

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, 1 Swan Walk, Civic Centre,
Wythenshawe, MANCHESTER, M22 5HZ

Pharmacy reference: 1115430

Type of pharmacy: Community

Date of inspection: 05/07/2022

Pharmacy context

This community pharmacy is situated in a supermarket close to a residential area. It serves the local population, mainly supplying NHS prescription medicines. It provides the NHS flu vaccination and Community Pharmacy Consultation Service (CPCS).

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 generally manages the risks associated with its services. The pharmacy team follows written instructions to help make sure it provides safe services. The team usually reviews and records its mistakes so that it can learn from them. Team members know how to protect and support vulnerable people, and they understand their role in securing people's confidential information.

Inspector's evidence

The pharmacy had some COVID-19 infection control measures. A large screen on the front counter helped protect people who visited the pharmacy and the staff. Hand sanitiser was available for staff members.

The pharmacy had written procedures which covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Records indicated that most staff members had read and understood the procedures relevant to their role and responsibilities, and staff members who had recently joined the team were working through these. Staff members had to achieve a one hundred per cent pass mark on a corresponding test for each procedure to confirm they understood it.

The dispenser and checker initialled dispensing labels for prescription medicines prepared in the pharmacy, which helped to clarify who was responsible for each prescription medication the pharmacy supplied, which assisted with investigating and managing mistakes.

The pharmacy team recorded mistakes that it identified when dispensing medicines, and it addressed each of these incidents separately. The team reviewed these records each month. The records did not always include details indicating why the team thought each mistake happened. So, the team missed additional learning opportunities to identify trends and mitigate risks in the dispensing process.

Staff had completed training on the pharmacy's complaint handling procedures, so they could effectively respond to any concerns. Publicly displayed information clarified how people could make a complaint. The pharmacy had not completed a patient survey recently due to the pandemic.

The pharmacy had professional indemnity cover for the services it provided. The RP, who was one of three regular pharmacists, displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP and CD transactions. The team regularly checked its CD running balances and made corresponding records. This helped it to promptly identify any significant discrepancies. A randomly selected balance was found to be accurate. The team kept records of unwanted CDs returned to the pharmacy for destruction.

The pharmacy team maintained records for flu vaccinations, CPCS supplies, and medicines that the pharmacy had obtained and supplied.

Staff members had completed the pharmacy's training on protecting people's data, and they securely stored and destroyed confidential material. Each team member used their own security card to access electronic patient data and they used passwords to access this information. The pharmacy recorded that people had given it permission to access their information in relation to the flu vaccination service. A privacy notice was publicly displayed, which helped people understand how the pharmacy handled

their information.

Staff members had read the pharmacy's written safeguarding procedures, and the RP had level two safeguarding accreditation. Staff members were familiar with individual carers who collected medication on behalf of vulnerable patients. But the team did not always keep records of the next of kin or carer's details and specific care requirements for these people, which might delay dealing with queries relating to them. The pharmacy had worked with local GPs who advised it about people who needed a suitable compliance pack system and if they should be limited to seven days' medication per supply.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members understand their individual roles and they work well together. The pharmacy addresses changes in service demand by reviewing its staffing profile and making suitable adjustments.

Inspector's evidence

The staff present included the RP and three dispensers. The team members who were not present included two regular pharmacists, three dispensers, a medicines counter assistant (MCA) and a trainee MCA who had recently started working at the pharmacy.

The pharmacy had enough staff to comfortably manage the workload. It usually had repeat prescription medicines, including compliance packs, ready in good time for when people needed them. The pharmacy received its prescriptions via the electronic prescription service, which helped to increase service efficiency and manage the team's workload. The pharmacy had minimal footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people.

The prescription volume had doubled in the last eight months. In response, the supermarket management team who managed the pharmacy, had increased the staffing hours by twenty-one percent. So, the pharmacy was planning to recruit two or three new staff members to meet the rise in service demand. In the interim, existing staff members were working additional hours. The pharmacy had double pharmacist cover for four hours during each weekday.

Staff members worked well both independently and collectively, and they used their initiative to get on with their assigned roles and required minimal supervision. Most staff members had several years' experience. The regular pharmacists were qualified to provide the flu vaccination service. The store management regularly consulted the pharmacy team to make sure any operational issues were promptly addressed.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has consultation facilities available for services such as vaccinations, so team members can speak to people in private.

Inspector's evidence

The pharmacy had well-maintained dispensary fittings that were professional in appearance. All areas were generally clean and tidy. The level of hygiene was appropriate for the services provided. The dispensary size and available dispensing bench space was enough for the team to safely prepare medication. Demarcated dispensing bench areas helped to make sure prescription medicines were prepared safely and efficiently.

The consultation room was accessible from the retail area. It could accommodate two people and was suitably equipped. A partition wall between the dispensary and front counter meant it was unlikely that any confidential information could be easily viewed from the public areas. Staff could secure the premises from unauthorised access. An area at the rear of the dispensary was available for team members to discuss private information without being overheard.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and manages them appropriately to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy operated between 6am to 10pm Monday to Friday, Saturday 7am to 10pm, and Sunday 10am to 4pm. Wide aisles and no steps from the supermarket's front entrance to the pharmacy meant there were no obvious difficulties for people wishing to visit the pharmacy.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants, methotrexate, insulin and valproate. The RP confirmed that the team had checked for any people taking valproate to help identify anyone in the at-risk group and had counselled them appropriately. The pharmacy provided written advice on valproate to people in the at-risk group, and it had the official valproate advice card to give them. Staff members confirmed that the pharmacy had a supply of emergency steroid cards to give people when supplying this type of medicine.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. Staff members permanently marked part-used medication stock cartons, which helped them to select the right medication quantity when dispensing and supplying medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured CDs, and it used destruction kits for denaturing unwanted CDs. The pharmacy monitored its refrigerated medication storage temperatures. Records indicated that staff members regularly checked medicines stock expiry dates.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose and it kept supporting records. The pharmacy had facilities in place to dispose of obsolete medicines, and these were kept separate from stock.

The pharmacy team used an alpha-numeric system to store and retrieve prescriptions and bags of dispensed medication. The storage area was well organised, which assisted in finding people's medication.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has the equipment and facilities that it needs for the services it provides. The equipment is appropriately maintained and used in a way that protects people's privacy.

Inspector's evidence

The general daily clean included the work surfaces, IT equipment and telephones. The staff kept the dispensary sink clean; it had hot and cold running water and antibacterial hand sanitiser was available. The team had a range of clean measures, and a separate set for methadone. So, it had facilities to make sure it did not contaminate the medicines it handled, and it could accurately measure and give people their prescribed volume of medicine. The RP used BNF online, and recent versions of the BNF and cBNF to check pharmaceutical information were available.

The pharmacy had facilities that protected peoples' confidentiality. It regularly backed up people's data on the PMR, which had password protection. So, it secured people's electronic information and it could retrieve their data if the PMR system failed. And the pharmacy had facilities to store people's medicines and their prescriptions securely.

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.