General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, Asda Superstore, Odhams Trading Estate, St Albans Road, WATFORD, Hertfordshire, WD24 7RS

Pharmacy reference: 1032403

Type of pharmacy: Community

Date of inspection: 16/05/2019

Pharmacy context

The pharmacy is located in-store within the supermarket. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection, substance misuse service, blood pressure checks, travel medicines and seasonal flu vaccination. The pharmacy is a healthy living pharmacy.

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	1.1	Good practice	The pharmacy team members can provide examples of actions taken to manage risk.
		1.2	Good practice	The pharmacy continually monitors the safety of its services to protect public safety.
2. Staff	Standards met	2.1	Good practice	The pharmacy reviews staff levels to manage its workload and it has arrangements in place to deal with staff absence.
		2.2	Good practice	The pharmacy's team members are well trained and they understand their roles and responsibilities.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy makes sure its services reach out to the wider community and benefit public health.
		4.2	Good practice	The pharmacy is good at providing its services safely and effectively. It takes extra care with high risk medicines to make sure people take their medicines safely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy manages risk well and keeps people's information safely. The pharmacy asks its customers for their views and uses this feedback to improve services. The pharmacy has written procedures which tell staff how to complete tasks safely. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand their role in protecting vulnerable people.

Inspector's evidence

Near misses were recorded and reviewed. Actions taken to prevent a repeat near miss were completed for each incident. Monthly and annual patient safety reviews (PSR) were completed. Patient safety improvements were listed such as care when dispensing prednisolone and propranolol. Key learning points included actions taken to reduce risk when dispensing. Following a near miss, sulfadiazine and sulfasalazine had been separated. Examples of 'look alike, sound alike' (LASA) medicines were listed and highlighted with red tape on the dispensary shelves. The PSR included details of any recent drug alerts and recalls.

There was an incident reporting system for dispensing incidents. Actions to reduce risk and repeat incidents were noted including re-training in standard operating procedures (SOPs), a record on the patient medication record (PMR) and in the communications book.

The dispensary was tidy with clean, clear benches indicating an organised, safe and effective workflow.

Workflow: the pharmacist explained that a legal and stock check was undertaken on receipt of the prescription and a waiting time was given to the patient. Baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated and medicines were picked from reading the prescription. There were separate dispensing and checking areas. The dispensing audit trail was completed after the final check of medication prior to transfer to the patient. Two staff members were involved in the process of dispensing and checking if possible. There was a patient record notes form which was kept with the prescription until hand out. Information could be recorded and included allergies, if advice on sodium valproate had been given, any high-risk medicines supplied and interactions.

The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines. If working alone the pharmacist took a mental break before the final check.

There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For 'manufacturer cannot supply' items the patient was

asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary. If the patient had forgotten their owing slip a bar code on the bag label could be scanned to show the item had been collected.

Multi-compartment compliance aids were prepared for ten patients. There was a compliance self-assessment form for new patients to complete before commencing supply of medication via complioance aids. The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a compliance aid. Staff referred to a special website regarding suitability of placing different medications in the same compartment.

Patient notes were recorded on the PMR. Labelling included a description to identify individual medicines and package information leaflets were supplied with each set of compliance aids. High-risk medicines such as controlled drugs (CDs) were supplied separately from the compliance aid. The dates of CD prescriptions were managed to ensure supply within 28 day validity of the prescription. Alendronate was supplied separately from the compliance aid if needed. Levothyroxine and lansoprazole were supplied in the blister pack and special instructions were discussed with the patient or carer. The pharmacist said there were currently no patients taking sodium valproate supplied in a compliance aid.

The practice leaflet was on display and included details of how to comment or complain. The annual patient questionnaire had been conducted and had resulted in positive feedback. People had commented on the location of the waiting area which was well away from the medicines counter and may not always be obvious to people requiring seating while they wait for their prescriptions. Additional seating could be provided if needed. People had also commented on medicines availability so the pharmacy team had reviewed level of owing medication and adjusted stock holding to ensure there was stock.

The pharmacy SOPs were available on the pharmacy computer and staff were up to date with training. The pharmacist explained the procedure for dealing with a private complaint and a NHS complaint. The medicines counter assistant (MCA) said she would not sell P medicines or give out a prescription if the pharmacist were not on the premises. The MCA also explained that she would not sell hydrocortisone cream to apply to the face. The dispenser said when generating dispensing labels, interactions were printed for the pharmacist's attention.

To protect patients receiving services, there was valid professional indemnity insurance in place. The responsible pharmacist notice was on display and the responsible pharmacist log was completed.

Records for private prescriptions, emergency and special supplies were generally complete. PGDs were valid and in date.The CD and methadone registers were complete, and the balance of CDs was audited weekly in line with the SOP. A random check of actual stock of two CDs reconciled with the recorded balance in the CD registers. Footnotes correcting entries were not always signed and dated. Invoice details were not always fully recorded for receipt of CDs. A random sample of FP10MDA entries complied and the prescription was endorsed at the time of supply.

Patient returned CDs were recorded in the destruction register for patient returned CDs.

Staff had signed confidentiality agreements and were aware of procedures regarding information governance and General Data Protection Regulation (GDPR). The Data Security and Protection toolkit had been completed by head office. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS Smart cards. The pharmacy

computer was password protected and backed up regularly, Access to the computer was reviewed annually.

In line with quality payments criteria and healthy living pharmacy staff had undertaken safeguarding and dementia friends training and the pharmacists were accredited at level 2 in safeguarding training.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team manages the workload within the pharmacy and works well together. The team members are supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

Inspector's evidence

Staff comprised of two pharmacist managers; two locum pharmacists who provided cover at the weekend; one locum pharmacist who covered Wednesday late afternoon and evening, three dispensers and four medicines counter assistants. The pharmacy could call on a staff member who was trained as a MCA from the wider store if needed. There was double pharmacist cover for 10 hours per week.

One pharmacist was trained as a pharmacist independent prescriber (PIP) in asthma. The pharmacists were undertaking refresher training to provide supervised consumption later on the day of the visit.

Head office provided ongoing training on 'HeLO' (healthcare learning online) and staff had their own profile. The pharmacist could access profiles to monitor completed training. Topics included Viagra Connect, selling Calpol, Pain, Nexium, drug safety bulletins, incontinence products and MUR topics. Where appropriate there was a quiz to complete to test staff knowledge.
There were mandatory study topics provided via the parent company learning management system. Topics included privacy and corruption.

There was an annual appraisal and review to monitor performance and set objectives. Staff were able to provide feedback both privately and openly. Staff had provided feedback on Sunday workload versus staffing level. More colleague time had been made available to conduct health campaigns such as blood pressure monitoring. Staff could give feedback via Colleague Voice annually and via Human Resources in Walmart. There was a whistleblowing policy.

Staff said that targets and incentives were not set in a way that affected patient safety and wellbeing.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean, secure and suitable for the provision of its services.

Inspector's evidence

The premises were clean including the dispensary sink. A contract cleaner cleaned the floor with a staff member present. Lavatory facilities were not seen during the visit. There were handwashing facilities in the pharmacy.

The consultation room was locked when not in use. It was clean and tidy and presented a professional image. Patient privacy was protected. There were health related posters and staff training certificates on display. The consultation room computer was secured to the bench.

There was sufficient lighting and air conditioning. There were store wide announcements via a loudspeaker system which could be loud and cause a distraction.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely. The pharmacy team makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe and effective.

Inspector's evidence

There was wheelchair access and a hearing loop to assist hearing impaired people. Large font labels could be printed to assist visually impaired patients. Staff could converse in Albanian, Gujarati and Italian to assist patients whose first language was not English.

Patients were signposted to other local services including walk-in centre, urgent care, NHS 111 and sexual health (family planning). Signposting events were recorded on the patient medication record (PMR) if appropriate. Interventions were recorded on the PMR such as the INR for people who take warfarin.

Stickers were attached to prescriptions to highlight any high-risk medicines being supplied such as warfarin and lithium. The pharmacist would then counsel the patient on how best to take their medication.

Patients taking warfarin were asked about blood test dates and for their record of INR which was recorded on the PMR. The dose of the warfarin and the colour of tablets in relation to strength of warfarin was explained. Advice was given about side effects of bruising and bleeding. Advice was given about diet containing green vegetables and cranberry which could affect INR.

Patients taking methotrexate were reminded of the weekly dose and taking folic acid on a different day. Advice was given to visit the doctor if sore throat or fever developed. The pharmacist also advised patients on interactions between methotrexate and medicines purchased over-the-counter such as ibuprofen.

CD warning stickers were added to CD prescriptions for schedule 2, 3 and 4 CDs to highlight the 28 day period of validity after which CDs could not be supplied.

To meet quality payments criteria, staff had undertaken training in children's oral health. Public awareness of children's oral health was encouraged with promotional material including colouring booklets and information that dental care was free for people under 18 years of age. A risk assessment had been conducted on LASA medicines looking at their position on the dispensary shelves and attaching warning stickers to alert staff.

There were leaflets and posters displaying information on asthma and allergies. There were four

healthy living champions (two pharmacists and two colleagues). Healthy living data was recorded on PharmOutcomes. The NHS.UK entry and email were current. Audits were recorded on PharmOutcomes and regarding sodium valproate audit no patients had met the criteria for referral but there was information to give patients who may become pregnant about the pregnancy prevention programme.

The pharmacy team were involved in a community project to monitor blood pressure in people over 18 years of age who were referred to their doctor if undiagnosed in the previous year. The pharmacy offered a health check which included blood pressure and body mass index BMI. During the flu vaccination season, diabetic patients had been encouraged to have the vaccination.

Falsified Medicines Directive (FMD) hardware and software had been installed at the time of the visit.

Medicines and medical devices were obtained from Alliance and AAH. Floor areas were clear, and stock was neatly stored on the dispensary shelves. Stock was date checked and recorded. No date expired medicines were found in a random check. Liquid medicines were marked with the date of opening. Medicines were generally stored in original manufacturer's packaging. Cold chain items were stored in the medical fridge. Waste medicines were stored separately including cytotoxic waste medicines. There was a collection box for inhalers to be recycled.

Prescriptions awaiting collection were stored for eight weeks and then returned to the spine or surgery if not collected.

Uptake of services was reported on PharmOutcomes:
Two patients accessed supervised consumption service. Uptake of malaria prophylaxis was seasonal. There was low uptake of hair loss and erectile dysfunction service. Emergency hormonal contraception was supplied weekly. Supplies via PGD were recorded on the PMR.

Drug alerts were emailed, actioned and filed. A matrix was maintained. The most recent alert related to co-amoxiclav. The alert was checked daily for four days in case an affected item arrived in the order.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

Current reference sources included BNF and Drug Tariff. There was a range of British standard glass measures to measure liquids including separate marked measures for CDs.

The medical fridge was in good working order. Minimum and maximum temperatures were monitored daily and found to be within 2 and 8 degrees Celsius. The CD cabinet was fixed with bolts. CD destruction kits were available.

There were two new blood pressure monitors and scales to measure BMI and check patient weight if supplying paediatric Malarone.

Staff had signed confidentiality agreements and were aware of procedures regarding information governance and General Data Protection Regulation (GDPR). The Data Security and Protection toolkit had been completed by head office. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS Smart cards. The pharmacy computer was password protected and backed up regularly, Access to the computer was reviewed annually.

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.