

# Registered pharmacy inspection report

**Pharmacy Name:** Asda Pharmacy, Viersen Platz, West Rivergate Shopping Centre, PETERBOROUGH, Cambridgeshire, PE1 1ET

**Pharmacy reference:** 1091600

**Type of pharmacy:** Community

**Date of inspection:** 12/12/2019

## Pharmacy context

This is a pharmacy in a supermarket in the centre of Peterborough. It has extended opening hours and dispenses NHS prescriptions that it receives from a wide range of GP surgeries. It provides a service to help people with medicines to stop addiction. It provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations to help people with their medicines.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally manages its risks well. Its team members make appropriate records about errors and near misses, so they can identify trends and make improvements. However, they could identify more specific actions to help make further improvements to safety. The pharmacy keeps the legal records that it needs to and makes sure that these are accurate. The pharmacy's team members manage people's personal information properly. And they know how to protect vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were kept up to date and were accessed on an E-learning platform. A report on the E-learning platform showed that most team members had read the SOPs they needed to. A medicines counter assistant who worked on a seasonal basis had not completed some SOP modules. The pharmacist said that this staff member had been working some hours in the pharmacy for the last three weeks. The responsible pharmacist's name and registration number were displayed on a notice in the retail area.

The pharmacy kept electronic records about dispensing errors. The pharmacist employed at the pharmacy were able to make new records. There were several previous records seen which included actions to prevent a reoccurrence. This included adding notes to people's medication records and making sure team members re-read SOPs. Learning points about a dispensing error had been recorded in the pharmacy's communication book so that locum pharmacists and other team members could see the information.

The pharmacy kept records about near misses on weekly templates. There were some recent records on the current template. The pharmacy used weekly and monthly reviews to identify trends and to share learning. The November 2019 review identified that distractions and busier periods often contributed to mistakes. The pharmacy team didn't always identify specific improvements to safety. The reviews usually included generic actions to reduce the risk of errors. A recent report stated that team members should 'be more careful' to prevent selecting the incorrect medicine.

The pharmacy regularly asked people visiting it to complete satisfaction surveys. The previous survey's results were generally positive. A previous survey had highlighted some negative feedback about the pharmacy's premises. The premises had recently been refurbished. Team members also received verbal feedback. The pharmacy had a process to manage and escalate complaints, so they could be managed appropriately.

Team members received up-to-date training about safeguarding vulnerable people through the pharmacy's E-learning platform. Some team members had received additional training from the Centre for Pharmacy Postgraduate Education. The pharmacy had contact details for local safeguarding organisations to escalate concerns. Team members said that there had been no previous incidents to report to the local safeguarding boards.

The pharmacy had processes about information governance and managing confidentiality. Its team members received regular training about confidentiality through the pharmacy's E-learning platform. The E-learning platform showed that most team members had recently completed these training modules. Confidential waste was separated from other waste so that it could be shredded. Team

members used their own NHS smartcards to access electronic prescriptions.

The pharmacy had up-to-date arrangements for indemnity and liability insurance. It kept required records about controlled drugs (CDs) and these included running balances. Two CDs were chosen at random and the physical stock matched the recorded running balances. The pharmacy kept appropriate records about CDs that had been returned by people. Other records about the responsible pharmacist and private prescriptions were kept and maintained adequately.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy adequately manages its workload. Its team members have the right qualifications for their roles, and they receive ongoing training to keep their knowledge up to date. They competently perform tasks and know when it is appropriate to refer to the pharmacist.

### Inspector's evidence

At the time of the inspection there was the responsible pharmacist (a regular duty pharmacist) and a dispenser present. There was one team member absent due to sickness. The pharmacy manager usually provided additional cover during the lunchtime hours, but he was on annual leave. Other team members were due to start work later in the day to provide cover across the extended opening hours. The pharmacist had tried to telephone another team member to offer overtime but there had been no answer. The pharmacy had a vacancy to fill around 16 working hours. The pharmacy had trained a staff member who usually worked in the supermarket and this person could be used to provide cover during absences. The pharmacy team generally managed the workload adequately and people visiting the pharmacy were mostly served efficiently. There were some periods where the phone was left ringing for some time and where the pharmacist was left on her own whilst the dispenser took a short break.

The pharmacy shared messages across the extended working hours through verbal discussions. It informed team members about actions to complete through the communications book or printed emails. Team members had appropriate pharmacy qualifications and they kept some certificates in the pharmacy which showed this. They said that their head office also kept records about the qualifications they completed. The team was provided with ongoing training through the pharmacy's E-learning platform, however the team members didn't always have time set aside to complete it. This meant that team members sometimes completed the training modules outside of their normal working hours. The completion of training modules was monitored to make sure team members kept their knowledge up to date. The pharmacy team received messages from head office which provided updates about services and notable practice.

The pharmacy had several targets about its performance and services. The information was summarised and displayed in the dispensary. The pharmacist said that her line managers were generally understanding about the targets and said that they received some training about the pharmacy's services. The pharmacist said that the targets did not pressure her to compromise her professional judgement. She received feedback about her performance during appraisals and provided informal feedback to other team members.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides its services from suitable premises. It has enough space to dispense and store its medicines. And it has appropriate security arrangements to protect its premises.

### Inspector's evidence

The pharmacy was clean and tidy. It had refurbished its premises around two months before the inspection. This meant that there was more space to store and dispense its medicines. There were some works outstanding which included installation of a leaflet holder in the retail area. There were some boxes of paperwork and other materials that were going to be displayed in the new premises. This included some certificates of staff qualifications. The pharmacy's team members kept workbenches tidy so that there was enough space to complete tasks safely. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a suitably-sized consultation room which was appropriate for private consultations and conversations. The consultation room was locked when it wasn't used. The pharmacy had appropriate security arrangements to protect the rest of its premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally manages its risks well. It sources its medicines from reputable suppliers, and it stores them in appropriate conditions, so they are safe for people to use. It takes the right action when it receives information about medicines recalls. The pharmacy's team members identify higher-risk medicines, so they can provide appropriate advice to people.

### Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. There pharmacy did not have its practice leaflets on display which may have restricted some people's access to information about the available services. A leaflet holder was due to be installed in the pharmacy.

The pharmacy supplied medicines to help some people who received treatment for substance misuse. Some people had their treatment supervised by the pharmacy's team members. Supervision took place in the consulting room to maintain people's confidentiality. The pharmacy kept appropriate records about the medication supplies and its supervision. It kept separate folders to clearly identify which people were supervised. The medicines were pre-packed which helped the workload to be managed safely. This service was organised and managed well so that people efficiently received their treatment and the required records were maintained.

The pharmacy ordered prescriptions for some people. It kept records about prescription orders it had made so that its team members could check the prescriptions included all the required medicines. The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. It used a fridge to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates regularly. It kept records about checks that it completed and medicines that had gone past their 'use-by' date. The latest records were dated in November and December 2019. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were first opened. This helped the team members to know that the medicine was suitable if they needed to use it again.

Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used to segregate cytotoxic and other hazardous medicines. The pharmacy didn't have a list to help identify cytotoxic and hazardous medicines, so it may have been harder for the team to separate these returns. The pharmacist said that the list hadn't been displayed since the refurbishment.

The pharmacy had required equipment and software to help verify its medicines in line with the Falsified Medicines Directive. The pharmacist confirmed that medicines could be scanned but the pharmacy wasn't always completing the required processes. This was highlighted to the team members so that they could continue to scan medicines and help to verify their authenticity. The pharmacy

received information about medicine recalls from its head office. It kept records about the recalls it had received and the actions that had been taken. This included a recent recall about ranitidine.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team and these were communicated to the pharmacist. The pharmacy had notes which they used to pass messages on to the pharmacist about interactions and higher-risk medicines. The pharmacy used stickers to highlight some dispensed medicines including CDs and fridge items. The pharmacy used stickers to highlight dispensed medicines that needed more counselling. The pharmacy kept records about relevant blood tests for people who received warfarin. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. The pharmacist knew where to locate up-to-date guidance materials to support this advice. The pharmacy didn't provide a delivery service.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members know how to report maintenance issues, so they can be appropriately managed. The pharmacy's team members use up-to-date reference sources when they deliver the pharmacy's services.

### Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Team members had contact details to report maintenance issues. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had glass measures to accurately measure liquids. It clearly separated some glass measures for CDs. The pharmacy's team members accessed up-to-date reference sources on the internet.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.