

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, Walsall Road, Perry Barr,
BIRMINGHAM, West Midlands, B42 1AA

Pharmacy reference: 1101584

Type of pharmacy: Community

Date of inspection: 23/09/2024

Pharmacy context

The pharmacy is in a busy supermarket in the Perry Barr area of Birmingham. It provides NHS dispensing services, the New Medicine Service, and it provide flu vaccinations and contraceptive medicines against Patient Group Directions (PGDs). It also offers a hypertension case-finding service. The pharmacy supplies medicines in multi-compartment compliance packs to a small number of people who live in their own homes and need this 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

The pharmacy identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. And it uses this information to decide what changes may be needed to help make its services safer and reduce any future risk. It protects people's personal information well. And people can provide feedback about the pharmacy. The pharmacy keeps its records up to date and accurate.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs). These were produced, reviewed and circulated by the head office team. Team members had signed to show that they had read, understood, and agreed to follow them. Team members' roles and responsibilities were specified in the SOPs.

Dispensing mistakes which were identified before a medicine was supplied to people (near misses) were highlighted to the team member involved in the dispensing process and recorded in a near miss log. Near misses were reviewed on a weekly basis. There was a section at the bottom of the log where information from the review was recorded. Once this was done, the pharmacist briefed the team so that they were all aware of the outcome. Any instances where a dispensing mistake had happened, and the medicine had been supplied (dispensing errors) it was investigated, and a record was made using an electronic system. A team huddle was held to discuss the incident and reflect on what could be done differently to reduce the risk of a similar mistake happening again. Following an incident where someone was supplied with the wrong formulation of an inhaler, the team were asked to be more vigilant. And following reviews of previous errors, team members double checked their own work and paid more attention to the different formulations available. Stickers had been applied to shelves where medicines which 'looked-alike' and 'sounded-alike' were stored to prompt team members to take care when picking medicines. The team received a quarterly update from the superintendent's office this contained information about dispensing incidents and near misses that may have occurred in other branches as well as information on what to look out for. Recently there had been information relating to incidents involving furosemide and famotidine.

A correct Responsible Pharmacist (RP) notice was displayed. When questioned, team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. A complaints procedure was in place and team members tried to resolve complaints in the pharmacy where possible. Feedback was all recorded including positive feedback which was then passed on to team members. As a result of previous feedback, the team had started recording specific information on people's record such as if they preferred specific brands.

Private prescription, emergency supply, RP records, controlled drug (CD) registers and records of unlicensed medicines supplied were well maintained. Running balances for CDs were recorded and regularly checked against physical stock held in the pharmacy. A random balance was checked and found to be correct. CDs that people had returned to the pharmacy were recorded in a register and appropriately destroyed.

The pharmacy had an information governance policy available, and its team members had completed training about it. The training was refreshed annually. Confidential waste was removed by a specialist waste contractor. Computers were password protected and people using the pharmacy could not see information on the computer screens. People's personal information on medicine bags waiting collection could not be viewed by people using the pharmacy. Pharmacists had access to National Care Records (NCR) and obtained verbal consent from people before accessing it.

Team members had completed the Centre for Pharmacy Postgraduate Education training about protecting vulnerable people. And also undergone some safeguarding training provided by the pharmacy's head office. The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people and the RP had set up a safeguarding folder which team members could refer to.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough team members to manage the pharmacy's workload effectively and they receive appropriate training to carry out their roles safely. Team members get regular feedback, and they are supported to keep their knowledge and skills up to date. Team members can provide feedback and concerns relating to the pharmacy's services.

Inspector's evidence

There was one pharmacist, two trainee dispensers and a trained dispenser working during the inspection. Team members had either completed an accredited course for their role or they were enrolled on one. They worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. This helped the pharmacy to keep up to date with its dispensing and other tasks. Other team members who were not present included a trained dispenser, a trainee dispenser and another pharmacist. The RP felt that there were an adequate number of staff for the services provide and the team were seen to be up to date with their workload.

Team members asked appropriate questions and counselled people before recommending over-the-counter medicines. They were aware of the maximum quantities of medicines that could be sold over the counter. The RP held informal appraisals with team members every month and provided team members with ongoing feedback. Team members felt able to give feedback and suggestions. Team members completed training modules online on their personal eLearning portal to keep up to date. Team members were given time to complete their training at work. Team members completing formal training courses were well supported and were provided with time to work through their modules.

Team members received emails from the healthcare manager, who was not based at the pharmacy if there were any tasks or training that needed to be completed. The pharmacist joined a weekly conference call with other pharmacies in the area along with the area manager. She said that any issues were discussed during the meetings, and she had the opportunity to provide feedback. The team also received a weekly newsletter. The newsletter provided updates on new services and any other relevant information. Head office set targets for the services provided by the pharmacist, although there was some pressure to meet these the RP confirmed that they did not allow the targets to compromise their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide a safe environment to deliver its services. People using the pharmacy can have a conversation with its team members in a private area.

Inspector's evidence

The pharmacy was clean, tidy, and organised. The dispensary was clear of clutter and workspace was allocated for specific tasks. A clean sink was available for the preparation of medicines before they were supplied to people. Cleaning was done by the store cleaner and members of the team. The room temperature and lighting were appropriate. The premises were kept secure from unauthorised access. A clean, signposted consultation room was available and suitable for private conversations.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of service which are accessible. It provides its services safely and manages them well. The pharmacy gets its medicines from licensed suppliers and stores them properly. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use.

Inspector's evidence

There was step-free access into the supermarket and the pharmacy was well signposted. Services and opening times were clearly advertised, and a variety of health information leaflets were available. A hearing loop was available. The team were aware of services that were offered locally and also used the internet to find out the details of local services so that they could signpost people who needed services that the pharmacy did not provide. Some of the team members were multilingual and spoke the languages spoken locally. In some cases, translation applications were used.

The RP felt that the NHS Hypertension case finding service had a positive impact on the local population. The service was popular and in a number of cases people were referred to have their blood pressure monitored for 24 hours and depending on the results were referred back to their GP. On identifying a need locally both pharmacists who were based at the store had decided to provide the Umbrella contraception and sexual health service.

There was an established workflow within the dispensary and prescriptions were dispensed by one of the dispensers and checked by the RP. 'Dispensed-by' and 'checked-by' boxes were routinely signed on dispensing labels, to create an audit trail showing who had carried out each of these tasks. Baskets were used to separate prescriptions, preventing the transfer of medicines between different people.

Team members were aware of the guidance when supplying sodium valproate and that the original pack could not be split and made sure warnings were not covered when attaching the dispensing label. All team members had completed training for dispensing sodium valproate and dispensing valproate containing medicines had also been covered in the weekly newsletter. Additional checks were carried out when people were supplied with medicines which required ongoing monitoring, people were also provided with additional counselling.

Some people's medicines were supplied in multi-compartment compliance packs. Each person had an individual record which had a list of all their medication. In the event that there were any changes, these were confirmed with the surgery and the record sheet was annotated with the name of the person who had confirmed the change along with the date. Prescriptions were ordered by the pharmacy. Assembled packs were labelled with product descriptions and the mandatory warnings. There was an audit trail to show who had prepared and checked the packs. Patient information leaflets were routinely handed out.

Medicines were obtained from licensed wholesalers and were stored appropriately. Fridge temperatures were monitored daily and recorded; these were within the required range for the storage of cold chain medicines. CDs were kept securely. Expiry dates were checked routinely. An updated date checking matrix was seen. Short dated medicines were highlighted with stickers. No date expired

medicines were found on the shelves. Obsolete medicines were disposed of in appropriate containers which were kept separate from stock and collected by a licensed waste carrier. Drug recalls were received from head office on the intranet. They were printed, shared with the team, actioned and the signed and filed away.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. Equipment is kept clean and is ready to use.

Inspector's evidence

The pharmacy had calibrated glass measures and tablet counting equipment was also available. Separate measures were used for measuring liquid CDs to avoid cross-contamination. Equipment was clean and ready for use. A medical grade fridge was available. A blood pressure monitor, thermometer, otoscope and ambulatory blood pressure monitor were available and used for some of the services provided. Equipment was replaced by the head office team. Up-to-date reference sources were available.

The pharmacy's computers were password protected and screens faced away from people using the pharmacy. A cordless telephone was also available to ensure conversations could not be overheard.

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.