

# Registered pharmacy inspection report

**Pharmacy Name:** Asda Pharmacy, Old Horns Crescent,  
BIRMINGHAM, West Midlands, B43 7HA

**Pharmacy reference:** 1107235

**Type of pharmacy:** Community

**Date of inspection:** 04/03/2020

## Pharmacy context

This is a community pharmacy located within a large Asda supermarket in the Queslett area of Birmingham. The pharmacy is open extended hours over seven days. The pharmacy dispenses prescriptions and sells a range of over-the-counter (OTC) medicines. It offers several additional NHS services including NHS Medicines Use Reviews (MURs) and smoking cessation. Private services are available and include treatments for erectile dysfunction and hair loss and travel health.

## 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

The pharmacy effectively manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again.

### Inspector's evidence

SOPs were held electronically on the company intranet and members of staff had appropriate SOPs uploaded onto their personal account. A pharmacist was set up as the administration manager on the intranet and could check that the pharmacy team had completed training on the modules, including SOPs, that were relevant to their job role. The pharmacist demonstrated how he checked the system and used the dispensing assistant that was present during the inspection as an example. Staff SOP training was also tracked by head office and pharmacy managers were informed if any training was overdue. Roles and responsibilities of staff were highlighted within the SOPs.

Near miss logs were in place and the dispenser involved was responsible for correcting their own error to support ongoing learning. The error was discussed with the dispenser at the time of the incident to see if there were any learning points and this was recorded on the near miss log to aid the review process. A weekly and monthly review of the near miss log was carried out and documented. The pharmacy team were informed about the outcome of the review either verbally or by reading the notes made in the staff communication book. Various LASA (look alike, sound alike) medicines were highlighted or separated to reduce the risk of them being selected in error. The pharmacy professionals had completed training on LASA medicines, sepsis and risk management. Dispensing incidents were investigated and recorded using an online form and submitted to the superintendent's office for further review.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A member of staff answered questions related to requests for over-the-counter high-risk medicines, such as co-codamol or sleeping aids and responsible pharmacist (RP) absence correctly. Pharmacy staff were wearing uniforms and name badges which stated their job role.

A complaints procedure was in place and a customer leaflet was available which explained the complaints process. A member of the pharmacy team explained the process for handling a complaint or concern. They said that they would speak to the person first and would try to resolve the issue and would refer to the pharmacy manager or provide contact details for head office if the complaint was unresolved. The RP explained how he dealt with queries from the in-store customer services team when a medicine sale had been refused and the customer had made a complaint about it. People could give feedback to the pharmacy team in several different ways; verbal, written and the annual CPPQ survey. The previous survey results were on display in the consultation room and the 2019/2020 survey questionnaires had been completed, and the team had sent them away to be analysed.

The pharmacy had professional indemnity insurance arrangements in place. The Responsible Pharmacist (RP) notice was clearly displayed and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A regular CD balance check took place and was documented in the CD register. A random balance check matched the balance recorded in the register. A patient returned CD register was in place. Private prescription and emergency supplies were recorded electronically, and records were in order. Specials records were maintained with an audit trail from source to supply. MUR consent forms were signed by the patient.

Confidential waste was stored separately to normal waste and shredded. The shredder had recently broken, and a new cross-shredder had been ordered. There was a company information governance policy and confidentiality agreement which had been signed by the pharmacy team members. Computers were password protected. The pharmacy team used individual NHS Smartcards to access patient data and did not share passcodes. Pharmacy staff answered hypothetical safeguarding questions correctly and had completed safeguarding training. Local safeguarding contacts were available. The pharmacists had completed the Centre for Pharmacy Postgraduate (CPPE) training package on safeguarding.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so they always have enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of the pharmacy manager (pharmacist), a second pharmacist, a pharmacy technician, five dispensing assistants and a medicine counter assistant. Requests for annual leave were put onto the intranet and were authorised by the pharmacy manager. The rota was planned two months in advance so that cover could be arranged. Cover was provided by other staff members as required. Two 'busters' worked in the supermarket and could be used to provide contingency cover on the medicine counter. Head office allocated the pharmacy a salary budget based on their workload and there was a part-time vacancy that had been advertised.

Pharmacy staff completed on-going training on the intranet or by reading information sent by head office. Modules included mandatory health and safety training, new pharmacy products, and pharmacy services. A dispensing assistant explained that she completed regular training, but this was done at home as it was difficult to find the time to complete this during the working day. Pharmacy staff were given ongoing feedback on their performance, but they did not have formal appraisals. Pharmacists and pharmacy managers had regular appraisals.

The team appeared to work well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. Due to the extended opening hours and different shift patterns, messages were written in the communication book and ensured that all members of staff were informed. There was a company whistleblowing policy in place and the pharmacy staff could raise any concerns with their line manager or HR department. The pharmacy team had completed a colleague satisfaction survey on the intranet and were waiting for results from the survey.

The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. Targets were in place for services; the RP explained that he would use his professional judgment to offer services, such as MURs, only when he felt that they were appropriate for the person.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

### Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the general office. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a private soundproof consultation room which was signposted. The consultation room was professional in appearance. The door to the consultation room remained locked when not in use to prevent unauthorised access.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff and an in-store cleaner. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap were available. The store had an air conditioning system which heated and cooled the store and the pharmacy had additional radiators and portable heaters. Lighting was adequate for the services provided.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions.

### Inspector's evidence

The pharmacy had step-free access from a large free car park. A hearing loop was available. Any people requesting a home delivery service were referred to other pharmacies in the area. The pharmacy opened for longer hours than many other pharmacies in the area, including late nights, and Saturday and Sunday. The range of services provided was displayed and pharmacy leaflets explaining each of the services were available for customers. The pharmacy staff used local knowledge and the internet to refer patients to other providers for services the pharmacy did not offer.

Prescriptions were dispensed in baskets to keep medication separate. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Stickers or notes were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding. The RP was aware of the additional counselling required for certain people prescribed valproate. And a purple folder containing stickers, leaflets and information was available, and an audit had been carried out. The original prescription for any items owing and an owing docket was kept until hand out to allow for any counselling to be given.

Private services were available, and medicines were provided under patient group directions (PGD's). The RP explained the patient journey for the travel vaccination PGD which was the most commonly accessed private service at the pharmacy. PGD documents naming the authorised pharmacists were kept in the pharmacy together with the service level agreement and reference materials.

A prescription collection service was offered, and various options were available dependent on what the person preferred, and their surgery accepted. The pharmacy kept a list containing the items that the patient had requested and chased any outstanding items ahead of the person returning to pick up their prescription.

No out-of-date stock was seen during the inspection. A section of the dispensary was date checked every week and recorded. Short dated medicines were listed and removed before they expired. Medicines were obtained from a range of licenced wholesalers. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once opened were marked with a date of opening. The pharmacy was compliant with the Falsified Medicines Directive (FMD) and the team were routinely scanning barcodes during the dispensing process and on hand-out. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts from head office on the intranet and from MHRA. Each alert was marked to show it had been actioned and an annotated copy was returned to the general office.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day and overnight were in place. There was a fridge used to store stock medicines and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8° Celsius.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and uses it in a way that keeps people's information safe.

### Inspector's evidence

The pharmacy had a range of up-to-date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available. Electrical testing had taken place in July 2018. Computer screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

### 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.