

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, West Quay Road, POOLE, Dorset,
BH15 1JQ

Pharmacy reference: 1091650

Type of pharmacy: Community

Date of inspection: 31/05/2024

Pharmacy context

This is a pharmacy located inside a large supermarket in central Poole. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides the Pharmacy First Services, New Medicines Service (NMS) and services for people who use drugs.

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 identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. It also completes all the records it needs to by law, and it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

A near miss record was available in the dispensary and was seen to be used on a regular basis by the pharmacy team. The pharmacy team explained that most of their near misses came from medicines which looked alike and had similar sounding names. The near misses were reviewed every week by the pharmacists and any learning from the incidents was share with the whole tea. The team would report all errors on an electronic reporting system, and they explained that they would inform all team members of any errors and they would discuss them to ensure any learning was identified and appropriate changes were implemented. All the error reports were sent to the company's head office.

Standard Operating Procedures (SOPs) were in place for the dispensing tasks and had been updated recently. Staff in the pharmacy had signed to say they had read, understood and agreed to adopt the SOPs. The SOPs included procedures for all the pharmacy dispensing tasks. There was a workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. There was a complaints procedure in place within the SOPs and the staff explained they would refer complaints to the manager or the superintendent pharmacist. A valid certificate of public liability and professional indemnity insurance was available.

The controlled drug register was maintained electronically, and a balance check was carried out weekly. The responsible pharmacist record was held in the pharmacy, and all the pharmacy hours were covered by at least one pharmacist. On entry into the pharmacy, the incorrect responsible pharmacist notice was on display, but this was changed quickly. The maximum and minimum fridge temperatures were recorded daily and were within the correct temperature range. On testing the fridges, the temperatures were within the correct range. The private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately and stored appropriately.

The computers were all password protected and the screens were not visible to people using the pharmacy. There were cordless telephones available for use. The pharmacy had a shredder in place, and confidential wastepaper was destroyed appropriately.

The pharmacists had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and the team members had completed a safeguarding module as part of their training. They were all aware of the actions they should take if they had a safeguarding concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy trains its team members for the tasks they carry out using accredited training courses. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable to assist one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there were two pharmacists, two NVQ Level 2 dispensers and one medicines counter assistant. The staff members had all completed accredited training and were also enrolled on continuous training from MediaPharm. The staff were observed to be following the dispensing SOPs and working well together.

The team members explained that they all worked well together and were supportive of one another. A member of staff explained that the pharmacists keep them updated with any information they need to know and they also received regular information from the Superintendent's office. There were no targets in place and the team explained that they would never compromise their professional judgement for commercial gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, organised and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively. The pharmacy has a suitable consultation room for private conversations.

Inspector's evidence

The pharmacy was located in a large supermarket next to one of the entrances. It had a bright modern appearance and customer areas were generally clean and tidy. It had a spacious shop floor and a consultation room for private consultations. The pharmacy had an L-shape layout with most of the dispensary screened from view. The dispensary was spacious with clear work areas. There was a clear workflow with clearly defined areas for dispensing and accuracy checking. There was also a medicines counter which was always manned and a sound-proofed consultation room which could be locked when not in use and included seating, a computer and a sink. The consultation room provided a suitable professional environment for consultations to take place.

The pharmacy was busy, and this resulted in some stock and prescriptions being held in tote boxes on the floor. However, the team explained that this was usually cleared daily. Dispensed prescriptions were stored so that people's details could not be viewed by other people. The dispensary was generally clean and well maintained. Lighting was bright and suitable for the delivery of services. The pharmacy was well-ventilated with temperature control systems in place. It had a professional appearance and stocked a range of items for health and personal care.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support the health needs of the local community. And people can easily access these services. Team members make suitable checks to ensure people taking higher-risk medicines do so safely. They store and manage medicines appropriately. And they take the right action in response to safety alerts, so people get medicines and medical devices that are safe to use.

Inspector's evidence

The supermarket's external entrance had an automatic door and step-free access suitable for wheelchair users. The shop floor area was uncluttered and wide enough for wheelchair users to move around. The pharmacy had a prescription ordering service for a small number of people who needed help with managing their prescriptions. Services were advertised at the medicines counter for people to see. There was a variety of information leaflets available for customer selection. Information leaflets were placed in a rack near the waiting area and in the consultation room.

The pharmacy provided the Pharmacy First service and staff had all been trained on the requirements of the service. However, they explained that people were unsure of the service specification and what conditions could or could not be treated under the service. They also explained that the local GPs were also unsure of the full scope and did not always refer patients appropriately. The pharmacy provided services for people who use drugs and had built up a good relationship with the prescribers for these services to ensure people were looked after well and received appropriate care in a timely manner.

When asked about the recent strengthened warnings for people who could become pregnant that were taking valproates and isotretinoin, team members were aware of the requirements for people in the at-risk group to be counselled on their use and for appropriate information to be provided to patients. The team members were aware of the requirement to ensure valproates were dispensed in their original packs and for the warning information to not be obscured. The pharmacy had a procedure for targeting and counselling everyone in the at-risk group taking sodium valproate or isotretinoin.

The pharmacy had a process for dealing with MHRA alerts and explained that they would receive the alerts electronically and they would then print them out and annotate them to record any action they had taken. Medicines and medical equipment were obtained from licensed wholesalers. Invoices were seen to verify this. Stock was stored in an organised fashion. CD cabinets and several fridges were available for storing medicines for safe custody, or cold chain storage as required. The team completed date checking on a three-month rolling basis and records were available to show they had completed the date checking and had taken off any medicines close to expiry.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use.

Inspector's evidence

The pharmacy team had access to paper-based reference materials such as the BNF but also knew how to access them online if needed. Computers were in good working order and screens were suitably located and access to computers containing patient data was protected using individual password and password protected. Staff had their own NHS smart cards to access medication records.

The pharmacy had several conical measures available, all of which were clean and bore a crown stamp. Some measures were marked with red paint to highlight that they should only be used for measuring methadone solution. Counting triangles were available and there was a separate one available which was clearly marked for cytotoxic medicines. Medicines awaiting collection were not accessible to people. Patient information was not visible from the counter. There were suitable pharmacy facilities including CD cupboards and fridges used for medicines storage. Designated bins for the disposal of waste medicines were available for use and the team also had separate bins for the disposal of hazardous waste.

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.