team members support each other in their day-to-day work. And they discuss their errors and how they can prevent them from happening again. So, they can improve their performance and skills.

### Inspector's evidence

Two full-time pharmacist managers covered most of the opening hours. Locum pharmacists provided cover for the remaining hours. The pharmacy team consisted of one part-time accuracy checking technician (ACT), five part-time qualified dispensers and three part-time trainee medicines counter assistants (MCA). At the time of the inspection one of the regular pharmacists, the ACT and two dispensers were on duty. The pharmacy didn't have formal meetings as team members worked different shifts. The pharmacist manager shared key pieces of information with each team member when they were on duty. And the pharmacy had a communications book to record information for all the team to be aware of.

The pharmacy provided extra training through e-learning modules. The pharmacist manager received notification of new training modules and the dates when the team had to complete the training. The pharmacy team members had their own log in and could see what training they needed to do. The team members and the pharmacist manager could see how they were progressing with their training. The team had some protected time to complete the training. The pharmacist manager received appraisals as part of the company appraisal process. But formal performance reviews for all the team members did not take place. So, they didn't have a chance to receive feedback and discuss development needs. The team could suggest changes to processes and give feedback to the pharmacists about changes. The team had recently discussed the layout of the stock and the best way to store it to help with efficient dispensing. The pharmacy had targets for services and the team felt the targets were achievable. The pharmacists offered the services when they would benefit people.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and secure. It has limited working space. The team manage the space, so it is suitable for the services provided. And it has good facilities to meet the needs of people requiring privacy when using the pharmacy services.

### Inspector's evidence

The dispensary was small with limited working space. The team managed this by keeping the dispensary work benches free of clutter. The team kept floor spaces clear to reduce the risk of trip hazards. The pharmacy was clean, tidy and hygienic. It had separate sinks for the preparation of medicines and hand washing. The consultation room contained a sink and alcohol gel for hand cleansing.

The pharmacy had a large, sound proof consultation room. The team used this for private conversations with people. The premises were secure. The pharmacy had restricted access to the dispensary during the opening hours. The pharmacy had a defined professional area. And items for sale in this area were healthcare related.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy team provides services that support people's health needs. The team members generally manage the pharmacy services well. They identify potential issues that may affect the safe delivery of services. And they act to address them. The team members keep records of prescription requests. So, they can deal with any queries effectively. The pharmacy obtains its medicines from reputable sources. And it stores and manages medicines appropriately.

### Inspector's evidence

People accessed the pharmacy via the store entrance through an automatic door. The pharmacy had an information leaflet that provided people with details of the services it offered and the contact details of the pharmacy. The team had access to the internet to direct people to other healthcare services. The pharmacy kept a small range of healthcare information leaflets for people to read or take away. The pharmacy displayed the posters from HM Government and the NHS about the Coronavirus. The pharmacy had up-to-date patient group directions (PGDs). These gave the pharmacists the legal authority to provide the services such as the supply of malaria prophylaxis medicines. The pharmacy had a light linked to the computer and to the NHS communication system, PharmOutcomes. The light had different colours to indicate the different messages sent via PharmOutcomes and emails from Asda head office. So, the team were alert to the message and could promptly respond.

The pharmacy provided multi-compartment compliance packs to help around 14 people take their medicines. Most people received weekly supplies of the packs. To manage the workload the team divided the preparation of the packs across the month. The team usually ordered prescriptions five days before supply. This allowed time to deal with issues such as missing items. And the dispensing of the medication in to the packs. Each person had a record listing their current medication, dosage and dose times. The team checked received prescriptions against the list. And queried any changes with the GP team. The team members dispensed the medicines in to the packs when they were less busy with other activities. The team recorded the descriptions of the products within the packs. And it supplied the manufacturer's patient information leaflets every two months. The pharmacy rarely received copies of hospital discharge summaries. The team had a template to record communications about people receiving the packs such as changes to their medicine.

The pharmacy supplied methadone as supervised and unsupervised doses. And it prepared the methadone doses in advance before supply. This reduced the workload pressure of dispensing at the time of supply. At the start of the inspection some prepared doses were found in a basket on the dispensing bench. The pharmacist moved these doses to the controlled drugs (CD) cabinet during the inspection. The pharmacy usually stored the prepared doses in the CD cabinet with the prescription attached to the dose due. And it separated people's doses to reduce the risk of selecting the wrong one.

The team members provided a repeat prescription ordering service. The team asked people to contact the pharmacy to order their medicines or to drop off the repeat prescription slip a few days before they needed the next supply. This gave the team time to chase up missing prescriptions, order stock and dispense the prescription. The team members kept a record of the requests. This included the date they requested the prescriptions and the medicines ordered. The team members regularly checked the record to identify missing prescriptions and medicines. So, they could chase up the missing

prescriptions with the GP teams. The team passed on information to people from their GP such as the need to attend the surgery for a medication review. The local GP surgeries were changing the ordering system so the person had to order their own prescription with the GP surgery, and not through the pharmacy. The pharmacy team provided people with leaflets informing them of the changes. And spent time with people explaining the options available for people to order prescriptions. So, people could prepare for the change. The pharmacy team had completed checks to identify people who met the criteria of the valproate Pregnancy Prevention Programme (PPP). And found no-one who met the criteria.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The ACT used a section at the rear of the dispensary to check prescriptions. And the team were asked to not disturb the ACT when she was checking. The pharmacy team used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. The team members referred to the prescription when selecting medication from the storage shelves. The team members used this as a prompt to check what they had picked. The pharmacy used clear bags to hold dispensed controlled drugs (CDs) and fridge lines. This allowed the team, and the person collecting the medication, to check the supply. The pharmacy used CD and fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. The pharmacy had a system to prompt the team to check that supplies of CD prescriptions were within the 28-day legal limit. This included highlighting the CD on the prescription and the date on the prescription. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample looked at found that the team completed the boxes. The pharmacy also had a stamp with three boxes. The pharmacy used this on the prescriptions to act as an audit trail of who had clinically checked, accuracy checked and dispensed the prescription. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. And kept a separate one with the original prescription to refer to when dispensing and checking the remaining quantity.

The pharmacy team checked the expiry dates on stock. And kept a record of this. The last date check was recorded in January 2020. The team had checked the expiry date on all stock during a recent refit. The team used coloured stickers to highlight medicines with a short expiry date. No out-of-date stock was found. The team members recorded the date of opening on liquids. This meant they could identify products with a short shelf life once opened. And check they were safe to supply. For example, an opened bottle of Cetirizine oral solution with six months use once opened had a date of opening of 06 February 2020 recorded. The team recorded fridge temperatures on most days. A sample looked at found they were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. And it stored out-of-date and patient returned controlled drugs (CDs) separate from in-date stock in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs.

The pharmacy had equipment to meet the requirements of the Falsified Medicines Directive (FMD). The team had received FMD training. But the team members were not scanning FMD compliant medicine packs. The pharmacy obtained medication from several reputable sources. And received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via the internal communication system. The team printed off the alert, actioned it and kept a record. The pharmacy displayed the recent alerts for the team to refer to.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services. And the team mostly uses the pharmacy's facilities and equipment in a way to protect people's private information.

### Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy used a range of CE equipment to accurately measure liquid medication. And used separate, marked measures for methadone. The pharmacy had a fridge to store medicines kept at these temperatures. The pharmacy completed safety checks on the electrical equipment.

The pharmacy computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view. And it held most private information in the dispensary which had restricted access. A few empty bottles used to provide people with their methadone doses were found in a medicine waste bin in the consultation room. These still had the dispensing labels attached. The door into the consultation room from the retail area was locked.

### 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.