

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, Sportcity, Ashton New Road,
MANCHESTER, Lancashire, M11 4BD

Pharmacy reference: 1087145

Type of pharmacy: Community

Date of inspection: 25/06/2024

Pharmacy context

This is a community pharmacy located inside a large supermarket. It is situated in a residential area east of Manchester city centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS Pharmacy First service and seasonal flu vaccinations.

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	1.2	Good practice	The pharmacy team record things that go wrong. They review the records to help identify learning and take action to reduce the chances of similar mistakes happening again.
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and review the records to help identify learning. This helps to reduce the chance of similar mistakes happening again.

Inspector's evidence

There was an electronic set of standard operating procedures (SOPs) which were routinely updated by the superintendent pharmacist's team. Members of the pharmacy team completed training packages on SOPs, and electronically confirmed to say they had read and accepted the SOPs.

The pharmacy used electronic software to record and investigate any dispensing errors and their learning outcomes. Near miss incidents were recorded on a paper log. The pharmacist reviewed the records on a weekly basis and analysed the errors as part of a monthly review. The pharmacist used the data to identify potential underlying trends and learning opportunities to improve their services. They produced a monthly report, with a list of actions to be taken by the team. To help prevent similar mistakes, the team had placed clarithromycin into a basket to help prevent picking errors. And they had used stickers and red tape where similar sounding medicines or formulations were stored. The company circulated a healthcare news update letter to share learning, good practice, and updates between pharmacies. Amongst other topics they covered professional matters. Members of the pharmacy team would read the latest bulletin after it had been received.

The roles and responsibilities for members of the team were described in individual SOPs. A dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Team members wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their noticed displayed prominently. The pharmacy had a complaints procedure which was on display in the retail area. Any complaints were investigated, recorded online, and could be reviewed by the head office if necessary. A current certificate of professional indemnity insurance was available.

Records for the RP and private prescriptions appeared to be in order. Records of unlicensed specials were available, but they did not always contain the required details to show who the medicine was supplied to and when. This was important information in the event of a query or concern with the medicine. Controlled drugs (CDs) registers were maintained with running balances recorded and checked frequently. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team completed IG training, and each member of the team had signed a confidentiality agreement. When questioned, team members were able to describe how confidential information was separated into confidential waste bags for removal by a waste carrier. Information about how the pharmacy handled and stored people's information was on display in the retail area. Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The pharmacist and pharmacy technician

both had completed level 2 safeguarding training. Contact details for the local safeguarding board were in the consultation room. Team members would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete regular training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included two pharmacist managers, a pharmacy technician who was trained to accuracy check, two dispensing assistants, and four trainee dispensing assistants. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be well managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

The pharmacy provided the team with a structured e-learning training programme. The topics covered the services provided, SOP processes, and NHS training for the Pharmacy Quality Scheme. Team members were provided learning time to complete training. And records were kept showing training was up to date. The pharmacy technician felt able to ask for further help or support from the pharmacist managers if she felt she needed it. Members of the team were seen to sell pharmacy only medicines using the WWHAM questioning technique and referring people to the pharmacist if needed. The pharmacist felt able to exercise his professional judgement, and this was respected by the pharmacy team.

Members of the pharmacy team did not receive appraisals about their work. So, development needs may not be always addressed. Each month, the pharmacist created an update for team members to read about any changes in the way they work, or learning which had been identified, to keep all team members up to date. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to their line manager or head office. There were various targets set for professional based services. The pharmacists did not feel under pressure to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

Inspector's evidence

The pharmacy premises was located inside a purpose-built unit in the centre of a supermarket. It was clean and tidy, and appeared adequately maintained. A cleaning log was completed by team members each day. The size of the dispensary was sufficient for the workload, and access to it was restricted by use of a gate. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of central air conditioning units, and lighting was sufficient. Team members had access to a canteen and WC facilities.

A consultation room was available and kept locked when not in use. It appeared clean, and contained a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a large supermarket entrance. There was wheelchair access to the consultation room. Various posters provided information about the services offered, and information was also available on the website. The pharmacy opening hours were displayed on the website. Leaflets provided information about various healthcare topics.

The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. All prescriptions were clinically checked by the pharmacist. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen to confirm the patient's name and address when medicines were handed out. Schedule 3 CDs were highlighted so that staff could check the validity of the prescription at the time of supply. But schedule 4 CDs were not, which would be a useful reminder for team members to check they remained within the 28-day expiry timeframe. The pharmacist provided counselling to people who were prescribed high-risk medicines (such as warfarin, lithium, and methotrexate) for the first time. But there was no process to complete any subsequent checks when these medicines were supplied. So, people may not always receive important advice about their medicines or check they are being taken safely. Team members were aware of the risks associated with the use of valproate-containing during pregnancy, and the need to supply the original pack. Educational material was supplied with the medicines. The pharmacist had completed an audit to identify and speak to people who were at risk to make sure they were aware of the pregnancy prevention programme. There were currently no patients who met the risk criteria.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of medicines were checked on a three-month rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short-dated stock was highlighted using a sticker and liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear separation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last two months. Patient returned medication was disposed of in designated bins. Drug alerts were received electronically from the head office. Alerts were printed, and a record was kept of any action taken, when and by whom.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFC and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter, and a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. Patients were offered its use when requesting advice or when counselling was required.

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.