

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, Asda Store, 100 The Jewel, Brunstane, EDINBURGH, Midlothian, EH15 3AR

Pharmacy reference: 1042687

Type of pharmacy: Community

Date of inspection: 23/11/2023

Pharmacy context

This is a community pharmacy within a supermarket on the outskirts of the city of Edinburgh. Its main services include dispensing NHS prescriptions and serial prescriptions as part of the Medicines: Care and Review (MCR) service. Team members advise on minor ailments and medicines use. And they deliver the NHS Pharmacy First 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
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 appropriately manages the risks associated with the services it provides for people. It has a complete set of written procedures which help the team carry out tasks consistently and safely. Team members record and learn from the mistakes they make when dispensing. And they keep the records they need to by law. Team members have knowledge and experience to help support vulnerable people.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) to help team members manage risks. The SOPs were all kept electronically, and each team member had an individual login to the electronic platform to access them. The pharmacy superintendent (SI) reviewed the SOPs on a regular basis. Team members read the SOPs relevant to their role and completed a short assessment to confirm their understanding of them. They were observed working within the scope of their roles. Team members were aware of the responsible pharmacist (RP) regulations and of what tasks they could and couldn't do in the absence of an RP.

Pharmacy team members recorded any mistakes they identified during the dispensing process, known as near misses. These were recorded on a near miss record. They explained that an error would be highlighted to them by the pharmacist, and it was their responsibility to enter it onto the record. This allowed them to reflect and learn from the mistake. The pharmacy manager reviewed the near miss record weekly and monthly to identify any trends and patterns. This was recorded on a patient safety report. An example included an increase in the incorrect dispensing of medicines which looked alike or names sounded alike (LASA). The team had attached "caution LASA" stickers to the most common LASAs, for example rivaroxaban and ropinirole, to reduce the recurrence of this type of error. Team members also recorded details of any errors which were identified after the person had received their medicines, known as dispensing incidents. These incidents were recorded on an electronic platform and were then reviewed by the SI team. The pharmacy team aimed to resolve any complaints or concerns informally. But if they were not able to resolve the complaint, they would escalate to the manager or SI office.

The pharmacy had current indemnity insurance. The RP notice displayed contained the correct details of the RP on duty, and it could be seen clearly from the retail area. The RP record was compliant. The pharmacy had a paper-based controlled drug (CD) register and the entries checked were in order. Team members checked the physical stock levels of CDs against the balances recorded in the CD register on each dispensing. And they completed regular weekly audits. The pharmacy held certificates of conformity for unlicensed medicines and full details of the supplies were included to provide an audit trail. Accurate records of private prescriptions were maintained electronically.

A privacy notice was displayed in the retail area informing people how the pharmacy handled their data. Team members were aware of the need to keep people's confidential information safe. And they were observed separating confidential waste to be shredded. The pharmacy stored confidential information in staff-only areas. Pharmacy team members had completed learning associated with their role in protecting vulnerable people. And they had access to contact details to relevant local agencies. The pharmacists were members of the Protecting Vulnerable Groups (PVG) scheme.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient team members with the knowledge to manage its workload and provide its services. The pharmacy supports its team members to complete appropriate training for their role and keep their skills up to date. Members of the team work well together and communicate effectively. And they are comfortable providing feedback and raising concerns should they need to.

Inspector's evidence

The pharmacy employed two part-time pharmacist managers. And there were also regular locum pharmacists who worked in the pharmacy. The part-time pharmacist managers overlapped working hours with each other which enabled face-to-face communication regarding the pharmacy operations. The pharmacy team who had all started working in the pharmacy within the last year. Team members were all on accredited training courses and were progressing through their coursework. And they had regular meetings with their course supervisor. They were observed working well together and managing the workload. Planned leave requests were managed so that only two team members were absent at a time. Part-time staff supported by working additional hours during periods of planned leave.

All team members received protected learning time each week. And those enrolled on accredited training courses received additional learning time, but some team members completed additional learning at home. They had access to an online learning platform where they completed additional training relevant to their roles. Team members had recently completed training on safeguarding and child protection. The pharmacy manager held regular meetings with all staff members where they discussed any learnings from near misses or dispensing incidents and alerts from head office. The team felt comfortable to raise any concerns to their manager or area manager. The area manager visited the pharmacy regularly. The pharmacy had a whistleblowing policy which team members could access. Team members had not yet received a formal appraisal, but they received regular informal feedback as they worked.

Team members were observed asking appropriate questions when selling medicines over the counter and referring to the pharmacist when necessary. They explained how they would identify repeated requests from people for medicines subject to misuse, for example, codeine-containing medicines. And that they would refer repeated requests to the pharmacist.

The team were set some targets to achieve by the company. These included for prescription items and pharmacy services. Team members felt they were achievable and allowed them to continue providing a safe service to people.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and the team maintains them to a high standard. The pharmacy has a private consultation room where people can have confidential conversations with a pharmacy team member.

Inspector's evidence

The premises were secure, modern, and presented a professional image. The pharmacy workspaces were very well organised with designated areas for completion of pharmacy tasks and suitable storage for prescriptions. A bench used by the RP to complete the final checking process was located at the side of the dispensary near the retail counter. The medicines counter could be clearly seen from the checking area which enabled the pharmacist to intervene in a sale when necessary. A good-sized consultation room was clearly signposted and could be accessed from the retail area and the dispensary.

There was a clean, well-maintained sink in the dispensary used for medicines preparation and there were other facilities for hand washing. The pharmacy kept heating and lighting to an appropriate level in the dispensary and retail area. There were chairs in the retail area that provided a suitable waiting area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support people's health needs. It manages its services well and they are easy for people to access. The pharmacy receives its medicines from reputable sources and stores them appropriately. And team members carry out checks to help ensure they keep medicines in good condition.

Inspector's evidence

The pharmacy had good physical access with a level entrance and an automatic door to the main retail store. The pharmacy displayed its opening hours and some pharmacy services in the window. The team also kept a range of healthcare information leaflets for people to read or take away, these included information on NHS Pharmacy First Service and Medicines: Care and Review Service (MCR).

The dispensary had separate areas for labelling, dispensing, and checking of prescriptions. Team members used baskets to store medicines and prescriptions during the dispensing process to prevent them becoming mixed-up. The baskets were stored on a separate bench whilst waiting to be checked by the pharmacist. This enabled the dispensary benches to remain clear. Team members signed dispensing labels to maintain an audit trail. The team provided owing's slips to people when it could not supply the full quantity prescribed. And they contacted the prescriber when a manufacturer was unable to supply a medicine.

Team members demonstrated a good awareness of the Pregnancy Prevention Programme (PPP) for people who were prescribed valproate, and of the associated risks. They explained they would highlight any prescriptions for valproate for the attention of the RP. They knew to apply dispensing labels to the packs in a way that prevented the written warnings on the packs from being covered up. The pharmacy supplied patient information leaflets and patient cards with every supply. And they always supplied valproate in the original manufacturer's pack.

Team members managed the dispensing of serial prescriptions as part of the Medicines: Care and Review (MCR) service. The prescriptions were stored alphabetically and the team dispensed medicines in advance of people collecting. People would phone in advance to inform team members that they required their next supply of medicines. They kept a record of the collection due date and date the prescription was collected which allowed the team to monitor compliance. The NHS Pharmacy First service was popular due to the extended opening hours of the pharmacy. This involved supplying medicines for common clinical conditions such as urinary tract infections under a patient group direction (PGD). The pharmacist could access the PGDs electronically and had paper-based copies. The medicines counter assistant asked people relevant consultation questions and then referred to an approved list of medicines before suggesting a treatment option to the pharmacist. The pharmacist then completed the consultation.

The regular pharmacist provided a flu vaccination service. They had completed face-to-face vaccination training and on online training module prior to providing the service. And they had read the patient group direction (PGD). The service was managed via an appointment schedule and walk-in appointments were available. Records of vaccinations were maintained. Team members had recently completed training for the new national NHS Naloxone service. This had involved completing an

electronic learning module. And they had read the service specification and SOP. The pharmacist had ordered in the medicine required to provide the service but the service had not been accessed yet.

Pharmacy-only (P) medicines were stored behind the pharmacy counter to prevent unauthorised access. The pharmacy obtained medicines from licensed wholesalers and stored these tidily on shelves. And it used a medical grade fridge to keep medicines at the manufacturers' recommended temperature. Team members monitored and recorded the temperature every day. This provided assurance that the fridge was operating within the required range of between two and eight degrees Celsius. Team members checked the expiry dates of medicines weekly. Short-dated stickers were used to highlight medicines which were due to expire soon. The team advised that they were up to date with the process and had an audit trail to demonstrate completion. A random selection of medicines were checked and all were found to be within their expiry date. The pharmacy received notifications of drug alerts and recalls via email. Team members carried out checks and knew to remove and quarantine affected stock. They returned items received damaged or faulty to manufacturers as soon as possible. The pharmacy had medical waste bins for pharmaceutical waste.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to support the safe delivery of its services. Its equipment is fit for purpose and safe to use. And its team members use the equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including the British National Formulary (BNF) and the BNF for children. And there was access to internet services. The pharmacy had a range of CE marked measuring cylinders which were clean and safe for use. Dispensed medicines awaiting collection were stored in a way that prevented members of the public seeing people's confidential information. The dispensary was screened, and computer screens were positioned to ensure people couldn't see any confidential information. The computers were password protected. The pharmacy had a telephone which was located at the entrance to the dispensary, near the retail area. Team members were able to extend the telephone cord to enable them to move further into the dispensary and have a more private conversation with people. But previously the team had access to a cordless telephone which enabled them to move to a quieter area of the pharmacy, such as the consultation room, to have private conversations with people.

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.