

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, ASDA Store, Cowpen Road, BLYTH, Northumberland, NE24 4LZ

Pharmacy reference: 1035833

Type of pharmacy: Community

Date of inspection: 01/08/2019

Pharmacy context

The pharmacy is in an Asda Supermarket on the outskirts of Blyth town centre. Pharmacy team members mainly dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including medicines use reviews (MUR) and the NHS New Medicines Service (NMS). Pharmacy team members provide a substance misuse service, including supervised consumption. And, they provide medicines in multi-compartmental compliance packs.

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 has procedures to identify and manage risks to its services. And, pharmacy team members follow them to complete the required tasks. The pharmacy asks people using the pharmacy for their views. And, it sometimes acts to improve its services in response. The pharmacy protects people's confidential information. And, it generally keeps the records it must by law. Pharmacy team members know how to safeguard the welfare of children and vulnerable adults. They record and discuss mistakes that happen. Pharmacy team members use this information to learn and reduce the risk of further errors. But they don't always discuss or analyse why mistakes happen. So, they may miss opportunities to improve.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place electronically. And the superintendent pharmacist's office reviewed the procedures every two years. New and reviewed SOPs were sent to pharmacy team members via the company's online training system. And, pharmacy team members read the procedures, followed by a quiz to test their knowledge. They were required to achieve at least 80% correct answers to confirm they had understood the procedure. If they did not pass the quiz, they would be provided with more training and asked to re-take the test. The pharmacy defined the roles of the pharmacy team members in each procedure. And by regular discussion throughout the day.

The pharmacist highlighted and recorded near miss errors made by pharmacy team members when dispensing. Sometimes, pharmacy team members recorded their own mistakes. They discussed the errors made. But, they did not discuss or record much detail about why a mistake had happened. They usually said rushing or not concentrating had caused their mistakes. The pharmacist analysed the data collected about mistakes every month. But, they did not analyse the information to find patterns of causes to help inform the changes they made. The most common change proposed by the team after a mistake was to follow the dispensing process. But, pharmacy team members did not explore why they had deviated from the dispensing process in the first place. The dispenser demonstrated that some shelves and drawers had been highlighted in front of products involved in mistakes. And, this was to highlight the risks, especially of common look-alike and sound-alike medicines, and to help prevent future errors. The pharmacy had a clear process for dealing with dispensing errors that had been given out to people. It recorded incidents using an electronic system. And copies of some reports were printed and kept in a file. The sample of reports seen were comprehensive and included details of what had happened, and the changes proposed to prevent recurrence. And, pharmacy team members completed a pharmacy re-training sign off document to confirm which procedures they had re-visited as part of their training after a mistake. The training document was signed off by the pharmacist and the general store manager once training had been completed.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a practice leaflet available for customers in the retail area which clearly explained the company's complaints procedure. It collected feedback from people by using questionnaires. But, during the inspection, pharmacy team members could not find any feedback from the last set of questionnaires analysed. The dispenser explained that common feedback was about the waiting time for prescriptions to be dispensed. She said that the team worked as fast as possible and tried to manage people's expectations by quoting a

waiting time when people handed in their prescriptions. But, she said they had not changed anything else to address waiting times.

The pharmacy had up to date professional indemnity insurance in place. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And they were audited against the physical stock quantity weekly, including methadone. It kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacy maintained a responsible pharmacist record on paper. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. The pharmacy team monitored and recorded fridge temperatures daily. They kept private prescription records electronically, which were complete. But, in the samples seen, they often did not accurately record the date of the prescription. They recorded emergency supplies of medicines in the private prescription register. But, in the samples of records seen, there was consistently no reason recorded for making a supply of medicines without a prescription. They recorded any unlicensed medicines supplied, which included the necessary information in the samples seen.

The pharmacy kept sensitive information and materials in restricted areas. And, it shredded confidential waste. Pharmacy team members had completed training to protect privacy and confidentiality. They were clear about how important it was to protect confidentiality. And, there was a procedure in place detailing requirements under the General Data Protection Regulations (GDPR). The dispenser gave some examples of symptoms that would raise their concerns in both children and vulnerable adults. She explained how she would refer to the pharmacist. The pharmacist said they would assess the concern and refer to local safeguarding teams for advice. The pharmacy had contact details available for the local safeguarding service. The dispenser had completed mandatory training. And, registered pharmacists completed distance learning via the Centre for Pharmacy Postgraduate Education (CPPE) every two years.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members are suitably qualified and have the right skills for their roles and the services they provide. They undertake training regularly. They discuss any training needs with the pharmacist and other team members. And they support each other to reach their goals. Pharmacy team members feel able to raise concerns and use their professional judgement.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a locum pharmacist and a dispenser. The pharmacy planned staff levels a week in advance. And, the rota was displayed in the pharmacy. The pharmacy usually had a pharmacist and one other pharmacy team member, except during lunchtime, when the pharmacist worked alone. Pharmacy team members undertook regular training each month by completing eLearning modules on the company's HeLo training system. The modules provided covered various topics, including mandatory compliance training, over-the-counter medicines and seasonal health conditions. The pharmacy team members present did not know if the company had a performance review or appraisal process. The dispenser had been employed for less than a year. And, she had not received an appraisal since she started working in the pharmacy. She said if she had any learning needs, she would ask the pharmacist. And, she was confident they would provide help to find the information she needed.

The dispenser explained she would raise professional concerns with the pharmacist, a store colleague or the area manager. She said she felt comfortable raising a concern. And confident that her concerns would be considered, and changes would be made where they were needed. The pharmacy had a whistleblowing policy. And, the dispenser would use the company intranet to find details of the process. The pharmacist and dispenser communicated with an effective working dialogue during the inspection. The dispenser said she was told by the pharmacist when she had made a mistake. Then, they would discuss what had happened. But, they did not usually explore why she had made the mistake. The pharmacy team members said the company asked the pharmacy to achieve targets. But, they did not know what the targets were because they were usually dealt with by the manager, who was absent during the inspection. They said they would usually be supported by their area manager to achieve such measures.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services provided. And, it has a room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. It kept equipment and stock on shelves and in drawers throughout the premises. The pharmacy had a private consultation room available. The pharmacy team used the room to have private conversations with people. The room was signposted by a sign on the door.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a toilet elsewhere in the store, which provided a sink with hot and cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people and it generally manages its services safely and effectively. It sources its medicines from licenced suppliers. And it stores and manages its medicines appropriately. Pharmacy team members take some steps to identify people taking high-risk medicines. And, they provide them with advice. But, they don't always have written information for people to take away. So, people may not have all the information they need to help them take their medicines safely.

Inspector's evidence

The pharmacy had level access from the store car park through automatic doors. It had a hearing induction loop to help people with a hearing impairment. And, pharmacy team members said they would also communicate in writing with someone with a hearing impairment. Pharmacy team members were unsure about how they would help someone with a visual impairment.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy obtained medicines from three licensed wholesalers. It stored medicines tidily on shelves and in drawers. And, it kept all stock in restricted areas of the premises where necessary. The pharmacy had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). Pharmacy team members kept the CD cabinet tidy and well organised. And, they segregated out of date and patient returned CDs. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct. The pharmacy supplied medicines in multi-compartmental compliance packs to a small number of people. The pharmacy team members present during the inspection did not know how packs were prepared or managed because other colleagues managed them. And, there were no completed packs available to see. So, the quality of preparation and management of packs could not be assessed during the inspection.

Pharmacy team members checked medicine expiry dates every 12 weeks. And records were seen. They highlighted any short-dated items with a sticker on the pack up to six months in advance of its expiry. And, they recorded expiring items on a monthly stock expiry sheet, for removal during the month before their expiry. Pharmacy team members responded to drug alerts and recalls. And, they quarantined any affected stock found ready for destruction or return to the wholesaler. They recorded any action taken. And, their records included details of any affected products removed. Pharmacy team members kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge every day. And, they recorded their findings. The temperature records seen were within acceptable limits. Pharmacy team members highlighted prescriptions for valproate to the pharmacist using a sticker in the basket. The pharmacist said he would counsel people and provide them with information to manage the risks if they could become pregnant. He said he would check if they were enrolled on a pregnancy prevention programme. But, the pharmacy did not have any printed material to provide to people to help them manage the risks. The dispenser gave an assurance that a supply of materials would be obtained. Pharmacy team members were aware of the requirements of the Falsified Medicines Directive. And, the pharmacy had installed new scanners and software to be able to scan compliant packs of medicines. But, pharmacy team members had not

completed any training, despite training being available via the HeLo online training platform and in printed communications sent from head office. And, the pharmacy did not have the required procedures to implement the requirements. So, they pharmacy was no complying with current law. Pharmacy team members did not know what the company's plan was for future compliance with FMD.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy team obtained equipment from the licensed wholesalers used. And they had a set of clean, well maintained measures available for medicines preparation. They used a separate set of measures to dispense methadone. The pharmacy positioned computer terminals away from public view. And they were password protected. It stored medicines waiting to be collected in the dispensary, also away from public view. The dispensary fridges were in good working order. And the team used them to store medicines only. Access to all equipment was restricted and all items were stored securely.

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.