

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, Western Way, BURY ST.
EDMUNDS, Suffolk, IP33 3SP

Pharmacy reference: 1099068

Type of pharmacy: Community

Date of inspection: 29/05/2024

Pharmacy context

This pharmacy is located in a large Asda superstore in the town of Bury St Edmunds. It provides a variety of services, including dispensing NHS and private prescriptions, the New Medicines Service (NMS) and the Pharmacy First service through patient group directions (PGDs). It also supplies medicines in multi- compartment compliance packs to some people who need this additional support.

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 manages risks associated with its services well. Pharmacy team members follow written procedures to ensure people receive safe and appropriate care. And the pharmacy largely keeps the records it needs to by law. Team members record and review dispensing mistakes regularly to ensure they learn from them. The pharmacy keeps people's personal information safe, and the team understand its role in safeguarding vulnerable people.

Inspector's evidence

The pharmacy had an electronic set of standard operating procedures (SOPs) which were routinely updated by their head office. Each team member had access to the SOPs via their own learning account and records showed the relevant ones that had been read. A dispenser could describe which activities she would not be able to carry out in the absence of the responsible pharmacist (RP) and explained how they would signpost people to nearby pharmacies.

The pharmacy recorded near misses (mistakes which had not reached a person) on a paper log sheet which was kept in the dispensary. The RP reviewed near misses with the team on a monthly basis and actions were put into place to prevent similar errors re-occurring. An example was shared by team members, where they had separated esomeprazole tablets and capsules on the shelf as a result of a previous near miss. The RP also explained how she recorded any dispensing errors (mistakes which had reached a person) on the company portal online. These were reviewed by the pharmacy manager and the area manager regularly.

The correct RP notice was displayed, and the RP record was complete with all entries seen having a start and finish time. The pharmacy had valid indemnity insurance. Controlled drug (CD) registers were kept as required by law. And balance checks were completed regularly. A random check of a CD showed the balance matched the physical quantity in stock. The pharmacy kept their private prescription records electronically and these were largely seen to be complete. Some prescriptions were missing the prescriber's address, and this was discussed with the RP who said they would ensure this would be recorded on all entries going forward. The RP stated they normally referred people to their GP or to NHS 111 if they needed an emergency supply of medication. Records seen about unlicensed medication supplies were maintained appropriately.

The pharmacy had a complaints procedure in place. People could make a complaint or leave feedback using the company's website. They could also speak to a member of the team in person or over the phone. Complaints were generally dealt with by the pharmacy manager but there was an escalation process to the area manager if required. Confidential waste was disposed of in a separate bin in the dispensary and the bin was collected by a third-party company when full. No confidential waste was found in the general waste bin. And assembled medication bags were not visible to people outside of the dispensary. The team all had their own NHS smartcards which allowed for a clear audit trail when accessing people's personal information.

All members of the pharmacy team had completed safeguarding training and could explain how they would manage a situation where a vulnerable person required support. The RP had completed safeguarding training level two with the Centre for Pharmacy Postgraduate Education (CPPE). And team

members could access details for local safeguarding leads to report any concerns if necessary. The pharmacy also had a chaperone policy on display.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload and the services it provides. Team members are appropriately trained to carry out their roles safely. And they are supported to keep their and skills up to date. Team members work well together, and they feel comfortable to providing feedback or raising any concerns they have.

Inspector's evidence

On the day of the inspection there was the RP and two dispensers present. Team members were observed to be working collaboratively together during the inspection. They were comfortable with the level of staffing in the pharmacy and were seen to be managing their workload effectively. The dispensers had all completed the appropriate training for their role with an accredited training provider. And the team was given time to complete training during working hours. The dispenser said they received training when new services were introduced at the pharmacy, such as the Pharmacy First service.

Team members were given regular feedback from the Pharmacy Manager, and this was often provided informally. Targets and objectives were set in the pharmacy, but team members did not feel pressurised to meet targets and would ensure they prioritised providing a safe service. Team members were clear on their responsibilities when selling pharmacy only (P) medicines. For example, a dispenser explained how she would manage requests for high-risk medicines and when they might refer to the pharmacist. Team members felt comfortable about raising concerns with the RP and explained that they could also go to head office or their area manager if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. And it provides a suitable environment for the provision of healthcare services. It has a consultation room so people using the pharmacy can have a conversation with a team member in a private area. The pharmacy is kept secure from unauthorised access.

Inspector's evidence

The pharmacy premises was clean and secure. It consisted of a pharmacy counter, dispensary and consultation room. It also had chairs for people who wished to wait to access the pharmacy's services. The front fascia of the pharmacy was in a good state of repair and was professional looking. The pharmacy counter was clean and clutter-free. The dispensary was of an adequate size for the services the pharmacy provided. The temperature and lighting in the pharmacy was controlled adequately. And there was a thermometer in the dispensary to monitor the ambient temperature. There were staff facilities including a staff room available for the team to use and toilets which had access to hot and cold running water and handwash. There was a consultation room to the side of the pharmacy where people could have private conversations if needed. The consultation room was clean and was locked when not in use. The room allowed for a conversation at a normal level of volume to take place and not be heard from the outside. and there was no confidential information visible. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its medicines and services safely. And people with a range of different needs can access the pharmacy's services. The pharmacy obtains its medicines from licensed wholesalers. And the team takes the right action in response to safety alerts and recalls ensuring people receive medicines and medical devices that are fit for use.

Inspector's evidence

The pharmacy had step-free access via the main entrance to the store. The pharmacy was located towards the back of the store and was easily accessible to people with wheelchairs and pushchairs. It was able to provide large-print labels for people who were visually impaired. And there were leaflets available providing a range of information about different healthcare topics for people. P medicines were stored behind the pharmacy counter.

Team members used different areas of the dispensary for dispensing and checking medicines. And baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Red baskets were used to prioritise more urgent prescriptions. Assembled medications and those awaiting collection were seen to contain the initials of the dispenser and the checker which provided a clear audit trail. The pharmacy also had a process to highlight high risk medicines to ensure that they were handed out to the patient with the appropriate advice.

The pharmacy dispensed medicines in multi-compartment compliance packs for some patients. Prepared packs were seen to have the dosage information, warning notices as well as a description of the medicines inside. This included the colour, shape and any marking on the medicines to help people identify them. The prescriptions, patient record and empty medicines boxes were kept with the packs for the pharmacist to check. The pharmacist confirmed that patient information leaflets (PILs) were given with each supply. Team members explained that they would highlight any changes to medication on the patient record sheet and they would contact the surgery with any queries.

The pharmacy obtained its medicines from licensed wholesalers and stored them neatly on shelves in the dispensary. Expiry date checks were carried out weekly on a rota basis with a different section being checked each time. Short-dated medicines were highlighted with yellow stickers so they could be identified and removed at the appropriate time. And liquid medicines were marked with the date of opening to ensure they were not used passed their expiry. A random selection of medicines was checked during the inspection and no expired medicines were found. There was a fridge in the dispensary for medicines which required cold storage. Fridge temperature checks were carried out daily and recorded and all recorded seen were in the appropriate range of 2-8 degrees Celsius. On the day of the inspection, the maximum fridge temperature was found to be out of range. The thermometer was reset and then showed a temperature within the required range. CDs requiring safe custody were stored securely as required by law. And patient-returned CDs were stored separately from stock medication in a designated area in the cabinet. Safety alerts and drug recalls were received from head office on the internal portal and the details of action taken were recorded online.

The pharmacy was aware of the risks associated with medicines containing valproate and the pharmacist explained the additional counselling points they would provide to people taking these

medicines. Team members understood the requirement to dispense full packs and how to label the packs so as not to cover any important safety information. The pharmacy had access to the PGDs for the Pharmacy First service. All but one had been signed, the RP said this would be signed and confirmed she had completed the appropriate training for the Pharmacy First service.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And team members use the equipment to protect people’s privacy.

Inspector's evidence

Team members were able to access the internet to obtain any information and resources they needed. Computers in the dispensary faced away from public view to maintain privacy. And all computers were password protected to ensure people’s information was kept safe. There were appropriately calibrated conical flasks to measure liquids which were generally clean. A number of clean tablet and capsule counters were available for use with a separate one available for counting cytotoxic medicines. The pharmacy had access to a blood pressure monitor; the RP said that this was new and so did not require replacement or recalibration yet. It also had access to an appropriate otoscope for use with the Pharmacy First service. There was a corded phone available, which was located at the back of the dispensary so people using the pharmacy would not be able to overhear. The team confirmed that electrical equipment had been safety tested within the last year.

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.