

# Registered pharmacy inspection report

**Pharmacy Name:** Asda Pharmacy, Wigmore Lane, LUTON,  
Bedfordshire, LU2 9TA

**Pharmacy reference:** 1095382

**Type of pharmacy:** Community

**Date of inspection:** 12/02/2020

## Pharmacy context

The pharmacy is inside an Asda supermarket which is part of a larger shopping centre in a residential area of Luton. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. Services include: meningitis ACWY and seasonal flu vaccinations, anti-malarial medicines, emergency hormonal contraception. The pharmacy has healthy living status.

## 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
<b>1. Governance</b>	Standards met	1.1	Good practice	The pharmacy team identifies and manages the risks associated with providing its services in a variety of ways including having up to date written procedures. Team members complete a quiz after reading the SOP to make sure they know and understand the procedure.
		1.2	Good practice	The pharmacy's team members record and review their mistakes and can give examples of actions taken to stop the same mistakes happening again.
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy's team members are supported in keeping their knowledge and skills up to date through ongoing training. There is protected study time to encourage learning.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy provides a range of services and it makes it easy for people to access them. For instance, by opening earlier and staying open later than is usual.
		4.2	Good practice	The pharmacy team manage and deliver services safely and effectively. It takes extra care with high-risk medicines and makes sure people take their medicines the right way.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. The pharmacy team is good at managing risks involved in providing its services. The pharmacy has written procedures which tell staff how to complete tasks safely. It keeps the records it needs up to date to show medicines are supplied safely and legally. The pharmacy team members make sure that people have the information they need so that they can use their medicines safely. They understand their role in protecting the welfare of vulnerable people and keeping people's information secure.

### Inspector's evidence

Near misses were recorded and reviewed and there were a series of questions to be answered to monitor the completion of near miss records. The information was collated regularly into a patient safety review (PSR). Key learning points included avoiding self-checking when dispensing and checking prescriptions. 'Lookalike and soundalike' (LASA) medicines were highlighted along with other high-risk medicines on the dispensary shelves by red tape which was attached to the shelving to alert staff when picking medicines. Examples of LASA medicines included amitriptyline and amlodipine, quinine and quetiapine and pravastatin and pantoprazole. A new additional check had been added to the checking procedure to include a tick on each point checked on the prescription and the corresponding labelled dispensing carton. There was a patient record notes form to accompany each prescription on which any information relevant to the patient or their medication was recorded. Information included high-risk medicines, fridge or controlled drug (CD) items, changes in dose or strength of medication, interactions and any other special messages.

Workflow: baskets were in use to separate prescriptions and medicines during dispensing and checking procedures. Two different staff were involved and one generated dispensing labels and the second picked the medicines. The pharmacist performed the clinical and final check of prescriptions. The dispensing audit trail was completed by staff to identify who dispensed and checked the prescription. Interactions between medicines for the same patient were shown to the pharmacist. There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For 'manufacturer cannot supply' items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary. Multi-compartment compliance aids were not prepared at this pharmacy.

Standard operating procedures (SOPs) were reviewed on a rolling basis and available online. SOPs included responsible pharmacist (RP) and complaints procedures. Staff accessed SOPs individually on 'HeLO' which was a training platform for staff. There was protected learning time when staff read the SOPs and completed a quiz to test their knowledge and understanding of the procedures. Progress in SOP training could be monitored centrally. The most recent SOPs were about Community Pharmacist Consultation Service (CPCS) and signposting. Patient feedback was collected via the community pharmacy patient questionnaire. Members of the public could complete a form manually or scan the QR code and complete later. The most recent questionnaires had been submitted. There was a practice leaflet on display and included details of how to complain.

To protect patients receiving services, there was valid professional indemnity insurance in place. The RP notice was correctly displayed, and the RP log was completed. The CD registers were complete, and the

balance of CDs was audited weekly. A random check of the actual stock of two strengths of MST reconciled with the recorded balance in the CD registers. The invoice number and supplier name but not always the address were recorded for receipt of CDs. Patient-returned CDs were recorded in the destruction register for patient-returned CDs. Records for supplies of private prescription, emergency and 'specials' medicines were complete. Patient group directions (PGDs) which were seen were in date and reported on PharmOutcomes.

The pharmacists and staff had undertaken General Data Protection Regulation (GDPR) training. Staff were using their own NHS cards and had signed confidentiality agreements. Confidential waste paper was collected for shredding. The Data Security and Protection (DSP) toolkit was due to be completed. The 'NHS your data matters' leaflet was displayed. The pharmacy computer was password protected and backed up regularly. There was a safeguarding SOP and the pharmacists had completed Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. Staff had completed safeguarding and dementia friends training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload and deliver its services safely. It supports its team members with ongoing learning. And they are comfortable about providing feedback to improve the pharmacy's services.

### Inspector's evidence

Staff comprised: two full-time pharmacists, regular locum pharmacists, four full-time dispensers also accredited as medicine counter assistants (MCA) and two part-time MCAs.

Protected learning time was available to complete training on HeLO. Each team member had their own training profile through which training topics could be accessed. Topics included sepsis, cough and cold, allergy and flu. In line with Pharmacy Quality Scheme (PQS) training had been completed in CPCS, sepsis, safeguarding, reducing LASA errors and risk management. Staff understanding of sepsis symptoms and when to refer a member of the public to A&E was risk assessed. Staff performance was monitored through annual documented appraisal. There were regular meetings for all the team members during the time when the pharmacists' work pattern overlapped. Staff were able to provide feedback to improve services and had suggested designing a tracker for the new medicine service so that follow up contact with the patient was made in a timely manner and recorded. The pharmacists said targets and incentives were not set in a way that affected patient safety and included improving work practice to reduce near misses and raising awareness of flu vaccination service to NHS patients.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, secure and suitable for the services provided. The pharmacy prevents people accessing the premises when it is closed and keeps medicines and information safe.

### Inspector's evidence

The premises were located in-store and were generally clean, tidy and presented a professional image. Lavatory facilities were not seen but there was handwashing equipment provided. The consultation room was at one end of the medicines counter and locked when not in use. It was tidy and clean and protected patient privacy. The chaperone policy was displayed. There was sufficient lighting and air conditioning.

## Principle 4 - Services ✓ Standards met

### Summary findings

People with a range of needs can easily access the pharmacy's services. The pharmacy team gives advice to people about where they can get other support. The pharmacy gets its medicines from reputable suppliers and makes sure they are stored securely at the correct temperature. The pharmacy team members take the right action if any medicines need to be returned to the suppliers. They highlight prescriptions for high-risk medicines and provide people with the information they need to take their medicines safely.

### Inspector's evidence

There was level access to the pharmacy premises including the consultation room to assist wheelchair users. There was a hearing loop and staff said they wrote notes for hearing impaired people. Large font labels could be printed to assist visually impaired people. Staff could converse in or understand Albanian, Dutch, German, Gujarati, Hindi Punjabi, Bengali, Urdu and Sinhalese to assist patients whose first language was not English. There was a display of available services. Patients were signposted to other local services such as sexual health, drug and alcohol service, Mind, the dentist and a walk-in centre.

A range of PGDs available included administration of medicines to treat erectile dysfunction, emergency hormonal contraception, flu and meningitis ACWY vaccination, hair loss and anti-malarial medication. Members of the public could access treatment for minor ailments and emergency supplies via the CPCS. The pharmacy was alerted to referrals via the 'Pharmalarm' and email. Stop smoking was not offered as a service but nicotine replacement therapy vouchers could be redeemed under 'Total Wellbeing Luton'. A tracker had been introduced for the new medicine service so that follow up contact with the patient was made in a timely manner and recorded. It also ensured the follow up contact could be arranged at a convenient time for the patient ensuring the service benefitted the patient and optimised the use of the new medicine.

The pharmacist explained the procedure for supply of sodium valproate to people in the at-risk group. Information on the pregnancy prevention programme (PPP) would be explained. There was information to give to patients on PPP. The intervention was recorded on the PMR. The pharmacist was aware of the procedure for supplying isotretinoin following a negative pregnancy test result and within seven days of the date on the prescription. Information on the PPP would be explained. The treatment would be initiated by a consultant. The pharmacist said she would contact the prescriber and record the intervention regarding prescriptions for more than 30 days' supply of a CD. CD prescriptions were highlighted with CD stickers to ensure supply within the 28-day validity period. Interventions were generally recorded on the PMR.

Counselling was prompted by the patient record notes form accompanying each prescription on which any information relevant to the patient or their medication was recorded. Information included high-risk medicines, fridge or controlled drug (CD) items, changes in dose or strength of medication, interactions and any other special messages. Warning stickers were attached to prescriptions to prompt counselling to the patient. The pharmacist said when supplying warfarin, people were asked for their record of INR along with blood test due dates. INR was recorded on the PMR. Advice was given about side effects of bruising and bleeding along with advice about over-the-counter medicines and diet

containing green vegetables and cranberries which could affect INR. People taking methotrexate were reminded about the weekly dose, when to take folic acid and care when handling methotrexate tablets. People were advised to seek medical advice if they developed an unexplained fever.

An audit had been conducted to identify people in the at-risk group taking sodium valproate and to explain the PPP. An audit had been completed to identify people for referral for prescription of a proton pump inhibitor for gastric protection while taking non-steroidal anti-inflammatory drugs (NSAID). Current audits included monitoring dates of last foot checks and retinopathy screening for diabetic people and people taking lithium to ensure they understood signs of toxicity and attended regular blood tests. Risk management training had been completed. The pharmacy had healthy living status. Health campaigns to raise public awareness included Stoptober, oral health, alcohol awareness, 'Help us to help you', NHS 111, Sepsis and flu vaccination.

Medicines and medical devices were obtained from Alliance and AAH. Floor areas were clear, and stock was neatly stored on the dispensary shelves. Stock was date-checked and recorded. Stickers were attached to short-dated stock. No date-expired medicines were found in a random check. Medicines were stored in original manufacturer's packaging and the date of opening was marked on liquid medicines. Cold chain items were stored appropriately between two and eight Celsius. Uncollected prescriptions were cleared from retrieval every six weeks and the patient was contacted. Prescriptions containing CDs and fridge items were highlighted. Waste medicines were stored separate from other stock. Falsified medicines directive (FMD) hardware and software was operational at the time of the visit. Drug alerts were received, printed, annotated and filed. Staff checked the NHS mail daily for recalls and quarantined affected stock. Deliveries were checked for four days to ensure no further affected stock was received.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It uses these appropriately to keep people's private information safe.

### Inspector's evidence

Current reference sources included BNF, BNF App and EMC. The dispensary sink required treatment to remove lime-scale. There were stamped measures to measure liquids. The medical fridges were in good working order. Minimum and maximum temperatures were monitored daily and found to be within range two eight Celsius.

The CD cabinet was fixed with bolts. Weighing scales and blood pressure monitors were replaced every two years. The sharps bin for vaccination sharps disposal was in the locked consultation room. Adrenaline ampoules to treat anaphylaxis were in date. There was a clinical waste bin. Staff were using their own NHS cards. Confidential waste paper was collected for shredding. The pharmacy computer was password protected and backed up regularly.

### 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.