

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, Asda Superstore, Alexandra Road, HOUNSLOW, Middlesex, TW3 1JT

Pharmacy reference: 1091704

Type of pharmacy: Community

Date of inspection: 23/10/2019

Pharmacy context

A pharmacy located in a large Asda supermarket in Hounslow, London. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), New Medicines Service (NMS), multi-compartment compliance aids for patients in their own homes, private ACWY meningitis vaccinations, emergency hormonal contraception, a hair retention service, erectile dysfunction treatment and a malaria prophylaxis service.

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

Overall, the pharmacy's working practices are safe and effective. It records and reviews its mistakes and keeps all the records required by law. Team members keep people's information safe and they help to protect vulnerable people.

Inspector's evidence

Near misses were recorded in a log held in the dispensary. Any near misses were highlighted to the team member who made the error, and the pharmacist then asked them to look at it again, change it and then record it. Errors that left the premises were recorded on incident report forms electronically which were sent to the head office team and were then shared with the team. The dispenser explained that the team held a meeting every week to discuss all the incidents recorded in the near miss log and any dispensing errors as well as any other issues which the team needed to be aware of that may impact on safety of their work. She explained that if a member of the team was not in, they would communicate any issues highlighted to them later and they would also document any actions in the communications book for each member of the team to read when they came in. The team had highlighted any Look Alike Sound Alike (LASA) medicines on the shelves in the dispensary so that the team members would exercise caution when picking these products.

There was a clear and logical workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multicompartment compliance aids were prepared on a dedicated bench at the back of the pharmacy to prevent distractions. Standard operating procedures (SOPs) were in place for the dispensing tasks and were updated every two years. The team had signed the SOPs to say they had read and understood them, and staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance was available electronically and was in date. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual community pharmacy patient questionnaire (CPPQ) and the results of the 2019 survey were positive and displayed on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of MST 15mg tablets was checked for record accuracy and was seen to be correct. The controlled drug register was maintained, and the pharmacist checked the running balance every week. The pharmacy held a paper responsible pharmacist record, and the responsible pharmacist notice was displayed in the pharmacy where patients could see it. The private prescription records were completed electronically, and the specials records were complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential waste paper was collected in confidential waste baskets and later shredded. The team had an information governance policy in place which had been signed by them and they had completed GDPR training. The pharmacy had also completed the Data Security and Protection Toolkit. All members of staff who worked in the pharmacy had signed a confidentiality agreement as well as all the supermarket management team. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training

programme on safeguarding vulnerable adults and children. Team members explained that they were aware of things to look out for which may suggest a safeguarding issue and they held the contact details for the local safeguarding authorities in the pharmacy. They were happy to refer to the pharmacist if they suspected a safeguarding incident. They were all Dementia Friends and had completed this learning online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training materials to ensure that they have the skills they need. Pharmacy team members are able to make decisions and use their professional judgement to help people. Team members can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

During the inspection, there was one pharmacist, one dispensing assistant and one medicines counter assistant. The staff had completed accredited training from Buttercups and certificates of completed training were available in the consultation room. The staff were seen to be working well together and supporting each other during busy periods in the pharmacy. The team explained that they had recently recruited some new members of staff who were completing the Buttercups medicines counter assistant course and then they would complete the dispensing course to allow more flexibility in staffing during the evenings.

The team completed ongoing training with the company's Helo training modules. The modules kept them up to date on seasonal health campaigns, new SOPs, products and services. The dispenser explained that the whole team have dedicated time during their working hours to complete this training to ensure they are up to date. The pharmacy team explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. There were targets in place for MURs and NMS, but the team explained that they would never compromise their professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and well maintained. The pharmacy has a private consultation room which is used regularly, and the pharmacy is secure when it is closed.

Inspector's evidence

The pharmacy was based in a corner at the front of a large supermarket and was clearly signposted from the entrance of the supermarket. The pharmacy included a small pharmacy retail area, medicine counter, dispensary and a larger than average consultation room. The pharmacy had recently been refitted and was bright and well presented. The dispensary was large enough for the workload in the pharmacy and work benches were clean and tidy. The pharmacist explained that the work benches were sectioned off for different dispensing procedures to ensure that work was completed in a dedicated space and it was clear what was going on with each prescription.

The pharmacy was professional in appearance and clean. The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The team explained that they cleaned the pharmacy between themselves daily and they also had a store cleaner who would clean the floors and empty the bins every day in the morning. The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. Medicines were stored on the shelves and in drawers in a suitable manner.

The dispensary was screened to allow for the preparation of prescriptions in private and the consultation room was signposted as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room could be locked and included seating, storage and a computer with the PMR. There were two entrances into the consultation room; one from the dispensary and one from the retail area, and the consultation room was kept locked when not in use.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. They identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

Pharmacy services were displayed on a large poster by the medicines counter and in the practice leaflet. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the consultation room and by the waiting area. There was step-free access into the pharmacy via an electric door and there was also seating available should people require it when waiting for services.

The pharmacy team prepared multicompartiment compliance aids for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside and they were supplied with patient information leaflets (PILs) every month. The team was aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates and the team had checked the PMR to see if they had any patients in the at-risk group. The pharmacist explained that she would ask patients taking warfarin if they were aware of their INR, warfarin dose and they were having regular blood tests. The team recorded these details on the patient's records. The pharmacist explained that she recently had a patient who had brought in his warfarin prescription and had regular blood tests, but he did not know his INR. So, the pharmacist explained she reminded him to always bring in his yellow anticoagulant monitoring book in every time he came for warfarin. Dispensing labels were routinely signed to indicate who had dispensed and who had checked a prescription.

The pharmacy was compliant with the European Falsified Medicines Directive (FMD) and were using the Healthi FMD program. The pharmacist demonstrated how they were decommissioning medicines and the training that the staff had received around FMD. The pharmacy obtained medicinal stock from AAH and Alliance. Invoices were seen to verify this. The pharmacy was date checked every three months and the team highlighted items due to expire with coloured stickers and kept a record of items which were due to expire. The maximum and minimum fridge temperatures were recorded electronically daily and were mostly in the 2 to 8 degrees Celsius range apart from on the day of the inspection. The pharmacist explained that the previous day, the locum had accidentally unplugged the fridges before she went home at night. As a result, the maximum temperature reading for both fridges was out of range. The pharmacist explained that she informed the store manager and had moved all the medicines into one fridge and reset both fridges. The fridge items which had come in from the suppliers on the day were stored in the other fridge which was now in the correct temperature range and everything else was due to be destroyed.

There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned

by patients. The CD cabinet was appropriate for use and well secured to the floor of the dispensary in accordance with regulations. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for ranitidine. The recall notices were printed off in the pharmacy and annotated to show the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure it works and is accurate.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 100ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters. Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

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.