

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, Marshall Road, Leyton High Street,
LONDON, E10 5NH

Pharmacy reference: 1086063

Type of pharmacy: Community

Date of inspection: 11/07/2024

Pharmacy context

This is a branch of the Asda pharmacy chain located in East London. The pharmacy is in the supermarket on a retail park close to Leyton underground station. The pharmacy provides NHS services such as dispensing prescriptions, the New Medicine Service (NMS), Emergency Hormonal Contraception (EHC), COVID and flu vaccinations. It also provides the Pharmacy First service under patient group directions (PGDs), sells over-the-counter medicines and provides health advice. It dispenses some private prescriptions.

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	1.2	Good practice	Team members record and regularly review their mistakes and demonstrate how they use team discussions to improve patient safety and quality of the services they provide.
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	4.1	Good practice	Team members consider the possible barriers to accessing services, for example for people with visual impairment or language difficulties. And they take steps to proactively address these when offering services.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy uses written procedures to ensure that team members understand their responsibilities and how to carry out activities. It manages and protects confidential information well and mostly keeps the records it needs to by law. Team members record and review their mistakes and can demonstrate that they use these events to improve the safety and quality of the services they provide. They have the relevant training to safeguard the welfare of people using their services. People using the pharmacy's services can easily provide feedback.

Inspector's evidence

The pharmacy had Standard Operating Procedures (SOPs) in place to help its team members carry out activities. Each team member had read these and could refer to them through the pharmacy computers. The managers could also see each individual team member's progress with reading the SOPs and the team as a whole was expected to keep the completion rate above 90 percent. There was a quiz for each SOP, which had to be successfully completed before the individual team member was signed off to carry out the task(s) associated with each SOP. The SOPs were regularly reviewed and updated centrally. Those team members questioned were all clear on the correct procedures to follow and their roles and responsibilities. Staff were able to describe what action they would take in the absence of the responsible pharmacist (RP), and they explained what they could and could not do. The details of important contacts were laminated in the dispensary for team members to refer to for business continuity purposes. And the policy for what to do in the absence of a RP was printed and kept in the front of the RP folder. The RP record was also held in this folder and seen to be completed fully.

The RP notice was correct and visible at the time of inspection. Private prescription records were held electronically, however, the sample of records for private prescriptions inspected were not complete with all the necessary details correctly recorded. These were instances of where the prescriber and corresponding address had been incorrectly entered. Documentation for unlicensed medicines were generally well maintained. The RP explained that they did not usually make emergency supplies. The required entries had been made in controlled drug (CD) registers that were seen and a random physical check of two CD medicines matched the balance recorded in the register. CD balances were checked regularly as stated in the SOP and there was clear documentation of recent balance checks. The RP explained that CD prescriptions were highlighted to ensure that team members always referred to the pharmacist before handing out a CD. The pharmacist would then complete the relevant checks, including confirming the identity of the person or representative, checking the relationship to the patient, and obtaining a signature for proof of collection.

The pharmacy had logs available to record dispensing mistakes that were identified before reaching a person (near misses). And near misses were usually recorded by the person who made the mistake, to encourage ownership and learning. Regular weekly reviews of the near miss log were completed with the team to identify trends or patterns in mistakes. A few medications that looked alike and sounded alike were highlighted on the shelf, demonstrating some action taken to minimise mistakes. The RP described the in-house rules the team followed to minimise mistakes, such as dispensing only one prescription at a time and annotating some prescriptions with brand names to help team members select the correct medicine. The near miss logs were kept, and the data was used to produce an end of year report to ensure continuous reflection and drive improvements. There was a newsletter to

highlight any changes, service information and learnings from across the organisation, this was shared with the team in the weekly team brief.

There had been no reported dispensing mistakes which had reached the person (dispensing errors). The RP described the steps that they would take in the event that a dispensing error occurred. These included speaking to the person who had received the error and following the SOP, which involved documenting the error on the pharmacy's system. And an incident report was completed with the team members involved to identify the cause, learnings, any specific outcomes and establish corrections. The error was escalated to the superintendent pharmacist (SI) where appropriate. The RP said that the compliance team reported all dispensing errors to the NHS 'learn from patient safety events' (LFPSE) service.

The indemnity insurance certificate was in date and held centrally. Feedback or complaints from people using the pharmacy's services could be received verbally in person, by telephone or through an online form on the pharmacy's website. If a complaint was received, team members had an SOP to refer to and they could escalate issues to the store manager or compliance team. The store received results of an annual customer satisfaction survey so that feedback could be shared amongst the team.

The pharmacy completed a weekly clinical governance checklist to ensure compliance with regular reviewing, learning and improvement of processes. A CD audit was also conducted, this was on a monthly basis and involved the compliance team specifying a particular medication to look at in depth. During this audit balances, invoices and prescriptions were checked to ensure correct documentation and to identify any discrepancies. The pharmacy had also participated in NHS pharmacy quality scheme audits which looked at various medications and conditions including antibiotics and anticoagulant high-risk medicines.

Computers were password protected meaning that confidential electronic information was stored securely. Confidential paper waste was destroyed appropriately using an external contractor. And patient-returned medicines that were to be sent for destruction had patient details removed. Checked medications that were awaiting collection were stored appropriately to ensure that people's information was not visible from the counter. The RP said that all team members had completed General Data Protection Regulation (GDPR) and information governance training through the company learning portal.

The pharmacy team members had completed safeguarding training and understood safeguarding requirements. Team members were able to describe some of the signs to look for and the actions they would take to safeguard a vulnerable person. The medicines counter assistant (MCA) explained that they would discuss any safeguarding concerns with the RP and there was a written procedure to help make sure that staff could protect vulnerable people. The RP said that they had not seen any incidences of safeguarding but explained that an internal online form was available to raise a concern if necessary. There was a company safeguarding lead who they were able to refer to for guidance in escalating any concerns and this person could help in providing information to local safeguarding boards.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff for the services it provides and manages its workload safely. It supports the team with appropriate training to ensure safe practice. And team members can raise concerns if needed, in an open and honest environment.

Inspector's evidence

The team on the day of inspection consisted of the RP, two dispensers (one of whom mostly covered the healthcare counter) and an MCA. The RP explained that they had one team member, who was not present on the day of inspection, that had not yet been enrolled on a qualification course but had only started working on the pharmacy counter two weeks ago. All other team members had completed an accredited course for the roles they undertook.

The team was up to date with dispensing prescriptions with no backlog of work. When questioned, the MCA was able to demonstrate an awareness of medicines with the potential for abuse and could identify people making repeat purchases. They knew the correct lines of questioning when selling medicines or providing advice and knew when to refer to the pharmacist. Team members were observed referring queries to the pharmacist when needed. The RP said that the company used 'mystery shoppers', who were people who came in and purchased over-the-counter medicines. They checked staff were using the right lines of questioning, and identified areas of improvement and provided feedback. The dispensers reported that they did not get designated training time in work hours. But had access to a range of resources to ensure continued learning and development which they often completed in quiet times in the pharmacy. The RP reported feeling comfortable in using their professional judgement when decision making and felt that company targets did not impede this.

The RP explained that their appraisals were conducted quarterly and annually, and they were given the opportunity to make suggestions and raise any concerns with their line manager. And there was a pathway to escalate matters if required. Other team members said that they had not had the opportunity for a formal appraisal, but said they felt able to raise concerns with the RP and store manager. The dispenser and MCA described working openly and honestly with the whole team and had informal discussions around concerns and feedback. They were also able to raise any concerns or ideas in the weekly team briefing. The dispenser said that the medicines dispensed the most had been moved to one section of the pharmacy to help with workflow and that this was one example of an idea that had been raised at the team briefing prior to implementation.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. It has enough dispensing space for team members to work safely. And people visiting the pharmacy can have a conversation with a team member in private.

Inspector's evidence

The pharmacy was located to the right of the supermarket, there was good ventilation, and the premises were well-lit. Pharmacy-only medicines were kept behind the counter. And there was a suitably sized consultation room for confidential conversations and providing services. This was accessible from both the shop floor and behind the counter and was locked at the time of inspection. There was no confidential information on view inside the consultation room and a password-protected computer was available inside. Equipment was stored neatly in a trolley, making it readily accessible when required to provide services.

The dispensary was at the rear of the premises, which allowed team members to see people entering the pharmacy and protected confidentiality. There was a lockable barrier across the entryway to the counter and dispensary which prevented unauthorised access. The dispensary was well organised and completed prescriptions that were awaiting collection were stored appropriately to ensure that people's information was not visible from the retail area. The premises were well maintained, they were kept clean and tidy, and the temperature was suitable for storing medicines. Handwashing facilities were available in the dispensary, and the supermarket had allocated staff toilets with separate handwashing facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to a wide range of people, and it delivers its services in a safe and effective manner. It obtains its medicines from reputable sources and manages them appropriately so that they are safe for people to use. Its team members identify people taking higher-risk medicines and provides them with appropriate advice. This helps make sure they take their medicines safely.

Inspector's evidence

The pharmacy had step-free access for people with wheelchairs or pushchairs. There was a small retail area with some seating for people awaiting service. Most team members were multi-lingual and large-print labels were available on request. The RP said that the team ensured dispensing labels did not cover braille on the packaging of medicines. And they described taking the time to counsel people with visual impairment, particularly if there had been a change of brands, using the medicines packaging to support with this. Opening times and services were clearly displayed. Patient Group Directions (PGDs) for the Pharmacy First service were signed online and all staff had completed some level of training depending on their role.

Medicines were sourced from licensed suppliers. A random spot check of stock revealed no out-of-date medicines and a date checking matrix was in use to ensure that regular checks for short-dated medicines were completed. Items with short dates were seen to be recorded on sheets and were highlighted with stickers, so that team members knew when to dispose of these and could tick when they had been removed from the shelves. Dates of opening for liquid medicines were written on the bottles to help staff know if they were still suitable to use. Temperature check records for the fridge were completed daily and showed no deviations in temperature outside of the required range of between 2 and 8 degrees Celsius. CDs were stored securely, and destruction kits were available for patient returns or expired medicines. The RP said that the area manager was a controlled drugs accountable officer (CDAO) nominated witness and they were contacted when the destruction of CD medicines was required.

The pharmacy received safety alerts and drug recalls, or information about other problems with medicines or medical devices, through the pharmacy system. These were printed and signed and dated by the team member that actioned them. The RP explained that if the pharmacy team are unable to print the alerts the store admin team printed them, this ensured that they consistently maintained an audit trail. Team members logged any actions taken on the central store system.

There were controls in place to help minimise errors, such as using baskets for each prescription so that their contents were kept separate from other prescriptions. Dispensing labels included 'dispensed by' and 'checked by' boxes to indicate who had carried out those tasks. Any points the pharmacist needed to be aware of were also printed on a label that was attached to the prescription token. This was generated from the PMR system and included dose changes and people eligible for services such as the New Medicine Service (NMS). The RP explained that prescriptions for higher-risk medicines were also highlighted using these labels created by the PMR, to prompt the pharmacist to provide appropriate advice and counselling to people receiving these medicines. Team members were aware of the risks involved when supplying valproate products to people who could become pregnant. The RP explained that they did not have any people known to the pharmacy with a repeat prescription for valproate

products. But they would check if people were on a Pregnancy Prevention Programme (PPP) where necessary and record interventions on the PMR system. They also knew about the guidance to supply these products in complete original manufacturer's packs, and to ensure they didn't cover any of the warnings with dispensing labels. Leaflets were available in the dispensary to supply with the valproate products.

Uncollected prescriptions were removed from the shelf periodically around every four weeks. The RP explained that if there was a contact number available for the person then they would text or call them with a collection reminder. Once removed, medicines were returned to stock where possible and the prescription was marked as not dispensed or partially dispensed before being returned to the NHS spine or claimed for.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use and uses it to help protect people's personal information.

Inspector's evidence

The pharmacy used suitable standardised conical measures for measuring liquids, and clean tablet and capsule counters were available for dispensing loose medication. A separate tablet counter for cytotoxic medication was available. A sharps bin and an in-date anaphylaxis kit were available in the consultation room for when vaccinations were administered. Some out-of-date adrenaline was found in the consultation room, however this was removed and put with the medicinal waste during the inspection. A new otoscope was on hand with disposable specula covers for providing the Pharmacy First service. The RP said that the blood pressure monitor and body weight scales were replaced annually. Ambulatory blood pressure monitors were available and replaced by the NHS when necessary. Team members had their own NHS smartcards, for accessing electronic prescriptions, and all computers were password protected to safeguard information.

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.