

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, Portland Road, WATERLOOVILLE,
Hampshire, PO7 7XR

Pharmacy reference: 1092397

Type of pharmacy: Community

Date of inspection: 22/07/2024

Pharmacy context

This pharmacy is located inside a supermarket in Waterlooville, Hampshire. 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, Hypertension Case Finding Service and a New Medicines Service (NMS).

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 suitably identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. It 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 displayed in the dispensary by the medicines counter and was seen to be used on a regular basis by the pharmacy team. The mistakes were recorded with reasons explaining why they occurred. The near misses were reviewed every week by the pharmacist and any learning from the incidents was shared with the whole team. The team reported 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 were updated every two years. 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 pharmacist, store manager or the superintendent pharmacist when appropriate. The team also held a copy of all the complaints they received in a dedicated file in the dispensary. A valid certificate of public liability and professional indemnity insurance was available.

The controlled drug register was maintained, 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 correct responsible pharmacist notice was on display where people could see it clearly. 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 confidential waste bin in place which was collected regularly to ensure all confidential waste was disposed of appropriately.

The pharmacist 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 and provides additional training to allow the staff to develop their roles. The pharmacy team manages its workload safely and effectively. And team members support one another well. They are comfortable with assisting one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there was one locum pharmacist, two NVQ Level 2 dispensers and one medicines counter assistant. The staff members had all completed accredited training and also had regular training from the company to complete. The dispenser explained that the company gave them protected time to ensure they completed their training and development, and that they were reminded to complete it regularly. The dispensers were observed to be following the dispensing SOPs and working well together to complete tasks in a timely manner.

The team members explained that they all worked well together and were supportive of one another. A member of staff explained that as well as the training they completed, the pharmacists kept them updated with any information they needed to know, and they also received regular information from the Superintendent's office. There were some 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 at the back of a large supermarket. There were elevators and a travelator to the supermarket from a car park to assist people in accessing it. The pharmacy had a clean, bright modern appearance and customer areas were clean and tidy. The dispensary was long and narrow, but it was suitable for its purpose and shelving provided plenty of storage space. The pharmacy had 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.

Dispensed prescriptions were stored so that people's details could not be viewed by other people. The dispensary was clean, and 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 and medicines shortages, 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.

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 about what conditions could or could not be treated under the service. The pharmacy also provided a hypertension case-finding service where they identified people who were at risk of high blood pressure and they would test their blood pressure and refer appropriately for follow-ups where necessary.

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 process for dealing with MHRA alerts and explained that they received the alerts electronically and they would then print them out and annotate them to record any action they had taken. A folder was maintained in the dispensary which held all the alerts the pharmacy had received. Medicines and medical equipment were obtained from licensed wholesalers. Invoices were seen to verify this. Stock was stored in an organised fashion. A CD cabinet and 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. The pharmacy team highlighted items close to expiry with coloured stickers with the dates on.

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. Access to computers containing patient data was protected using individual passwords. 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. The pharmacy had suitable diagnostic equipment for the Pharmacy First service they provided and the Hypertension Case Finding service.

Medicines awaiting collection were not accessible to people. Patient information was not visible from the counter. There were suitable pharmacy facilities including a CD cupboard and a fridge 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.