

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, Sleaford Road, BOSTON,
Lincolnshire, PE21 8EQ

Pharmacy reference: 1093355

Type of pharmacy: Community

Date of inspection: 15/04/2019

Pharmacy context

This is a community pharmacy set within a supermarket close to the centre of a town. The pharmacy opens extended hours over seven days each week. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also supplies medicines in multi-compartmental compliance packs to people living in their own homes.

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	2.5	Good practice	The pharmacy encourages the pharmacy team members to provide feedback. And their feedback has been acted upon to improve workload management and the pharmacy environment.
3. Premises	Standards met	3.2	Good practice	Pharmacy team members promote the use of the private consultation room when speaking to people accessing the pharmacy's services.
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy has good records and controls in place to ensure that its services are managed safely. Pharmacy professionals delivering services maintain records of interventions that they make to support people in taking their medicines safely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Pharmacy team members understand and manage risks associated with providing the pharmacy's services safely. They record, and review mistakes made during the dispensing process. And they demonstrate how they share learning through regular safety reviews. Pharmacy team members have the skills and training to protect the welfare of vulnerable people. The pharmacy advertises how people can provide feedback and raise concerns. And it responds to feedback appropriately. The pharmacy keeps people's private information safe. And it maintains the necessary records required by law.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. It held these electronically. The pharmacy superintendent's team reviewed the SOPs at least every two years. Roles and responsibilities of the pharmacy team were set out within SOPs. Training records confirmed that most members of the team had completed training associated with SOPs. Some newer members of the team had yet to work through this training. These team members did not work in the dispensary. The training record for one dispenser showed that training was in progress. But the manager demonstrated that the team member had completed quizzes associated with the sign-off of SOPs. The anomaly was thought to be caused by a change in log-in credentials for the team member. A trainee pharmacy assistant was aware of what tasks could not be completed if the responsible pharmacist (RP) was absent from the premises. The RP on duty at the time of inspection was a locum pharmacist. He explained that he accessed SOPs electronically. He had made a declaration to confirm that he had understood the company's procedures. This declaration was updated when new or amended SOPs were implemented.

Pharmacy team members completed a range of daily, weekly and monthly tasks. These included maintaining pharmacy records and monitoring equipment such as the pharmacy's fridges. The pharmacy was also subject to ongoing audits from the superintendent's office. The manager explained how the pharmacy had identified risks associated with staff in training roles and was monitoring training arrangements. Separate areas of the dispensary were used for labelling, assembly and accuracy checking. Workflow was efficient. Multicompartmental compliance packs and managed workload took place on the back workbench. This allowed enough space on the front workbench for managing acute prescriptions. The pharmacy used shelves to the side of the dispensary for holding bags of assembled medicines waiting for collection when people shopped in store, the prescription retrieval system and part-assembled prescriptions waiting for stock.

There was a near-miss reporting procedure in place. The team completed a record following a near-miss. Details of the types of mistakes made were recorded. But team members did not identify contributory factors within individual entries. Pharmacists did identify some contributory factors as part of their weekly and monthly review of the near-miss record. For example, higher near-miss rates than normal due to the number of trainees within the team. The team acted upon near-misses by applying risk-reduction actions. For example, dispensing tasks were being regularly rotated to help avoid complacency. And staff were encouraged to take their breaks to help increase concentration and focus when working in the dispensary.

There was a dispensing incident reporting procedure in place. Pharmacists took the lead in reporting

incidents through an electronic system. The system provided the pharmacist superintendent's office with details of the incident. And prompted a review of the incident by a compliance manager. Both the RP and manager demonstrated improvement actions taken following several incidents with controlled drugs (CDs). The pharmacy superintendent's team had reported these incidents to the NHS CD accountable officer as required. A third check for all schedule 2 and 3 CDs had been introduced. And attendance records associated with the supervised consumption service had been commenced. Both these actions improved the quality of checks the pharmacy applied prior to dispensing a CD.

Pharmacy team members received feedback relating to near-misses and incidents following the manager completing a patient safety review each month. Near-miss records were reviewed weekly. The team read and signed review templates. This provided assurance that they had understood details of the review. A trainee pharmacy assistant reflected on improvements to her own practice through the feedback she was given following the reviews.

The pharmacy had a complaints procedure in place. A notice clearly advertised how people could provide feedback to the pharmacy team. The team had received some feedback about waiting times. Pharmacy team members explained that it had been a difficult year due to staffing changes. But explained how they had acted on this feedback by prioritising dispensing of prescriptions for people waiting at the pharmacy counter or shopping in store. The pharmacy also had plans in place to re-fit the premises to provide a more open-plan layout. The manager explained how this would help inform staff working in the dispensary of queues forming at the medicine counter. The pharmacy also gained feedback through annual 'Community Pharmacy patient Questionnaires'. Results from the last questionnaire had resulted in the team informing people that unwanted CDs could be returned to the pharmacy for safe destruction.

The pharmacy had up to date insurance arrangements in place.

The RP notice displayed the correct details of the RP on duty. Entries in the responsible pharmacist record complied with legal requirements.

A sample of the CD register found that it met legal requirements. The pharmacy maintained running balances in the register. Balance checks of the register against physical stock took place weekly. These checks were recorded on a log in the front of the CD register in accordance with the SOP. A physical balance check of Shortec 10mg capsules complied with the balance in the register. Methadone balances were checked most days. A CD destruction register for patient returned medicines was maintained to date. The team entered returns in the register on the date of receipt.

The pharmacy held the Prescription Only Medicine (POM) register electronically. Records generally complied with legal requirements. But the date of prescribing in some entries defaulted to the date of dispensing. This meant that some records contained inaccurate information when the date of prescribing differed from the date of dispensing. The pharmacy team kept full records within the register of emergency supplies dispensed. Records included the nature of the emergency when a supply was made at the request of the patient. The pharmacy completed certificates of conformity for unlicensed medicines in accordance with MHRA requirements.

The team held records containing personal identifiable information in staff only areas of the pharmacy. The team had completed additional learning following the introduction of the General Data Protection Regulation (GDPR). A trainee pharmacy assistant confidently explained how she would manage a request for a person's medical information from a third party. The pharmacy team put confidential waste in designated baskets ready for shredding onsite. But there was an accumulation of confidential waste waiting to be shredded. Baskets were full which meant that pieces of paper inside them risked falling out.

The pharmacy had procedures relating to safeguarding vulnerable adults and children. The team had access to contact details for local safeguarding teams. Pharmacy team members had completed some learning relating to safeguarding. Regular pharmacists had completed level 2 training on the subject. The RP on duty had also completed level 2 training. A pharmacy team member provided examples of hypothetical concerns that she would pass onto the pharmacist. Pharmacy team members explained that they had not needed to report any safeguarding concerns to date. But the manager had dealt with a potential concern when a care home had not attended to collect medicine for a person. Further investigations had revealed that the home had transferred people to another residential home and had failed to pass on information about the prescription. The manager had shared her concerns with the GP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff in place to provide its services. Many of the pharmacy's team members are in training roles. The pharmacy has recognised this risk and has appropriate systems in place in place to support trainees. It is in the early stages of developing regular monitoring systems to support continual learning. Pharmacy team members are comfortable in sharing learning following mistakes made during the dispensing process. The pharmacy encourages the pharmacy team members to provide feedback. And their feedback has been acted upon to improve workload management and the pharmacy environment.

Inspector's evidence

On duty at the time of the inspection was a locum pharmacist (RP) and two trainee pharmacy assistants. The pharmacist manager was also on duty. She explained that she was working additional hours to complete paperwork and to support the team. Both trainees were working through the medicine counter assistant part of an accredited combined training course. The course included dispensary training. The pharmacy also employed two qualified dispensers, another trainee pharmacy assistant and three 'pharmacy busters'. Pharmacy busters were part of the general store team who supported the pharmacy by working on the medicine counter during busier periods. One pharmacy buster had completed accredited counter assistant training, Two were new and working through their induction. There were no current vacancies within the team. But the pharmacy had a high turnover of staff within the last few years. The manager had been working additional hours due to some locum pharmacists cancelling shifts with little notice given. The team were up-to-date with workload at the time of inspection

Pharmacy team members had access to ongoing training relating to their roles. But the focus was on ensuring the team worked through accredited training. One member of the team had been enrolled on the medicine counter assistant part of her course for a year. The manager discussed support for trainees which had been introduced over the last few months. She had taken over the role of manager in early 2019. The manager demonstrated training records. Pharmacy team members had completed mandatory training such as Information Governance. Some training time during working hours was available during quieter periods. Pharmacy team members on duty had not received a formal appraisal to date with their manager. But the manager had discussed learning reviews which she had carried out.

The RP explained that there was an incentive in place to complete two MURs during his shift. He explained how this target helped him identify eligible people who may benefit from the service. Pharmacy team members also contributed to identifying people for services during the dispensing process. Neither pharmacist felt there was undue pressure placed on them to provide services. The manager expressed that she had felt particularly supported by her area manager during a recent meeting. The meeting had resulted in an agreement to focus on the essential services and training.

Pharmacy team members communicated a lot of information through informal discussions. Full staff meetings were not held due to shift patterns. A communication book was consistently used. Information in the book included handover of work and some training associated with medicines and their licensed indications. This helped the team manage requests and refer to the pharmacist when

needed. Pharmacy team members were briefed individually or in small groups about near-miss and patient safety reviews. And they signed records to confirm that they had understood the outcomes of such reviews.

Pharmacy team members were aware of the company's whistleblowing policy. They could explain how to raise and escalate a concern about the pharmacy or its services. The manager had worked with the team to embed changes since the beginning of the year. For example, each member of the staff received training for one to two tasks which they championed. The RP confirmed that he had noticed positive changes in the pharmacy over the last few months. He had provided feedback about the unprofessional appearance of the consultation room previously. In response to this the team had decluttered and improved the appearance of the room.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and secure. It presents a professional environment for the delivery of its services. Pharmacy team members promote the use of the private consultation room when speaking to people accessing the pharmacy's services.

Inspector's evidence

The pharmacy was to the side of the main store entrance. It consisted of the medicine counter, dispensary and a consultation room. The pharmacy stored pharmacy only medicines behind the medicine counter. This appropriately protected them against self-selection. The premises were modern and smart in appearance and were secure. An up-to-date business continuity plan was in place. The pharmacy reported maintenance issues to a designated help-desk. And concerns were managed by prioritising the most urgent. There were no outstanding maintenance issues found during the inspection.

The pharmacy was clean and tidy with no slip or trip hazards evident. Air conditioning was in place. Lighting throughout the premises was bright. Antibacterial soap and paper towels were available close to the sink in the dispensary. Some measuring cylinders were stored on paper towels on the draining board. The towels needed replacing.

There was a private consultation room to the side of the medicine counter. It was sound proof and clearly signposted. It was professional in appearance and allowed for confidential conversations to take place. The room was used by the RP to speak to people throughout the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy advertises and ensures that its services are accessible to people over its extended opening hours. It has up to date protocols and procedures in place for the delivery of its services. The pharmacy has good records and controls in place to ensure that its services are managed safely. It provides medicines in devices designed to help people remember to take them. And pharmacy professionals delivering services maintain records of interventions that they make to support people in taking their medicines safely. The pharmacy gets its medicines from reputable suppliers. And it stores and managed them appropriately to help make sure they are safe to use. But it does not always retain details of alerts issued about medicines which may be unfit for purpose. So, not all pharmacy team members may be able to access timely information to help inform conversations with people who may hear about an alert in the media.

Inspector's evidence

The pharmacy was clearly visible from the store entrance. The main entrance to the store had automatic doors. Onsite parking was available. Signage visible from the main road advertised that there was a pharmacy instore. Opening times were clearly advertised. The pharmacy displayed details of its services. It had a range of service and health information leaflets available to people. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if they were unable to provide a service. Designated seating was available for people waiting for a prescription or service.

The manager explained that the pharmacy was not providing healthy living services. The focus was on working towards providing these services following more staff progressing through their accredited courses. Regular pharmacists spoke English, Romanian and Polish. The manager provided examples of where these language skills had been particularly useful in assisting people to access healthcare services. There was also evidence of pharmacists applying their professional judgement and considering the safety of people when refusing the sale of a pharmacy only medicine which was deemed inappropriate. The pharmacy had up to date and legally valid Patient Group Directions (PGDs) in place for its private services (Travel Health, Meningitis vaccination, Erectile dysfunction, Hair loss and period delay and Emergency Hormonal Contraception services). Both regular pharmacists and the RP on duty were trained to provide these services.

The pharmacy team identified people on high-risk medicines and undertook some additional monitoring checks for these people through verbal counselling. For example, people on warfarin were reminded to attend with their monitoring records. The 'Patient Medication Record' (PMR) system printed a warning label when valproate preparations were labelled. The team could explain some requirements of the Valproate Pregnancy Prevention Programme. Warning cards were in place to issue to all patients in the at risk group as required. Details of interventions were recorded on people's medication records.

The pharmacy used colour coded baskets throughout the dispensing process. This informed workload priority and kept medicines with the correct prescription form. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. The prescription was used throughout

the dispensing process when the medicine was later supplied.

Every person receiving a multi-compartmental compliance pack had a profile sheet in place. The pharmacy team were in the process of replacing older profile sheets with new, clearer records. The new profile sheets contained dedicated space for recording changes to medicine regimens. A four-week schedule was in place which spread workload across the month. Changes to medicine regimens were queried with surgeries and recorded on profile sheets through tracked changes. A sample of assembled packs contained full dispensing audit trails and descriptions of medicines inside the packs. The pharmacy supplied Patient information leaflets (PILs) with packs at the beginning of each four-week cycle.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. The team were aware of the Falsified Medicines Directive (FMD). A new scanner was in place and the pharmacy had a SOP which set out steps to ensure full compliance with FMD. SOPs had been updated to reflect FMD requirements. There was a scanner in place. And pharmacy team members had access to a training module. The pharmacy was not yet live with FMD due to an issue with registration. But were due to go live very shortly.

The pharmacy stored medicines in an orderly manner and in their original packaging. A date checking rota was in place and confirmed routine rolling checks across all stock areas. A random check of dispensary stock found no out-of-date medicines. A system was in place for highlighting short-dated medicines. The team annotated details of opening dates on bottles of liquid medicines.

The pharmacy held CDs in secure cabinets. Medicines storage inside the cabinets was orderly. There was a designated area for storing patient returns, and out-of-date CDs within a cabinet. The pharmacy's fridges were clean, and they were a sufficient size for the cold chain medicines held. Temperature records confirmed that they were operating between two and eight degrees. The pharmacy held assembled CDs and cold chain medicines in clear bags. This prompted additional checks of the medicines inside prior to handout. CD prescriptions had details of the 28-day expiry annotated on them. A member of the team identified changes in the law due to the rescheduling of pregabalin and gabapentin to schedule 3 CDs. Prescriptions for these medicines were clearly highlighted.

Medical waste bins were in place along with sharps bins and CD denaturing kits.

The pharmacy received drug alerts by email. Pharmacy team members explained how they checked stock and recorded any action taken. Alerts were not always retained for reference purposes.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has access to appropriate equipment for providing its services. The pharmacy applies regular monitoring checks to equipment. This ensures that equipment remains safe to use and is fit for purpose.

Inspector's evidence

Pharmacy team members had access to up to date written reference resources. These included the British National Formulary (BNF) and BNF for Children. Internet access and intranet access provided further reference resources. Computers were password protected and faced into the dispensary. This prevented unauthorised access to the contents on screen. Pharmacy team members had personal NHS smart cards.

Clean, crown stamped measuring cylinders were in place. Separate cylinders for use with methadone were clearly identifiable. Counting equipment for tablets and capsules was available. This included a separate triangle for use with cytotoxic medicines. Multi-compartmental compliance packs were single use. The pharmacy had a blood pressure machine and used this for screening purposes only. It was approximately a year old. All equipment seen was clean and in good condition. The consultation room was locked between use to safeguard equipment inside. Stickers on electrical equipment showed that safety testing had been completed in April 2018

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.