

# Registered pharmacy inspection report

**Pharmacy Name:** Asda Pharmacy, Asda, Pilsworth Road, BURY,  
Lancashire, BL9 8RS

**Pharmacy reference:** 1033287

**Type of pharmacy:** Community

**Date of inspection:** 29/05/2019

## Pharmacy context

The pharmacy is in an Asda supermarket, just off the motorway, in an industrial estate on the outskirts of town. It is open for 87 hours over seven days and dispenses NHS and private prescriptions. And it sells some over-the-counter medicines. The pharmacy collects people's prescriptions from local surgeries when they are not sent electronically. It provides private services using patient group directions (PGDs) for its malaria prevention, erectile dysfunction treatment, hair loss treatment and period delay services. It offers a seasonal flu vaccination 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	1.7	Good practice	The pharmacy is good at protecting people's private information. It makes sure all the people who access the dispensary understand the importance of confidentiality. And it only keeps private information for as long as it should.
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy provides a good range of on-line training. And the team members complete regular training. They are good at supporting each other, particularly team members who are training for new roles. This helps them improve their skills and knowledge.
<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 has procedures to help identify and manage the risks to its services. It reviews these regularly and amends them in response to changes in current practice. It is good at protecting people's private information. And it keeps the records it must by law. The pharmacy asks people for their views on its services. And advertises how people can make a complaint. So, it can review their feedback to improve its services. The pharmacy team members record and discuss mistakes that happen. And they make changes to the way they work to try and prevent further similar mistakes. They have the skills to protect the welfare of children and vulnerable adults.

### Inspector's evidence

The pharmacy premises comprised of a pharmacy counter area, dispensary area and large consultation room. The pharmacist was seen supervising the team on the counter during the inspection from where he stood in the dispensary.

The pharmacy had an electronic set of standard operating procedures (SOPs) for the services it provided. These included SOPs relating to Responsible Pharmacist (RP), dispensing, controlled drugs (CDs) and high-risk medicines. The team's roles and responsibilities for tasks were detailed in the SOPs. The SOPs were reviewed on a rolling two-year cycle. The SOPs checked had been written in July 2017 and Jan 2019. The SOP relating to CDs had recently been updated in line with regulatory changes. Although the pharmacy didn't have an overall SOP completion record for the whole team, it was possible to check individual team members SOP completion. And for the records checked the team were up-to-date reading the SOPs.

The pharmacy team members recorded their own near miss errors on a weekly paper record. They had recorded an entry on the date of the inspection and some on previous weeks. Some weeks they hadn't recorded any near misses. The pharmacist manager reviewed the near misses weekly and discussed the findings with the team. The entries on the record included the date and what the error was. The record didn't contain a space to record why the error happened, so this detail wasn't recorded at the time. The pharmacist manager suggested they could use the comments section of the form. And he advised they discussed this level of detail in the weekly briefing. But it may be difficult for the team member to recall the exact circumstances of the error at this later stage. The weekly briefings were used to complete the monthly patient safety review. In this way the team could try and identify any trends in errors. The team members described several instances when because of near miss errors they had made changes and separated medicines on the dispensary shelves. For example, ranitidine 150mg and 300mg tablets and paroxetine 10mg had been moved to a different part of the dispensary away from the 20mg and 30mg strengths. They also added caution stickers on to the front of the shelves to highlight to the team during dispensing the need to select these products with care.

The pharmacy team recorded details of dispensing errors on the company's Pharmacy Dispensing Incident System (PDIS) and sent the information to the compliance team. The pharmacist manager went through an entry for a recent error. There had been an action plan to complete to reduce the risk of a similar incident going forward. A check on the action plan evidenced the actions detailed on the form had been completed.

The pharmacy had a risk review document for 2019. This detailed common errors from the pharmacy and errors seen in other pharmacies across the company. There was a risk rating completed for some of the entries.

The pharmacy had a weekly compliance checklist form to audit compliance in a variety of areas, including data protection and patient safety procedures. It checked compliance with CD balance checks, fridge temperatures and date checking. The team regularly completed this weekly and the manager said he followed up on any outstanding actions.

The team members were aware of their roles and responsibilities. They wore name badges with their name on. During the inspection there were several examples of team members working competently within their role, giving advice to people in the shop. And they were seen following the SOP when handing out prescription medicines to people. The Responsible Pharmacist (RP) notice displayed the correct details of the RP on duty.

The pharmacy asked for people's feedback via an annual questionnaire. And it advertised the results of the most recent survey from January to February 2019 on the consultation room wall. Not all people using the pharmacy would see it there. The results were positive, with the service the staff gave to people, being positive. The pharmacist manager discussed how the results of the survey had highlighted people thought there could be an improvement in the return of waste medicines. The pharmacy had a poster up in the counter area. But he said people were confused why they couldn't return their sharp bins to the pharmacy. So, he had contacted head office to see whether the pharmacy could have a poster clearly explaining to people. The pharmacy displayed a notice at the counter area detailing how people could make a complaint. And it had this information in a leaflet for people to pick up and take away. It had a complaints SOP detailing the process for the team to follow.

The pharmacy had up to date indemnity insurance.

The entries in the RP record were complete. Of the sample checked, the electronic private prescription records contained full details of the private prescriptions dispensed. And emergency supplies records were completed detailing the reason for the emergency supply. The pharmacy completed the certificates of conformity for unlicensed medicines in line with MHRA requirements. A sample of the entries in the CD register met legal requirements. The pharmacy team maintained running balances. And it checked the physical stock balance of CDs against the register entry after each entry and weekly. The details of the checks were completed on a sheet kept in the front of the register not as a record in the CD register. If the sheet was lost there would be no evidence the stock balance check had been completed. During the inspection a check of the physical balance of MST 15mg tablets against the register balance was found to be correct. The pharmacy used a CD destruction register for patient returned medicines. The team made an entry at the time the medication was returned. And destroyed the returns promptly.

The pharmacy displayed an NHS notice and a company notice at the counter area, detailing the types of data the pharmacy held and how it was used. It stored archived sensitive information in boxes in the dispensary. They were clearly labelled as private and confidential and stated the date the information inside could be destroyed. The team members put confidential waste in a separate basket. And they shredded it regularly. Anyone who had access to the pharmacy completed an annual information governance form, a statement of understanding of the requirements of confidentiality. This included the pharmacy team, locum pharmacists, wholesaler delivery drivers and managers working in the supermarket. Breaches were reported to the pharmacy compliance team. For the training records checked, the pharmacy team members had completed reading the SOPs relating to data protection and information governance (IG). And the pharmacist manager had completed a data security training

module and completed an assessment.

The pharmacist managers had completed NVQ Level 2 safeguarding training. And the team had access to an in-house SOP training module on safeguarding. The dispenser couldn't remember when she had completed it. But she could confidently describe symptoms that would concern her. And she would refer her concern to the pharmacist.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members are qualified and have the skills to provide the pharmacy's services. They are good at supporting each other and especially team members training for new roles. The pharmacy provides access to a good range of training materials. And the team members complete training regularly to keep their knowledge and skills up to date.

### Inspector's evidence

On duty at the time of the inspection the responsible pharmacist was one of the pharmacist managers. A part-time medicines counter assistant (MCA) who was training to be a dispenser and a part-time NVQ Level 2 dispensing assistant were also working during the inspection. One other pharmacist manager, one part-time dispenser, one full-time trainee dispenser, two part-time trainee dispensers, one accuracy checking technician (ACT) and one medicines counter assistant worked in the pharmacy but weren't present at the time of the inspection. The pharmacy displayed most of the team's qualification certificates. One member of staff was currently off-sick. The pharmacist manager stated there was some overlap of pharmacist's hours. The team members were seen managing the workload and they appeared to be up-to-date with the work.

The pharmacy had a colleague rota on display for the current week. It displayed the working hours of each team member. And the team had annotated the rota with sickness and changes in people's working hours to accommodate.

The pharmacy provided access to a range of on-line training modules and standard operating procedures. And the training team members completed regular training. They also read news articles in pharmacy magazines to keep their product knowledge up to date. Training records for two team members were seen during the inspection. And they were up to date. The team printed some of the certificates once the training had been completed. Certificates for oral health training were seen for all team members. The pharmacist managers had completed CPPE risk management training. The pharmacist working discussed how the training had been useful in understanding about categorising risks. The MCA working during the inspection was completing dispenser's qualification training. During the inspection she was seen discussing aspects of her training with the qualified dispenser, who was asking questions about different creams and their ingredients to help her learn. The MCA said she felt supported by the rest of the team and pharmacist managers to complete her training. She received time in the working day to complete her training. Later in the inspection the pharmacist was seen supporting her in the dispensary. The team members openly discussed mistakes that had happened during dispensing. And the actions they had taken to minimise the risk of similar incidents happening in the future. They had a culture of learning from the mistakes. The pharmacist managers and team members had regular appraisals to discuss their performance and any individual training needs.

The pharmacy sold veterinary medicines. And one dispenser accurately described the questions she was required to ask people before making a sale and the advice she would give. The team members were seen appropriately referring people to the pharmacist when needed, for example to discuss a newly prescribed medicine with a person.

The team members said they would be comfortable raising concerns with the pharmacist managers or

the store manager. The pharmacist manager said he would be comfortable raising concerns within the store and the company. The company had an ethical concerns hotline, with the information clearly displayed in the Asda store where the team signed in.

The pharmacy set some targets for services, for example completion of MURs. These were discussed regularly with the pharmacist's line manager. And the pharmacist felt supported to achieve them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are secure, tidy and properly maintained. The consultation room allows people to have private conversations with the pharmacy team.

### Inspector's evidence

The pharmacy was clean and portrayed a professional image. It was properly maintained with no trip hazards. The prescriptions awaiting collection were arranged neatly on the shelves. Nothing was stored on the floor. The benches were kept clear from clutter. Due to space constraints the pharmacy didn't supply medicines in multi-compartmental compliance packs. This meant there was enough bench and storage space for the services provided.

The pharmacy had a large soundproofed consultation room, that was kept locked during the inspection. There was a sink in the dispensary and consultation room, with hot and cold running water. There was a sign relating to the correct way to wash hands near the dispensary sink. The pharmacy was kept at an appropriate temperature. And its lighting was sufficiently bright. The team used the staff facilities in the Asda store.



## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is easily accessible, and it provides services to meet people's health needs. The team members support people taking high-risk medicines. And they provide advice and written information to help people take their medicines safely. The pharmacy sources, stores and manages its medicines appropriately.

### Inspector's evidence

The pharmacy was clearly visible near the main entrance to the supermarket. The supermarket car park had ample disabled parking spaces and wide doors allowing easy access for people with prams and wheelchairs. The pharmacy had a range of leaflets and posters that advertised the pharmacy's services. It had a healthy living themed display on the pharmacy board. This helped highlight to people the importance of good oral health. The pharmacy had a practice leaflet that people could pick up and take away. And the information in the leaflet included pharmacy services offered and opening hours.

The pharmacy team used baskets during dispensing to keep people's prescriptions and medication together. And it also helped to prevent people's prescriptions from getting mixed up. The team used different coloured baskets to indicate urgency. The team members put a card into the dispensing basket to alert the pharmacist when someone wanted to speak to the pharmacist about their prescription. These were seen in use in several baskets. The team signed the dispensed by and checked by boxes on the dispensing labels to provide an audit trail of the dispensing process and to take responsibility for their work. The pharmacy used clear bags for CDs.

The pharmacy collected paper FP10 prescriptions from local surgeries, although this was not as often as previously due to the receipt of electronic prescriptions. The pharmacy didn't offer a prescription delivery service and it didn't employ a delivery driver. It ordered prescriptions for people on request. The pharmacist described that these requests were mostly made to the surgery by NHS email as this was more secure than faxing the requests. And the pharmacy then had a record of the request.

The pharmacy team were aware of the requirements of the valproate pregnancy prevention programme (VPPP). And it had completed an audit to identify people in the at risk group to speak to. A record had been made on the patients' medication records (PMR) on the computer. The team kept a pack containing stickers and information cards with the dispensing stock to give to people. The pharmacist described the advice he would give to people at risk or to their carers.

The pharmacists provided a range of services, both NHS and private. The pharmacist manager described how the pharmacists had completed training for services such as period delay, hair loss and erectile dysfunction. Copies of up to date patient group directions (PGD) were seen. The pharmacy had SOPs available for the services provided. The pharmacy stocked pharmacy only (P) medicines behind the pharmacy counter, which prevented self-selection. And it stored dispensary stock securely away from public access. The pharmacy obtained stock from reputable wholesalers.

The pharmacy team members completed a weekly check on expiry dates of dispensary and OTC products. They attached stickers to short dated stock. Examples of these stickers were seen attached to stock throughout the dispensary. They made a list of short dated stock by month. And they checked this

list monthly and removed any stock that was due to expire the following month. No out of date stock was found on the shelves. The team members annotated the opening dates on the outer packaging of liquids and they clearly marked the expiry date if necessary. The pharmacist explained how they checked the expiry date as part of the dispensing and checking process.

The team members made a daily record of the temperature in the two medical fridges. The samples of temperature logs checked were seen to be in range. And the fridge temperatures were in range during the inspection. The stock was stored neatly in the fridge and there was adequate space for the volume of stock held. The pharmacy stored CDs in the cabinet in an orderly way. It separately CD patient returns from stock and it sealed them in a bag awaiting destruction. The pharmacy had no out of date CDs awaiting destruction. It had CD denaturing kits available to use. The pharmacy used medicinal waste bins. The dispenser correctly described how she would deal with patient returned medicines.

The pharmacy had scanners and software installed to meet the requirements of the falsified medicines directive (FMD). The team demonstrated how the system worked as due to the small amount of stock with the barcodes decommissioning wasn't observed during the inspection as part of the dispensing process. The pharmacy team knew what they needed to do to verify and decommission.

The pharmacy team received notice of safety alerts and drug recalls from head office and the Medicines and Healthcare products Regulatory Agency (MHRA). The team kept a record, this wasn't seen as it was stored in the supermarket with the recalls and alerts the supermarket team received. The team added the details of any recalls to the monthly patient safety review paperwork.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses equipment suitable for the services it provides. And the team checks the equipment to make sure it is working properly.

### Inspector's evidence

The pharmacy had hard copies of reference books available for the team to use, including the BNF and the BNF for children. And it had access to the internet.

The pharmacy had two suitable medical fridges in working order. And it had a CE marked blood pressure monitor. There was evidence of electrical safety testing, with stickers attached to electrical equipment. The computer in the consultation room had been tested in August 2016.

The computers were password protected. The pharmacy had a computer on the pharmacy counter. The screen couldn't be seen by people waiting at the counter. The pharmacy positioned the computers in the dispensary in a way to prevent disclosure of people's private information. The pharmacy team had individual NHS smart cards. And the dispenser had her own smart card in the PMR during the inspection.

### 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.