General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, Asda; Park Royal Ind. Estate, Park Royal Road, Ealing, LONDON, NW10 7LW

Pharmacy reference: 1040690

Type of pharmacy: Community

Date of inspection: 28/03/2023

Pharmacy context

The pharmacy is in-store in Asda in north-west London. 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 online doctor's, community pharmacist consultation service (CPCS), new medicines service (NMS) and seasonal flu vaccinations.

Overall inspection outcome

✔ **Standards met**

Required Action: Improvement Action Plan

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 identifies and manages risk well so its services are safe and effective
2. Staff	Standards met	2.2	Good practice	The pharmacy team are encouraged and supported to keep their skills and knowledge up to date with ongoing training.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy team manage services effectively so they are provided safely to the people who use the pharmacy.
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 members follow suitable written procedures to manage risk and complete tasks correctly. Members of the pharmacy team make sure people have the information they need to help them use their medicines safely. They keep the records they need to by law. The pharmacy team understand how to protect people's private information. And they know how to raise a concern to safeguard vulnerable people.

Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses. Members of the pharmacy team discussed the mistakes they made to learn from them and reduce the chances of them happening again. Sometimes they created flash cards to reinforce the learning from a near miss. The responsible pharmacist (RP) explained that medicines involved in incidents, or were similar in some way, such as amitriptyline and amlodipine or quetiapine and quinine, were generally separated from each other in the dispensary. The pharmacy team created a monthly and yearly patient safety review (PSR). The pharmacy had a complaints procedure, and the RP described the process for dealing with a dispensing incident. The incident had to be reported into the compliance team in hdad office within a timeframe. And the pharmacy team analysed what had happened and what steps they would put in place to minimise the risk of a repeat incident. This might be re-training in the relevant standard operating procedures (SOPs). Incidents were reported to the National Reporting and Learning Service (NRLS).

Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking medicines. And assembled prescriptions were not handed out until they were checked by the RP.

The pharmacy's head office completed some risk assessments on behalf of their in-store pharmacies. The pharmacy had risk-assessed the impact of COVID-19 upon its services and the people who used it. During the pandemic protective measures were installed, such as the screens at the medicines counter and members of the team wore fluid resistant face masks to help reduce the risk of infection by the virus. The floor was marked so people knew where to stand in line and there was hand sanitising gel to apply. The RP explained how the pharmacy completed audits and submitted their findings in line with the pharmacy quality scheme (PQS). These included the valproate audit or checking people used medicines to protect their stomachs against other medicines they took.

The pharmacy had SOPs for most of the services it provided. And these had been reviewed since the last inspection. Members of the pharmacy team had read and signed the SOPs relevant to their roles to show they would follow them. They understood their roles and responsibilities, what they could and could not do and when to seek assistance from the pharmacist. A team member explained that they would not hand out prescriptions or sell medicines if a pharmacist was not present. And they would refer repeated requests for the same or similar medicines liable to misuse to a pharmacist. The RP monitored their progress in completing training in SOPs. The pharmacy asked people for their views and suggestions on how it could do things better. People were able to provide feedback about the pharmacy through a number of ways such as the NHS patient survey, NHS website, Customer Service team or verbally to the RP.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy displayed a notice that told people who the RP was and kept a record to show which pharmacist was the RP and when. Records were kept in a folder of the RP record, CD audits, and fridge temperatures. The pharmacy had a controlled drug (CD) register. And the team made sure it was kept up to date. The stock levels recorded in the CD register were checked regularly so the pharmacy team could spot mistakes quickly. A random check of the actual stock of a CD matched what was recorded in the register. The RP described the records kept by the pharmacy for the supplies of the unlicensed medicines it made. The pharmacy recorded the emergency supplies it made and the private prescriptions it supplied and these generally were in order. But the name and address of the prescriber were sometimes incorrectly recorded. The pharmacy maintained records for the flu vaccinations administered via patient group directions (PGD) or national protocol. And a record of when the NHS flu vaccination was administered was sent to the person's doctor.

The pharmacy was registered with the Information Commissioner's Office. It displayed a notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. The pharmacy team were trained in the information governance and patient confidentiality statement of understanding. Its team tried to make sure people's personal information could not be seen by other people and was disposed of securely. And they used their own NHS smartcards. The pharmacy had a safeguarding SOP. And the RP had completed a level 3 safeguarding training course. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. The RP was signposted to the NHS safeguarding App.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team works well together to manage the workload. Team members are well supported in undertaking ongoing training to keep their knowledge up to date. They are comfortable about providing feedback about services to the pharmacist and they know how to raise concerns.

Inspector's evidence

The pharmacy team consisted of one full-time pharmacist (the RP), and two part-time pharmacists, five full-time and part-time dispensing assistants, a full-time and a part-time medicines counter assistant who were also going to train as dispensing assistants. The pharmacy relied upon its team to cover absences and there was a business continuity plan at the pharmacy's head office. There was an overlap of pharmacist cover on a regular basis.

The pharmacists who administered the flu vaccinations had completed the required training. The pharmacy team completed regular training through the in-house training platform. The RP monitored progress in colleague training and allocated protected learning time if it was not busy in the pharmacy. Members of the pharmacy team had completed or were undertaking accredited training relevant to their roles. They undertook training in line with the pharmacy quality scheme (PQS) such as dealing with domestic abuse.

The team members worked well together. People were served quickly, and their prescriptions were processed safely. The RP oversaw workflow in the dispensary and supervised the supply of medicines and advice given by the pharmacy team. The pharmacy had an over-the-counter (OTC) sales protocol which its team followed. This described the questions the team member needed to ask people when making OTC recommendations and when they should refer requests to a pharmacist. The RP had a six-monthly appraisal to monitor progress in the role and gave team members regular feedback. Because of the team's working pattern, it was difficult to have a regular meeting so there was a communications book to record messages and ensure tasks were completed in a timely way. The team members felt able to give feedback on how they could change or improve services. And they knew they could raise concerns through the whistleblowing policy.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises are clean, secure and suitable for the provision of healthcare. The pharmacy protects people’s private information and keeps its medicine safe when it is closed.

Inspector's evidence

The registered pharmacy premises were bright, clean and secure. And steps were taken to make sure the pharmacy and its team did not get too hot. The pharmacy was located in-store and had a medicines counter, a small dispensary and the consultation room which was signposted. Its fixtures and fittings were generally well maintained. The pharmacy’s consultation room was at one end of the medicines counter and locked when not in use. So, people could have a private conversation with a team member. The dispensary had limited workspace and storage available, but it was tidy and worksurfaces were cleared when the pharmacy was busy. Members of the pharmacy team were responsible for keeping the pharmacy’s worksurfaces clean and tidy.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy stays open later so people can access its services easily at different times. Its working practices are safe and effective and it gets its medicines from reputable sources. It stores them securely at the right temperature to make sure they are fit for purpose and safe to use. The pharmacy team knows what to do when medicines have to be returned to the suppliers. Members of the team 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.

Inspector's evidence

The pharmacy was accessed through the main store and flooring was level. This made it easier for people who used a wheelchair or had a supermarket trolley to use the pharmacy. The pharmacy team members tried to make sure people could use the pharmacy services. The pharmacy had a notice that told people when it was open. And information was available about the other services the pharmacy offered. The pharmacy had seating for people to use if they wanted to wait. Team members could speak or understand Arabic, Farsi, Hindi and Spanish to assist people whose first language was not English. They could print large font labels for people to read more easily and write messages for hearing-impaired people. And they signposted people to another provider if a service was not available at the pharmacy.

The pharmacy had provided a delivery service to help people who could not attend its premises in person during the pandemic, but this was no longer available. The pharmacy used a disposable pack for a small number of people who received their medicines in multi-compartment compliance aids. The pharmacy team members ordered their repeat prescriptions and checked to make sure each medicine was suitable to be re-packaged. They provided a brief description identifying each medicine contained in the compliance aids and patient information leaflets (PILs) so people had the information they needed about their medicines.

Members of the pharmacy team initialled dispensing labels so they knew which of them prepared a prescription. After the first dispensing assistant's check, the pharmacist clinically and accuracy checked the prescription. The patient was texted if they wanted, to let them know their prescription was ready. Warning cards were supplied with certain high-risk medicines. The pharmacy had stickers to attach to prescriptions to highlight when a pharmacist needed to speak to the person about their medication. For instance, the RP described counselling people who were supplied warfarin to make sure they took it safely. The pharmacy had a procedure for dealing with outstanding medicines. Team members were aware of the valproate pregnancy prevention programme. And they knew that girls or women in the at-risk group who were prescribed a valproate needed to be counselled on its contraindications. The pharmacy had the valproate educational materials it needed.

The pharmacy offered the new medicines service (NMS). It identified people with new medicines and helped them use these medicines in the best way with appropriate counselling. The RP followed initial consultations by phone. The pharmacy team explained how they checked people's inhaler technique in

line with the PQS. The pharmacy received referrals from NHS 111 for the community pharmacist consultation scheme (CPCS) to help people by treating minor ailments. If people had their blood pressure monitored, the results were sent to the person's doctor with consent. People could access the pharmacy online doctor service and complete a consultation. The online doctor could email a prescription to the pharmacy if needed. For instance, for travel medicines. The weight loss service was provided and managed centrally via the online doctor who monitored ongoing weight loss to ensure it met the required criteria. The seasonal flu vaccination service was now closed but the RP explained how the team managed the service. People could make an appointment or walk-in for a vaccination in the consultation room. Records of consent, clinical assessment and vaccine information were maintained. The pharmacists had completed training in the PGD and SOP and competencies included consultation skills and safeguarding.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices in their original manufacturer's packaging. And the dispensary was tidy and well organised. The pharmacy team checked and recorded the expiry dates of medicines. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. Its CDs were stored securely in line with safe custody requirements. The pharmacy had procedures for handling the unwanted medicines people returned to it. And these medicines were kept separate from stock in one of its pharmaceutical waste bins. Uncollected prescriptions were cleared regularly after contacting people to see if they still needed the medicines. The pharmacy had a procedure for dealing with alerts and recalls about medicines and medical devices. And the RP described the actions they took and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy keeps people’s private information safe.

Inspector's evidence

The pharmacy had hand sanitisers for people to use. And it had the personal protective equipment its team members needed. The pharmacy had a few glass measures for use with liquids, and some were used only with certain liquids. The pharmacy team had access to up-to-date reference sources. The pharmacy had a refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked the maximum and minimum temperatures of the refrigerator. The pharmacy disposed of confidential waste appropriately. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team member used their own NHS smartcards.

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.