

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, Monkswood Way, STEVENAGE,
Hertfordshire, SG1 1LA

Pharmacy reference: 1091817

Type of pharmacy: Community

Date of inspection: 12/12/2019

Pharmacy context

The pharmacy is in a supermarket. It provides NHS and private prescription dispensing. The team also dispenses medicines in multi-compartment compliance packs for some people. The pharmacy also provides travel advice and 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 is motivated to learn from near misses so it can improve the care provided to people by the pharmacy.
2. Staff	Good practice	2.2	Good practice	The staff are enabled to improve their skills and knowledge by completing additional training. They have time allocated for this during the working day.
		2.4	Good practice	The pharmacy has a proactive approach to managing risks and embedding knowledge and skills.
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

Members of the pharmacy team work to professional standards and identify and manage risks effectively. They are clear about their roles and responsibilities. They proactively log any mistakes they make during the pharmacy processes. They review these regularly so they can learn from their mistakes. And they have put in place improvements to reduce risks in the dispensing process. The pharmacy keeps its records up to date. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random which had been reviewed within the last two years. They were signed by the pharmacy's team members to indicate they had been read. The written procedures said the team members should log any mistakes in the process in order to learn from them. They regularly logged any issues, and these were reviewed weekly to identify trends and learning from these near misses. Any member of the team not present during the discussion was told about it when they were next in the pharmacy and their views sought. They had identified that certain times of day were causing more issues and so were trying not to rush, especially at these times, and to let people know the true waiting time, to alleviate the stress in the dispensary.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist, when needed. The results from the latest customer questionnaire were displayed on a wall of the pharmacy. The results showed a very positive response, with a few comments about healthy living advice. There was a display in the waiting area with information displayed along with leaflets which had been introduced since the results had been provided.

The pharmacy had professional indemnity and public liability insurances in place. The pharmacy team recorded private prescriptions and emergency supplies on the computer, but the details of the prescriber and the date of the prescription were not always recorded accurately. The controlled drugs registers were up to date and legally compliant. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range.

Confidential waste was separated and put into red bags, which were stored in the cash office until collection by a licensed waste contractor. Confidential material was not visible from the shop area, and was kept in the dispensary and in the consultation room, which was not accessible to the public. It was noticed that staff did not share their NHS smart cards and removed them when they were not in use. All the team had done some training on information governance and the General Data Protection Regulation (GDPR). There was a notice displayed explaining how people's private information would be used.

The team had all done some safeguarding training and were able to explain what they would do if they suspected someone was in danger. The pharmacist had undertaken formal training to the required level.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough qualified staff to provide safe services. Its staffing rotas enable it to have good handover arrangements and effective staff communication. Training is provided by the company and staff find this useful to help keep their skills and knowledge up to date. The pharmacy has a proactive approach to managing risks and embedding knowledge and skills.

Inspector's evidence

There was a pharmacist, a dispenser and a counter assistant present during the inspection. They worked well together as a team. The counter assistant was fairly new in post and was undergoing the appropriate training for her role. She said that she felt supported in the role. The dispenser had completed her training. The whole team were provided with on-going training by the company which the dispenser said had been beneficial in reminding her of treatments for coughs and colds and had supplemented the pharmacist's advice on changes to the law and dispensary matters. Time was given in-store to do this training. Each standard operating procedure was reviewed on a rolling basis to try to ensure that the team were following them.

The team had regular appraisals and said that they felt able to give feedback and make suggestions as to how the pharmacy service could change to improve customer care.

The pharmacist reported that the targets set by the company did not affect her professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The area in front of the pharmacy was very large and gave a professional image to the public. It had health promotion material and allowed people waiting for prescriptions to stand or sit in comfort, away from the busy traffic of the rest of the supermarket.

The consultation room was kept locked from the shop and allowed adequate access for wheelchairs and pushchairs. It was clean, tidy and bright. The sharps bin for used needles was kept out of reach of the public. There was a second door from the counter area which was open so the staff could allow access from the shop when needed. The dispensary and counter were also clean, tidy and bright. There were separate areas in the dispensary used for dispensing and checking. And another area used for checking off orders. These areas were clutter free

Staff had access to the store toilets and there were adequate handwashing facilities in the pharmacy. There was sufficient shelving space so stock could be stored in a tidy and organised way, and there was no stock on the floor.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. They try to make sure that people have all the information they need so that they can use their medicines safely. However, there are times when this does not happen consistently.

Inspector's evidence

Access to the pharmacy was level from the supermarket and there was ample space for waiting pushchairs and wheelchairs. The pharmacy team could use large print labels to help people with low vision.

The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions where the person was waiting were put into red baskets to highlight this fact. The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item.

The flu vaccination programme was reported to have been successful. The pharmacy offered these by appointment or would provide them to people on a walk-in basis. Both arrangements had been popular. The malaria advice and treatment programme was also reported to be well used. Patient group directions (PGDs) were present and in date and relevant staff had done the appropriate training for a safe service. The equipment needed was present and regularly checked so it was in date. Sharps were disposed of safely.

Ten people were being supplied their medicines in multi-compartment compliance packs. These packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines. There was a list of packs to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs. The people receiving packs were being reviewed to ensure that the packs were the best way for them to receive their medicines.

The staff said that although they tried to do so, people taking warfarin, lithium or methotrexate were not consistently asked about any recent blood tests or their current dose. People in the at-risk group who were receiving prescriptions for valproate were routinely counselled about pregnancy prevention and appropriate warnings stickers were available for use if the manufacturer's packaging could not be used. Schedule 4 controlled drug prescriptions were usually highlighted to staff who were to hand them out. A consistent approach would have helped them to ensure that they were not given out more than 28 days after the date on the prescription.

The pharmacy got its medicines from licensed wholesalers and stored them in dispensary drawers and on shelves in a tidy way. There were 'use first' stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.