

# Registered pharmacy inspection report

**Pharmacy Name:** Asda Pharmacy, Asda Superstore, Creechbarrow Road, TAUNTON, Somerset, TA1 2AN

**Pharmacy reference:** 1036348

**Type of pharmacy:** Community

**Date of inspection:** 26/11/2019

## Pharmacy context

The pharmacy is located inside an Asda supermarket in Taunton. It is open 7 days a week. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including medicines use reviews (MURs), the NHS New Medicines Service (NMS), flu vaccinations and the supply of emergency hormonal contraception.

## 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 regularly reviews its practices to make them safer and more effective. The pharmacy team identifies and manages risks in the pharmacy appropriately. Team members record their errors and learn from them to stop them happening again. The pharmacy asks people for their views and acts appropriately on the feedback it receives. It has adequate insurance for its services. The pharmacy keeps up-to-date records as required by the law. And it keeps people's private information safe and explains how it will be used. Team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had adequate processes in place to manage and reduce its risks. Near misses were routinely recorded and entries in the near miss log contained a reflection on why the error occurred and actions taken to prevent a reoccurrence. Following several near misses, the pharmacy team now highlighted unusual formulations or strengths on the prescription. Dispensing incidents were recorded on internal reporting system and were sent to the company's head office. A root cause analysis was also completed to identify the reasons for the error. Incidents were reviewed by the responsible pharmacist (RP) and the staff in the pharmacy. When an error occurred, a sticker was placed on the shelf edge at the location of the affected stock to alert the pharmacy team that it had been the subject of a mistake.

Near misses and incidents were reviewed weekly by the regular RP. A more formal review was completed each month and contained an action plan to reduce the likelihood of errors being repeated. Action plans had recently included a focus on training new staff and ensuring staffing levels were adequate. The customer trading manager, who had responsibility for the pharmacy, showed the inspector that appropriate plans were in place to address recent staffing issues.

Standard operating procedures (SOPs) were in place to cover all activities carried out in the pharmacy. They were up to date and were regularly reviewed. Team members accessed SOPs on the online learning portal, HeLo, and a record was kept showing that they had been read. Roles and responsibilities of the pharmacy team members were detailed in the RP SOPs. A dispenser could describe the activities that could not be undertaken in the absence of the RP.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey. 87.6% of respondents to the most recent CPPQ survey had rated the service provided by the pharmacy as very good or excellent. A complaints procedure was available in the practice leaflet which was displayed in the retail area. Following feedback that there were not always enough chairs in the waiting area, the pharmacy team ensured that they sourced additional seating from the consultation room when needed.

Adequate public liability and professional indemnity insurances were in place.

RP records were maintained appropriately in a log and the correct RP certificate was displayed. Records of emergency supplies and private prescriptions were held on the patient medication record (PMR) system and were in order. Records of the supply of unlicensed specials medicines were kept and certificates of conformity contained the details of to whom the product had been supplied. Controlled drug (CD) registers were maintained as required by law. Balance checks were completed weekly. A

random stock balance check of one CD was inaccurate. The RP immediately identified that a different pharmacist had made an error in the register and had recorded a supply of 30 rather than 28 the previous day. The records were subsequently updated. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and the General Data Protection Regulation. Patient data and confidential waste was dealt with in a secure manner to protect privacy. All staff working in the pharmacy were required to sign a confidentiality agreement. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. Verbal consent was obtained from patients prior to accessing their summary care record and a note was generally placed on the PMR stating the reason for access. NHS Smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. The remaining staff had completed level 1 e-Learning provided by the company. Local contacts for the escalation of concerns were displayed on the wall of the dispensary. Staff were aware of the signs requiring referral.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy ensures it has enough staff to operate safely. It employs additional pharmacists when the numbers of support staff are low. Team members are appropriately trained for their roles. They keep their skills and knowledge up to date. Team members suggest and make changes to improve the service they provide. They communicate well with each other.

### Inspector's evidence

Staffing levels were adequate on the day of the inspection. In addition to the RP, who was a locum pharmacist, there were two additional locum pharmacists. There was an NVQ2 trained dispenser and a trainee medicines counter assistant. The RP, who worked in the store on a regular basis, said that there had been recent challenges and an increase in stress in the pharmacy due to staff leaving or being unable to work. The company had responded to these issues by employing additional locum pharmacists. The customer trading manager also described the plans in place to address staffing levels in the longer term. Tasks and responsibilities were allocated to individuals on a daily basis.

The pharmacy team said that they did not always receive protected time to learn during working hours. But the MCA said that she could often find time in between serving people to access her e-Learning account. Resources accessed included modules on the e-Learning platform HeLo, CPPE packages and revised SOPs. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. Team members were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required.

Team members felt able to raise concerns and give feedback to the regular RP, who they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. They said that they found the targets set challenging but manageable. The RP said that he was able to use his professional judgement to make decisions. He would only undertake services such as MURs that were clinically appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team.

### Inspector's evidence

The pharmacy was located in the centre of a large supermarket. A healthcare counter led to a spacious dispensary. A consultation room was available which presented a professional image and had health-related posters and information displayed. The room was locked when not in use. No confidential information was stored in the room.

The dispensary stock was well organised and tidy. Most of stock was stored in pull-out drawers. Fast moving lines, larger items, creams and liquids were stored on shelves. No stock or prescriptions were stored on the floor, and there were dedicated areas for dispensing and checking. Prescriptions awaiting collection were stored in a retrieval system.

Cleaning was undertaken each day by the supermarket cleaning team each day. Cleaning products were available, as was hot and cold running water. Access to the pharmacy was restricted with a lockable barrier. The lighting and temperature of the pharmacy were appropriate for the storage and preparation of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. The pharmacy offers a range of additional services and the pharmacy team deliver these services safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had step-free access. The consultation room was accessed from the retail area. It was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available at the supermarket customer service desk. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy. The RP described how if a patient requested a service not offered by the pharmacy at that time, he would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. A sign-posting folder was available with details of local agencies and support networks. Further up-to-date signposting resources were accessed online.

Dispensing baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Coloured stickers were used to highlight fridge items and CDs in schedule 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines were also highlighted with stickers. The RP described that he checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. But he did not routinely make records of this advice on the PMR. Details of significant interventions were recorded on the PMR. Substance misuse services were provided for 6 people. The RP described how he would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

The pharmacy offered a range of additional services including flu vaccinations and the supply of emergency hormonal contraception. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The RP had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was registered to provide the Community Pharmacy Consultation Service. It had received several referrals from NHS111 but none of these had resulted in the supply of medicines. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. It had a health promotion zone displaying leaflets and information on both locally and nationally relevant topics.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had stickers,

information booklets and cards to highlight the risks of pregnancy to women receiving prescriptions for valproate.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and the entire dispensary was checked every 3 months. A spot check by the inspector found no date expired stock or mixed batches. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AAH. Invoices were seen to this effect. Records of recalls and alerts were seen and were annotated with the outcome and the date actioned.

Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they were not verifying nor decommissioning stock at the time of the inspection. The Pharmacy Safety and Compliance Manager confirmed after the inspection that all stores in the company had the required software and hardware to scan FMD compliant products. And the company core dispensing SOP had been adapted to reflect the change in April 2019.

CDs were stored in accordance with legal requirements in an approved cabinet. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridges were clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

Patient returned medication was dealt with appropriately. Confidential patient information was removed or obliterated from patient returned medication.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Computers are used in a way that protects people's private information.

### Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. Some were dirty and required cleaning. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system with no details visible to people waiting.

### 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.