

# Registered pharmacy inspection report

**Pharmacy Name:** Asda Pharmacy, Newark Road, North Hykeham,  
LINCOLN, LN6 8JY

**Pharmacy reference:** 1108648

**Type of pharmacy:** Community

**Date of inspection:** 30/07/2019

## Pharmacy context

This is a community pharmacy set within a supermarket, in a small town on the outskirts of the city of Lincoln. The pharmacy opens extended hours over seven days each week, including late into the evening. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions.

## 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	1.2	Good practice	Pharmacy team members contribute to continual shared learning processes to help reduce identified risks. And they measure the effectiveness of these actions through regular audits.
		1.4	Good practice	The pharmacy promotes how people using the pharmacy can provide feedback. And it uses this feedback to improve people's access to medication.
<b>2. Staff</b>	Standards met	2.1	Good practice	The pharmacy monitors its staffing levels closely and has effective contingency plans in place for changing workloads and staff absence.
<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 identifies and manages the risks associated with its services. It keeps people's private information secure. And the pharmacy promotes how people can provide feedback. And it uses this feedback to improve access to medication. Pharmacy team members act openly and honestly by sharing information when mistakes happen. They continually discuss any learning and make changes to their practice. This helps to reduce the risks they identify. And they complete regular audits to measure the effectiveness of these actions. Pharmacy team members have the knowledge and skills to safeguard the wellbeing of vulnerable people. The pharmacy generally keeps all records it must by law. But some minor gaps in these records occasionally result in incomplete and inaccurate audit trails.

### Inspector's evidence

The pharmacy had a set of up to date standard operating procedures (SOPs). These included responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. The superintendent pharmacist's team reviewed these at least two yearly. Updates had been made recently to SOPs following the introduction of the Falsified Medicines Directive (FMD). The SOPs set out the roles and responsibilities of staff. And training records for the team on duty confirmed staff had read and understood SOPs relevant to their role. A member of the team explained what tasks could and couldn't be completed if the RP took absence from the premises. And she explained if she ever felt unsure of any aspect of her work she would refer to the RP for guidance.

The dispensary had limited space provided across one work bench. The work bench was cluttered, and staff explained this had been due to a back log of work caused by an acute situation the previous day. Managed workload was up to date and pharmacy team members prioritised prescriptions for people waiting or calling back after shopping in the store. Separate space was used for assembly and final accuracy checking. Pharmacy managers completed a weekly compliance audit. This looked at data protection, patient safety, record keeping, staffing and date checking. This helped provide continual assurance that the pharmacy was identifying and managing risks. For example, actions required were clearly documented and reviewed at the next weekly check. This had recently included fridge temperature checks and applying for an NHS smart card for a member of the team.

Pharmacy team members took ownership of their mistakes by discussing them with the pharmacist at the time they occurred. A near-miss error log was used to record mistakes made during the dispensing process. Near-misses were reviewed weekly by a manager and re-capped during a monthly trend analysis exercise. Pharmacy team members explained they contributed to risk management strategies during conversations relating to trends in near misses. And they were knowledgeable about recent actions taken to reduce mistakes. For example, the team had reviewed the way it marked split boxes of medicines. And had implemented additional checks of quantities when an original pack was not supplied. The pharmacy had also implemented some warnings on shelf edges to prompt additional checks when dispensing 'look alike and sound alike' (LASA) medicines. In addition to information relating to trends in near-misses, the pharmacy team was provided with the Medicine & Healthcare products Regulatory Agency (MHRA) monthly Drug Safety Updates. This helped inform shared learning amongst the team members.

The pharmacy reported dispensing incidents to its superintendent pharmacist's office. Evidence of reporting was made available and contained evidence of shared learning and risk reduction action taken following an incident. For example, refresher training was taken following an incident involving a hand-out error. Pharmacy team members discussed how learning from incidents helped to reduce the risk of a similar event occurring.

The pharmacy had a complaints procedure in place. And it provided details of how people could leave feedback or raise a concern about the pharmacy through its practice leaflet. A member of the team explained how she would manage a complaint and understood how to escalate concerns if required. Pharmacy team members had worked to review stock levels in the dispensary to ensure they had suitable quantities of medicines regularly prescribed in stock. And explained most feedback related to ongoing national issues with medicines availability. A pharmacy manager demonstrated how she had obtained hormonal replacement therapy (HRT) guidance to share with prescribers. The guidance, originating from an NHS trust, provided suitable HRT alternatives when a brand was out of stock. She explained how effective it had been in helping ensure people continued to have access to these medicines. The pharmacy also promoted feedback through their annual 'Community Pharmacy Patient Questionnaire'. It published the results of this questionnaire for people using the pharmacy to see.

The pharmacy had up to date indemnity insurance arrangements in place. The RP notice contained the correct details of the RP on duty. Entries in the responsible pharmacist record complied with legal requirements. The sample of the controlled drug (CD) register examined was generally compliant with legal requirements. But the pharmacy did not always enter the address of the wholesaler when entering receipt of a CD. The pharmacy maintained running balances in the register. And it checked these balances against physical stock weekly. A physical balance check of Sevredol 10mg tablets complied with the balance in the register. The pharmacy maintained a CD destruction register for patient returned medicines. And the team entered returns in the register on the date of receipt. The pharmacy kept records for private prescriptions and emergency supplies within an electronic Prescription Only Medicine register. Entries within the register generally met legal requirements. But the pharmacy did not always record an accurate date of prescribing when completing the record. The pharmacy retained completed certificates of conformity for unlicensed medicines with full audit trails completed to show who unlicensed medicines had been supplied to.

The pharmacy displayed details of how it looked after people's information within its practice leaflet. It displayed a privacy notice and all pharmacy team members completed mandatory information governance training. They demonstrated how their working processes kept people's information safe and secure. And all person identifiable information was stored in staff only areas of the pharmacy. The pharmacy had submitted its annual NHS information governance toolkit. It disposed of confidential waste by using a cross shredder.

The pharmacy had procedures and information relating to safeguarding vulnerable people in place. Pharmacy team members had completed e-learning on the subject and pharmacists had completed level two safeguarding training. Pharmacy team members could explain how they would recognise and report a safeguarding concern. And had access to contact information for local safeguarding teams. Members of the team on duty could not recall having to report any concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough skilled and knowledgeable people working to provide its services safely. The pharmacy monitors its staffing levels and has effective contingency plans in place for changing workloads. This supports the team in managing its services. It has some systems in place for supporting the learning needs of its team members through ongoing training and structured feedback. Pharmacy team members engage in regular conversations relating to risk management and safety. The pharmacy promotes how its team members can provide feedback. And it listens to their feedback and acts on it appropriately.

### Inspector's evidence

On duty at the beginning of the inspection was the RP (a regular locum pharmacist) and two qualified dispensers. The two dispensers were relieved by two other qualified dispensers towards the end of the inspection. One of the pharmacy's managers also arrived towards the end of the inspection. In addition to the staff seen the pharmacy employed another pharmacist manager, two more qualified dispensers and two trainee dispensers. Two members of the wider store team were also qualified medicine counter assistants and worked to support the pharmacy team during periods of absence. Pharmacy team members confirmed there was some flexibility within the team to work additional hours when required. For example, to cover unplanned absence. The pharmacy's workload had increased in recent months. The team confirmed staffing levels and skill mix were regularly reviewed. For example, one full-time member of the team had left employment and was replaced with two part-time members to increase flexibility for cover. There was no lone working in the pharmacy and double-up pharmacist cover was provided for several hours a day Monday-Saturday.

Pharmacy team members were encouraged to complete regular learning to support them in their roles. This generally took the form of e-learning modules. They did not receive protected training time during working hours to complete this learning. But confirmed they were able to take time during quiet periods if needed. They expressed that they felt supported in their roles and could ask for support with learning if needed. Pharmacy team members engaged in regular feedback with their managers. This included formal feedback one-to-one reviews.

The pharmacy team members were friendly and engaged people in conversation about their health and wellbeing. Pharmacists discussed some targets in place to support them in delivering services. They explained they were supported by team members when identifying people who may benefit from services such as Medicine Use Reviews (MURs) and the New Medicines Service (NMS). Both pharmacists on duty expressed they enjoyed providing services and engaging with people about their health and wellbeing.

The pharmacy team shared information through daily informal discussions about workload, reading newsletters and engaging in team briefings about patient safety. The pharmacy did not hold full staff meetings due to shift patterns. But it did document learning points and feedback relating to patient safety discussions within its near-miss records, incident reports and audit records. A member of the team who had been on recent leave explained how the manager had brought her up-to-date during a verbal handover.

The pharmacy had a whistleblowing policy in place. Pharmacy team members confirmed they felt supported. They explained how they would raise a concern or provide feedback if needed. The pharmacy had taken some recent steps to improve checking processes involving prescription exemptions throughout the month. This was due to team members raising concerns of the inefficiency of completing this process at the end of the month.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, secure and maintained to the standards required. People using the pharmacy can speak with a member of the pharmacy team in confidence in a private consultation room.

### Inspector's evidence

The pharmacy was along the back wall of the supermarket. It was clean and secure. Work benches in the dispensary were cluttered at the beginning of the inspection. But pharmacy team members worked efficiently to clear the baskets stored on the bench, many of which were waiting for transfer to the designated prescription retrieval area. Pharmacy team members reported maintenance and IT issues to the supermarket management team. A store maintenance person completed minor repairs and maintenance tasks. There were no outstanding maintenance issues found during the inspection. The pharmacy had heating, air conditioning and lighting was bright. Antibacterial soap and paper towels were available close to the dispensary sink. The pharmacy had a consultation room. This was relatively clean and organised. It was sign-posted and offered a suitable space for holding confidential conversations with people.

The dispensary was a sufficient size. Workload was spread across the extended opening times to help manage the available space. A door to the side of the dispensary led to a store room. This room was not part of the registered premises. The pharmacy team explained the space had belonged to an on-site bank previously. But had been given to the pharmacy with a plan to provide extra space to help manage services. The pharmacy held medicine waste, dispensary sundries and some Pharmacy medicines in the room. Following the inspection, the pharmacy's Superintendent pharmacist confirmed the space was being kept under review.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy advertises its services. And ensures these are accessible to people over its extended opening hours. It has up-to-date procedures to support the pharmacy team in delivering its services. And people visiting the pharmacy receive support and information to help them take their medicine safely. The pharmacy obtains its medicines from reputable sources. And it stores and manages medicines appropriately.

### Inspector's evidence

The pharmacy was clearly signposted from the main road and was easy to find within the store. There was step-free access into the store. The pharmacy advertised details of its opening times and services clearly. It had a small health promotion zone to the front of the medicine counter. And pharmacy team members discussed how they used the space to promote national health campaigns. They used their own local knowledge and information available on the internet to help signpost people to other healthcare organisations when required.

Pharmacy team members provided examples of how they engaged well with people visiting the pharmacy. For example, one person had recently thanked them for the help and supported they had provided during a difficult time. The pharmacy team was aware of the risks associated with the supply of high-risk medicines. They demonstrated how they identified prescriptions for medicines such as warfarin, methotrexate, lithium and valproate and brought these to the attention of the pharmacist. Pharmacists explained they carried out verbal counselling and monitoring checks with people on these medicines. But they did not record details of these checks on people's medication records. The pharmacy team was knowledgeable about the requirements of the valproate pregnancy prevention programme (PPP) and warning cards were readily available to issue to people in the high-risk group.

The pharmacy had up-to-date patient group directions (PGDs) and procedures readily available to support the supply of medicines through its private services including its travel health and erectile dysfunction services. It maintained pharmacists training records alongside PGDs which provided assurance that pharmacists offering these services had completed the required learning to provide these services effectively.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped inform workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. The team used the prescription throughout the dispensing process when the medicine was later supplied.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members discussed FMD and understood the rationale behind the regulation. They had received information about FMD requirements and the pharmacy had a scanner installed to assist with compliance. The team explained next steps were to complete training ahead of full implementation. The pharmacy team received safety alerts via email. It acted upon these alerts in a timely manner and kept a copy for reference purposes.



The pharmacy stored Pharmacy medicines behind the medicine counter. This meant the RP had supervision of sales taking place and was able to intervene if necessary. The pharmacy stored medicines in the dispensary in an organised manner. It used dividers on shelving units to help keep each medicine separate from others. The pharmacy team followed a date checking rota to help manage stock and it recorded details of the date checks it completed. Short-dated medicines were identified. The team annotated details of opening dates on bottles of liquid medicines. No out-of-date medicines were found during random checks of dispensary stock. Medical waste bins and CD denaturing kits were available to support the team in managing pharmaceutical waste.

The pharmacy held CDs in a secure cabinet. Medicine storage inside the cabinet was orderly. There was designated space for storing patient returns, and out-of-date CDs. Assembled CDs were held in clear bags and clearly marked. Pharmacy team members could explain the validity requirements of a CD prescription and demonstrated how CD prescriptions were highlighted to prompt additional checks during the dispensing process. The pharmacy's fridge was clean and stock inside was stored in an organised manner. The pharmacy used clear bags to store assembled cold chain medicines. This prompted additional checks of high-risk medicines such as insulin prior to hand-out. The pharmacy team checked the fridge temperature daily and recorded, minimum, current and maximum temperatures. But recent temperature records indicated the maximum temperature was reaching over nine degrees Celsius. The temperature of the fridge remained at around four degrees Celsius throughout the inspection. Further investigation revealed that the fridge thermometer had been locked. This meant pharmacy team members were not able to reset the thermometer after applying daily checks to ensure the maximum and minimum temperature readings were relevant to the 24-hour period prior to the recorded check. The pharmacy manager confirmed learning relating to how to unlock the thermometer would be fed back to the team.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. Pharmacy team members manage and use equipment in ways which protect people's confidentiality.

### Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. The company intranet and the internet provided the team with further information. Computers were password protected and information on computer monitors was protected from unauthorised view due to the layout of the premises. Pharmacy team members on duty had working NHS smart cards. The pharmacy stored assembled bags of medicines on allocated shelving in the dispensary. This protected people's private information against unauthorised view. Pharmacy team members used cordless telephone handsets when speaking to people over the telephone. This meant they could move out of ear-shot of the public area when having confidential conversations with people over the telephone.

Clean, crown stamped measuring cylinders were in place for measuring liquid medicines. The pharmacy had clean counting equipment for tablets and capsules, and this included a separate triangle for use with cytotoxic medicines. The pharmacy regularly monitored its equipment. For example, electrical equipment was subject to periodic safety checks.

### 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.