

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, Asda Superstore, Atherleigh Way,
LEIGH, Lancashire, WN7 5RZ

Pharmacy reference: 1090588

Type of pharmacy: Community

Date of inspection: 18/07/2019

Pharmacy context

This is a community pharmacy inside a large supermarket. It is situated near an out of town retail park in Leigh. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides 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	Good practice	1.2	Good practice	Members of the team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.
		1.7	Good practice	People who work in the pharmacy are given training about the safe handling and storage of data. This helps to make sure that they know how to keep private information safe.
2. Staff	Good practice	2.2	Good practice	The pharmacy team complete learning modules to help them keep their knowledge up to date.
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 ✓ Good practice

Summary findings

The pharmacy team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. Members of the team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again. The pharmacy keeps the records it needs to by law. People who work in the pharmacy are given training about the safe handling and storage of data. This helps to make sure that they know how to keep private information safe.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were regularly updated by the head office. After the pharmacy team had read the procedures, they would complete an assessment to check their understanding of the SOPs.

An internal compliance audit was conducted by the company every year to check compliance with the company's procedures. In the last audit there were some areas to improve in the company's processes with regards to product recalls and date checking. The pharmacist said she had addressed these areas to fall in line with the SOPs.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). The most recent error involved supplying too many tablets against a prescription. The pharmacist investigated the error and the members of the pharmacy team who were involved were retrained in the SOPs. Near miss errors were recorded on a paper log and the records were reviewed monthly by the pharmacist. The pharmacist would also highlight mistakes to staff at the point of accuracy check and asked them to rectify their own errors. The reviews provided examples of action that had been taken to help prevent similar mistakes, for example moving ramipril tablets away from ramipril capsules due to common picking errors. The company shared learning between pharmacies by intranet or email messages. Amongst other topics they covered common errors. The pharmacy team would discuss the information when it was received.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The trainee counter assistant was able to describe what her responsibilities were and was also clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. This was described in the practice leaflet and it advised people to speak to the pharmacist in the first instance. If they were not satisfied they could raise their complaint to the head office. Complaints were recorded to be followed up by the pharmacist or store management.

A current certificate of professional indemnity insurance was provided by the company prior to inspection. Records of the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. The balance of two random CDs 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 had completed IG training.

Members of the pharmacy team and those who would need entry to the dispensary, such as store management and cleaners, had signed confidentiality agreements. When questioned, the technician was able to describe how confidential information was segregated to be destroyed using the on-site shredder. Information was on display about where the company's privacy notice could be found.

Safeguarding procedures were available and had been read by the pharmacy team. The pharmacist said she had completed level 2 safeguarding training. Contact details of the local safeguarding board were available. The technician said she would initially report any concerns to the pharmacist on duty. An example of a raised safeguarding concern was provided. This involved safety concerns for a number of children in the same family who were being served by a member of the pharmacy team. The pharmacist had contacted the local safeguarding board to escalate their concerns.

Principle 2 - Staffing ✓ Good practice

Summary findings

There are enough staff to manage the pharmacy's workload and they are properly trained for the jobs they do. The pharmacy team complete learning modules to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist manager, a pharmacy technician, and eight dispensers. The pharmacy team were appropriately trained or in accredited training programmes.

The pharmacy's core hours were between 9am and 9pm. Between these hours there was a pharmacist and two to three staff, except on Thursdays and Fridays when there were three to four staff. Outside of these hours, the pharmacist was supported by another member of staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Three 'pharmacy buster' staff, who usually worked elsewhere in the supermarket, were available to provide cover if needed. They were enrolled onto an appropriate training course and were routinely scheduled to work in the pharmacy to ensure their knowledge remained up to date.

The company provided the pharmacy team with a structured e-Learning training programme. And the training topics appeared relevant to the services provided and those completing the e-Learning. Training records were kept showing that ongoing training was up to date. Staff were allowed learning time to complete training.

The pharmacy buster was seen to sell a pharmacy only medicine using the WWHAM questioning technique and provided examples of how she refused sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist manager said she felt able to exercise her professional judgement and this was respected by the pharmacy team and the company. The trainee counter assistant said she received a good level of support from the pharmacy team and felt able to ask for further help if she needed it. The pharmacist manager had provided one-to-one feedback with each member of the pharmacy team to discuss their work.

The pharmacy team discussed any issues that had arisen, including when there were errors or complaints. A communications diary was used to record important information so that it could be shared with staff who were not present. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to their line manager. There were service based targets for MURs and NMS. The pharmacist said she did not feel under pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by use of a gate. The temperature was controlled by the use of in store air conditioning units. Lighting was sufficient. The staff had access to a canteen and WC facilities.

A consultation room was available with access restricted by use of a lock. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages them to help make sure that they are provided safely. The pharmacy gets its medicines from appropriate sources, stores them appropriately and carries out checks to help make sure that they are in good condition.

Inspector's evidence

Access to the pharmacy was level via a supermarket and was suitable for wheelchair users. There was wheelchair access to the consultation room. A poster gave information about the services offered. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients using a signposting folder. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy did not provide a repeat prescription service. Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patients' prescriptions to avoid items being mixed up and the baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. A process was in place to highlight any high-risk medicines (such as warfarin, lithium and methotrexate), and the pharmacist said members of the pharmacy team would counsel patients on their latest blood test results. The staff were aware of the risks associated with the use of valproate during pregnancy. The pharmacist said she would speak to any patients who were at risk and make them aware of the pregnancy prevention programme. But educational material was not available to hand out when the medicines were supplied. And records of counselling were not recorded on the PMR. So important information may not be provided to the relevant patients and the pharmacy may not be able to demonstrate that these medicines are always supplied with suitable counselling.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a special's manufacturer. The pharmacy was not yet meeting the safety features of the Falsified Medicines Directive (FMD), which is now a legal requirement. Equipment was installed, and the pharmacy team had begun to perform the safety checks for some medicines. But safety checks were not routinely completed for all medicines.

Stock was date checked on a 12 week 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 recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out-of-date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a minimum and maximum thermometer. The minimum and maximum temperature was being recorded daily and records showed they had been within the required range for the last three months. Patient returned medication was disposed of in designated bins for storing waste medicines. Drug alerts were received electronically from the head office. Alerts were actioned electronically before being printed and filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, all electrical equipment had been PAT tested in July 2019.

There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for CDs. 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.

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 the staff 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. Substance misuse clients were directed to the use of the consultation room to provide privacy.

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.