

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, ASDA Superstore, Soho Street,
WIGAN, Lancashire, WN5 0XA

Pharmacy reference: 1033982

Type of pharmacy: Community

Date of inspection: 11/07/2019

Pharmacy context

This is a community pharmacy inside a large supermarket. It is situated near the centre of Wigan. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and a minor ailment service. A number of people receive their medicines in multi-compartment compliance aids.

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	1.7	Good practice	People who work in the pharmacy are given training about the safe handling and storage of data. This helps to make sure that they know how to keep private information safe.
2. Staff	Standards met	2.2	Good practice	The pharmacy team members complete regular learning modules to help them keep their knowledge up to date.
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. Members of the team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again. The pharmacy generally keeps the records it needs to by law. But it could not provide some of the records, so some important information was not available. People who work in the pharmacy are given training about the safe handling and storage of data. This helps to make sure that they know how to keep private information safe.

Inspector's evidence

There was a current set of standard operating procedures (SOPs), some of which had recently been updated. Members of the pharmacy team would complete an assessment to check their understanding once they had read each SOP. An internal audit was conducted by the company every year to check compliance with the company's procedures, which the pharmacy had passed on the latest occasion.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). The most recent error involved the incorrect supply of cyclizine 50mg tablets instead of colchicine 500mcg tablets. The pharmacist investigated the error and action was taken to help reduce the risk of further errors. For example, retraining the relevant staff in the SOPs. Near miss errors were recorded on a paper log and the records were reviewed monthly by the pharmacist. The pharmacist said he would discuss the review with staff each month. The pharmacist would also highlight mistakes to staff at the point of accuracy check and staff were asked to rectify their own errors. Distractions from people waiting to be served at the counter was found to contribute to errors. An action taken to help prevent similar errors involved a member of staff serving people at the counter whilst others dispensed. The company shared learning between pharmacies. Amongst other topics they covered common errors. The pharmacy team would discuss the information when it was received. Action was taken to help prevent a similar error occurring in the pharmacy for example highlighting and segregating stock which looked alike or sounded alike.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The dispenser was able to describe what her responsibilities were and was also clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. This was described in the practice leaflet and it advised people to speak to the pharmacist in the first instance. If they were not satisfied they could raise their complaint to the head office. Complaints were recorded to be followed up by the pharmacist or store management.

A current certificate of professional indemnity insurance was provided by the company prior to inspection. Records for the RP appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. The balance of two random CDs were checked and both found to be accurate. Patient returned CDs were recorded in a separate register. Private prescriptions and emergency supplies were recorded electronically. But a technical error prevented records of private prescriptions and emergency supplies from being displayed. This

meant it was not possible to inspect them and, in the event of a query, the pharmacy may not be able to provide all of the information required. Following the inspection, the pharmacist confirmed he had logged this to be fixed by the PMR provider. Records of unlicensed specials did not always contain the required details of whom it was supplied to and when. This information is necessary to provide an audit trail in the event of a concern about the medicine.

An information governance (IG) policy was available and the pharmacy team had completed IG training. Members of the pharmacy team and those who would need entry to the dispensary, such as store management and cleaners, had signed confidentiality agreements. When questioned, the dispenser was able to describe how confidential information was destroyed using the on-site shredder. The company published its privacy notice online and information about how to find it was displayed in the retail area.

Safeguarding procedures were included in the SOPs, which the pharmacy team had read. A certificate was available to indicate he had completed level 2 safeguarding training. Contact details of the local safeguarding board were available in the consultation room. The dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are properly trained for the jobs they do. The pharmacy team complete regular learning modules to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included two pharmacist managers, nine dispensers – four of whom were in training, and a medicine counter assistant (MCA). The pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level was a pharmacist and two to three staff. There was a two hour overlap between pharmacist shifts on most days. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

The company provided the pharmacy team with a structured e-Learning training programme. And the training topics appeared relevant to the services provided and those completing the e-Learning. Training records were kept showing that ongoing training was up to date. Staff were allowed learning time to complete training.

The dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgement and this was respected by the pharmacy team and the company. The dispenser said she received a good level of support and felt able to ask for help from the pharmacy team. A dispenser said she was given routine feedback about her work. But there was no formal appraisal programme for the staff. So specific learning needs for each member of the pharmacy team may not be addressed.

The staff discussed issues that had arisen in a morning huddle, including when there was an error or a complaint. Records were made so that important information could be shared with staff who were not present. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to their line manager. There were targets for services such as MURs and NMS. The pharmacist said he did not feel under pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by use of a gate.

The temperature was controlled by the store's air conditioning units. Lighting was sufficient. The staff had access to a canteen and WC facilities. A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from appropriate sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But the pharmacy team does not always identify people who receive higher risk medicines. So it might not always check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a large supermarket entrance and was suitable for wheelchair users. There was wheelchair access to the consultation room. A poster and pharmacy practice leaflets gave information about the services offered. Pharmacy staff were able to list and explain the services provided by the pharmacy. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

A repeat prescription service was offered where patients would contact the pharmacy to order their medication. A record of requested medication was kept, and any missing items were queried with the GP surgery. Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patients' prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

The pharmacist said schedule 3 and 4 CDs were usually highlighted so that staff could check prescription validity at the time of supply. But a number of prescriptions for pregabalin and gabapentin were found not highlighted, including one dated in May. So there is a risk some medicines may be supplied past their expiry date. And members of the pharmacy team may fail to mark schedule 3 prescriptions with the date (which is a legal requirement to be completed at the time of supply). High risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team may not be aware when they are being handed out in order to check that the supply is suitable for the patient. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he had completed an audit and had spoken to any patients who were at risk to make them aware of the pregnancy prevention programme. This was recorded on their PMR.

Some medicines were dispensed in multi-compartment compliance aids. A record sheet was kept for all compliance aid patients containing details of current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a special's manufacturer. The pharmacy was not yet meeting the safety features of the Falsified Medicines Directive (FMD), which is now a legal requirement. Equipment was installed, and some members of the pharmacy team had completed training. But the pharmacy team had yet to commence routine safety checks of medicines.

Stock was date checked on a 12 week rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short-dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a minimum and maximum thermometer. The minimum and maximum temperature was being recorded daily and records showed they had generally been within the required range for the last two months. Patient returned medication was disposed of in designated bins for storing waste medicines. Drug alerts were received electronically by email and alerts were actioned by the pharmacist and records kept electronically.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFC and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, all electrical equipment had been PAT tested in July 2019.

There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for CDs. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required. Substance misuse clients were directed to the use of the consultation room to provide privacy.

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.