

# Registered pharmacy inspection report

**Pharmacy Name:** Asda Pharmacy, Silver Street, Lowesmoor,  
WORCESTER, WR1 2DA

**Pharmacy reference:** 1111608

**Type of pharmacy:** Community

**Date of inspection:** 27/11/2024

## Pharmacy context

This is a community pharmacy inside a supermarket in the centre of Worcester, Worcestershire. The pharmacy dispenses NHS and private prescriptions. Its team members sell over-the-counter medicines and provide advice. The pharmacy offers the Pharmacy First Service, the New Medicine Service (NMS), as well as seasonal flu vaccinations. And its team members provide multi-compartment compliance packs for a few people who find it difficult to manage their medicines at home.

## 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	The pharmacy regularly reviews and monitors the safety and quality of its services.
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy's team members have the appropriate skills, qualifications and competence for their roles and the tasks they carry out. Staff ensure that routine tasks are always completed so that the pharmacy can run in a safe and effective manner.
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. The company provides the team with online learning resources. Staff are provided time to complete this at work and this ensures the team's knowledge is kept up to date.
<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 operates safely. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand how to protect the welfare of vulnerable people and ensure that people's confidential information is kept secure. And the pharmacy maintains most of its records in accordance with the law.

### Inspector's evidence

The pharmacy was not overly busy during the inspection with walk-in trade but people using the pharmacy's services were acknowledged readily and managed appropriately. The pharmacy team had access to a range of current standard operating procedures (SOPs). They provided guidance for the team to carry out tasks correctly and had been signed by the staff. Team members knew their roles and responsibilities well. The pharmacy had a suitable complaints and incident management process.

Staff routinely recorded their near miss mistakes. They were reviewed regularly by the RP, details about this were documented, and discussions were held with the team. Appropriate action was taken in response. This included separating some medicines which had similar names, packaging, looked-alike or sounded-alike and the team highlighted them. This helped them to minimise mistakes. The pharmacist had been trained to level three and all staff were trained to safeguard vulnerable people. They could recognise signs of concern, knew who to refer to and contact details for the local agencies were on display. The pharmacy also displayed details in the retail area explaining its chaperone and privacy policy. Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions. Team members also completed routine mandatory training on data protection.

The pharmacy displayed details about the pharmacist responsible for the pharmacy's activities. It also had the appropriate indemnity insurance in place. The pharmacy's records were mostly compliant with relevant requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. The RP record and records verifying that fridge temperatures had remained within the required range had all been appropriately completed. However, the RP records consisted of loose sheets which risked records being changed or inserted inadvertently and incorrect details about prescribers had been documented within the electronic private prescription register. This was discussed at the time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has appropriately skilled staff to deliver its services. Members of the pharmacy team have a range of experience. They understand their roles and responsibilities well and keep their skills and knowledge up to date by completing regular training.

### Inspector's evidence

The pharmacy team was organised and capable. Staff present during the inspection included the regular pharmacist manager, a trained dispensing assistant and a trainee medicines counter assistant (MCA) who was undertaking accredited training for this role. The latter was provided time to complete this at work. Team members wore uniforms and name badges, their competence was demonstrated during the inspection and some, were long-standing members of the team. Staff were observed to work well together, they provided a courteous, and efficient service to people using the pharmacy's services and ensured routine tasks were routinely completed. The pharmacy was up to date with the workload. Staff knew which activities could take place in the absence of the RP and they referred appropriately. They asked suitable questions before selling medicines and said that they liked working at the pharmacy. Regular discussions took place between the team, they used a diary to help communicate and an electronic messaging application. Notice boards also provided additional updates, guidance and notices which kept everyone suitably informed. Formal appraisals were conducted annually for pharmacists and more infrequently for team members. They were provided with resources for ongoing training through the company's online platform. This helped ensure they could continually learn and keep their knowledge up to date.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are presented professionally. The premises are secure and a suitable, separate space is available for private conversations and services.

### Inspector's evidence

The pharmacy was situated towards the back of the supermarket on one side, and it was presented professionally. The pharmacy was clean, well-ventilated, and maintained appropriately, with good lighting. It was also secure and safeguarded from unauthorised access. The layout of the registered premises was suitable for the volume of work undertaken. The premises consisted of a small retail section and front counter, with an appropriately sized dispensary behind this area. The dispensary benches provided an appropriate amount of space to manage the workload safely. The pharmacy also had a signposted consultation room available to provide services and private conversations. The room was soundproof. It was kept locked and no confidential information was accessible from this space.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are safe. The pharmacy is open for extended hours and the team ensures that people with different needs can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable suppliers. It stores and manages its medicines well. Team members highlight prescriptions that require extra advice, and they make suitable checks. But they don't always record any relevant information. This makes it difficult for them to show that people receive appropriate advice when supplying these medicines.

### Inspector's evidence

People could easily access the pharmacy's services. The supermarket had its own car park and people could use lifts and stairs to access the supermarket. The latter also had wide, automatic, front doors, and the area outside the pharmacy as well as leading up to it, was made up of clear space as well as wide aisles. This meant that people with restricted mobility or those using wheelchairs could easily access the pharmacy's services. The pharmacy was open for long hours which provided additional convenience. There were seats available for people waiting for prescriptions. Staff described using Google Translate if needed for people whose first language was not English. The pharmacy had a hearing aid loop to hold conversations with people who were partially deaf and written information could be provided with a larger font size if required. The pharmacy's opening hours and some posters and leaflets highlighting the services offered were also on display. Team members could use documented information which highlighted the local health facilities to signpost people accordingly if this was required.

The pharmacy's workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. They were also colour-coded to highlight priority. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail. Once prescriptions had been assembled, checked for accuracy, and bagged, they were stored in a separate section. Fridge items, CDs, if pharmacist intervention was required and higher-risk medicines were identified on assembled bags awaiting collection so that counselling could take place. Dispensed CDs and temperature-sensitive medicines were stored within clear bags. This helped to easily identify the contents upon hand-out. Staff were aware of the risks associated with valproates and there was literature available to provide to people at risk. Team members ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them, and had identified people at risk, who had been supplied this medicine. Team members routinely asked relevant questions and obtained details about blood test results for people prescribed other higher-risk medicines, but this information was not recorded.

The pharmacy provided multi-compartment compliance packs after this was considered necessary and they liaised with people's GP's. Staff ordered prescriptions on behalf of people. They identified any changes that may have been made, maintained individual records to reflect this and queried details if required. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied.

The pharmacy's stock was stored in an organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of this, short-dated medicines were routinely identified. CDs were stored under safe custody. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were within sealed bins. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And the team uses them in an appropriate way to keep people's private information safe.

### Inspector's evidence

The pharmacy's equipment included a legally compliant CD cabinet and appropriately operating medical fridge. The pharmacy team had access to current reference sources, they could use standardised conical measures to measure liquid medicines and they had the necessary equipment for counting tablets. The pharmacy had hot and cold running water available as well as a clean, dispensary sink to reconstitute medicines. Suitable equipment to carry out the Pharmacy First service and to measure people's blood pressure was present which was new. The pharmacy's computer terminals were password protected. They were also positioned in places where unauthorised access was not possible. The pharmacy had portable telephones so that private conversations could take place away from being overheard and confidential waste was suitably disposed of.

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

Finding	Meaning
<span>✓ 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>✓ 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>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.