

# Registered pharmacy inspection report

**Pharmacy Name:** Asda Pharmacy, 8-9 Wilkes Way, STOWMARKET,  
Suffolk, IP14 1DE

**Pharmacy reference:** 1104209

**Type of pharmacy:** Community

**Date of inspection:** 08/10/2024

## Pharmacy context

This pharmacy is located next to an Asda supermarket in the town of Stowmarket. It provides a variety of services including dispensing NHS prescriptions, the New Medicine Service (NMS) and the Pharmacy First service through Patient Group Directions (PGD's). It also provides medicines in multi-compartment compliance packs for people who have difficulty taking their medicines in original boxes. The pharmacy shares the building with an Asda opticians branch.

## 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	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy manages the risks associated with its services well. And its team members record and regularly review any dispensing mistakes. The pharmacy generally keeps the records it needs to by law. And people can provide feedback about its services. Team members know how to protect vulnerable people. And the pharmacy disposes of people's private information securely.

### Inspector's evidence

The correct responsible pharmacist (RP) notice was on display in the pharmacy. The RP was a regular locum pharmacist. There was a range of standard operating procedures (SOPs) that had been issued by the pharmacy's head office. These were available electronically and had been read by all team members who each had their own online account to access the SOPs. Near misses (dispensing mistakes which were spotted before a medicine left the pharmacy) were recorded on paper sheets in the dispensary in good detail and were discussed with the team member involved. Dispensing errors (mistakes which had reached a person) would be recorded electronically and in more detail and sent to head office for review. Dispensing mistakes were also discussed as a team in the pharmacy. The team said there had not been a dispensing error for some time.

Complaints and feedback were usually submitted online. The team said that any complaints or feedback about the pharmacy could also be given in person or via a phone call and would be actioned in the same way. Complaints were usually resolved in store but could be escalated to head office if necessary.

The pharmacy had current indemnity insurance. Balance checks were carried out regularly for controlled drugs (CDs), and records seen in the CD register were made in accordance with the law. A random check of a CD showed that the quantity in stock matched the running balance in the register. Records seen about private prescriptions dispensed were not all complete, with a few entries seen missing the name and address of the prescriber. This could make it harder for the team to contact the prescriber if they had an issue. The team said this information would be included in future. However, records of unlicensed medicines supplied by the pharmacy were complete with all entries seen having the required details including the name of the person for whom the medicine was for and the date of dispensing. The RP record was also complete with all entries seen having a start and finish time.

Confidential waste was disposed of in a dedicated confidential waste bin. When full, the waste was bagged up and taken away by an external contractor for safe disposal. No confidential waste was found in the general waste bin. And no person identifiable information could be seen from outside the dispensary. There was a privacy notice on display explaining how the pharmacy used people's personal information. The RP confirmed that he had completed level three safeguarding training with the Centre for Pharmacy Postgraduate Education (CPPE). The team knew what to do if a vulnerable person presented in the pharmacy and the pharmacy had contact details of local safeguarding leads.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has just enough team members to manage its workload. And team members do the right training for their roles. Team members do regular ongoing training to keep their knowledge and skills up to date. And they feel comfortable about raising any concerns.

### Inspector's evidence

On the day of the inspection, there was the RP and one dispenser. Other team members included two part-time pharmacists who covered the days that the RP did not work and four other part-time dispensers. The team said that some team members were currently on holiday and as a result on some days there was only the RP and one other team member. However, the team was up to date with dispensing and was observed working well together to ensure people were served efficiently. All team members had completed the appropriate training for their role or were currently enrolled on a course with an accredited training provider. Team members were provided with regular ongoing training in the form of E-learning from head office. The RP said that he had regular informal reviews with team members to help monitor their progress. And the dispenser knew what activities she could and could not do in the absence of an RP. The team had no concerns about raising any issues and would usually go to the RP first or to head office if necessary. The pharmacy team was set some targets in relation to blood pressure checks and the pharmacy first service. But team members said these targets were not always achievable. They said that they always prioritised the essential pharmacy activities over targets in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy and provides a safe and appropriate environment for people to access its services. People can have a conversation with a team member in a private area. And the pharmacy is kept secure from unauthorised access.

### Inspector's evidence

The front fascia of the pharmacy was in a good state of repair and was modern and professional looking. The shop floor was clean, bright and professionally presented. There were leaflets available in the shop floor of the pharmacy with information about various health promotion topics for people to read and take. There was also a chaperone policy on display. Pharmacy-only (P) medicines were stored securely behind the counter. The pharmacy had a consultation room for people who wished to have a conversation in private. It allowed for a conversation at a normal level of volume to be had without being heard from the outside. The room was a good size, was kept clean and was locked when not in use. The dispensary area was clean and tidy and had enough floor and desktop space for the team to work in. It had a sink for preparing liquid medicines which was kept clean. The temperature and lighting of the pharmacy were adequate. Staff toilets were available in the Asda superstore next to the pharmacy, and there was a breakroom in there also for team members to use. The pharmacy was kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services safely. It gets its medicines from reputable sources and stores them appropriately. The pharmacy can cater to people with different needs. And it responds to safety alerts and recalls of medicines and medical devices appropriately. So, this helps make sure that it is giving people medicines and medical devices that are fit for purpose.

### Inspector's evidence

The building had step-free access from the main entrance via an automatic door. The building was shared with an Asda opticians branch. The pharmacy was able to cater for people with different needs, for example by printing large-print labels for people with sight issues. It also had a hearing loop. There was plenty of space for people with wheelchairs and pushchairs to access the dispensary counter. The pharmacy did not do deliveries and all people attended the pharmacy in person to collect their medicines. The RP stated that he would regularly counsel people taking high-risk medicines when they collected them from the pharmacy.

The dispensary had separate areas for dispensing and checking medicines, and baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail. Prepared multi-compartment compliance packs seen contained all the required dosage and safety information as well as a description of the medicines added to the packs. This included a description of the colour, shape, and any markings on the medicines to help people identify their medicines. Team members confirmed that patient information leaflets (PILs) were always included with each supply of the packs. A team member said that they would contact the surgery regarding any queries they had with prescriptions such as unexpected changes to people's treatment.

The pharmacy obtained medicines from licensed wholesalers and invoices were seen confirming this. CDs requiring safe custody were stored securely and medicines requiring refrigeration were stored appropriately in a fridge in the dispensary. Fridge temperatures were checked and recorded daily, and records seen were all in the required range. The fridge temperatures on the day of the inspection were also all within the required range. Expiry date checks were done monthly on a rota basis with a different section being checked each time. Short-dated items were clearly highlighted on the dispensary shelves. A random check of medicines on the shelves revealed no expired medicines. Safety alerts and recalls were sent to the pharmacy by head office, alerts were actioned as appropriate before being returned to head office for archiving.

Team members were aware of the risks of sodium valproate, and the RP knew what to do if a person in the at-risk category presented their prescription at the pharmacy. Team members knew where to apply a dispensing label to a box of sodium valproate so as not to cover any important safety information. And the team was aware of the guidance change with regards to supplying sodium valproate in its original pack. The pharmacy administered seasonal flu vaccinations to people in the consultation room. It had access to an anaphylaxis kit for anyone who had a reaction to the vaccination. All the items in the kit were in date and fit for use. The pharmacy had access to the appropriate in-date PGD's for the Pharmacy First service, but these had not been signed by the RP. He gave assurances that he would sign the PGDs and also confirmed that he had completed the necessary training for the Pharmacy First

service.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the necessary equipment it needs to provide safe and effective services. And it uses its equipment to protect people's privacy.

### Inspector's evidence

The pharmacy's computers had access to the internet allowing team members to access any online resources they needed. Computers were password protected and faced away from public view to protect people's privacy. Team members were observed using their own NHS smartcards. The pharmacy had a wireless telephone so conversations could be had in private. The team said that the electrical equipment had been safety tested recently and was not due to be retested yet. This was further evidenced by green stickers on the electrical equipment. The pharmacy had a blood pressure monitor in the consultation room. The RP confirmed that it was new and did not currently require replacement or recalibration. There was also an appropriate otoscope available for use with the Pharmacy First service. The pharmacy had the appropriate calibrated glass measures for measuring liquid medicines which were kept clean. It also had tablet triangles for counting medicines and a separate one for counting cytotoxic medicines such as methotrexate to prevent cross-contamination.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔ Excellent practice</span>	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.
<span style="color: green;">✔ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔ Standards met</span>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.