

# Registered pharmacy inspection report

**Pharmacy Name:** Asda Pharmacy, Abbey Park, London Road,  
Whitley, COVENTRY, CV3 4AR

**Pharmacy reference:** 1115432

**Type of pharmacy:** Community

**Date of inspection:** 30/09/2024

## Pharmacy context

This community pharmacy is open extended hours and it is situated in a busy supermarket in Coventry. It sells a range of over-the-counter medicines and dispenses prescriptions. The pharmacy offers the NHS Pharmacy First Service, the New Medicine Service, the Hypertension Case-Finding Service, substance misuse service and season flu vaccination service. And it also supplies medicines in multi-compartment compliance packs to some people who need assistance in taking their medicines safely 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	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 has safe and effective working practices. It identifies and manages the risks associated with its services to ensure its services are delivered effectively. Team members record their mistakes so that they can learn and improve from these events. But they could do more to ensure these are reviewed in a timely manner. The pharmacy has procedures to protect people's confidential information and its team members understand how they can help and support vulnerable people.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) and these were available in a digital format. The SOPs were reviewed regularly and each team member had their own account to access them. All team members had signed to confirm that they had read and understood the SOPs. Team members roles and responsibilities were specified in the SOPs and they could explain the tasks they could not undertake in the absence of a pharmacist. The correct responsible pharmacist (RP) notice was displayed and the RP records were kept in line with requirements.

Team members recorded mistakes which were spotted before a medicine was supplied to people (near misses). These were normally reviewed monthly but the pharmacy manager said that the team had recently fallen behind and these were last fully reviewed in July. However, the pharmacy manager provided assurances that all near misses were discussed with individual team members when they occurred and learning points were recorded in a communication diary to ensure other team members working on a different shift were made aware of any emerging trends in the dispensary. The pharmacy also had a system to record dispensing mistakes which reached people (dispensing errors). Team members recorded these on an online platform citing actions taken to prevent recurrence. Dispensing errors were further reviewed by the compliance officer at the head office and learnings were shared with other branches via a quarterly bulletin. The pharmacy manager commented that the last dispensing error happened about nine months ago and involved an incorrect formulation of ramipril supplied to a person. Team members had put a 'flash note' on the person's medication records to alert team members to select the correct formulation in future. Information about how people could raise a complaint was displayed in the pharmacy and the pharmacy manager said that team members tried to resolve complaints in the pharmacy where possible. Any complaints that could not be resolved locally were escalated to head office for further intervention.

The pharmacy had current professional liability and public indemnity insurance. Records about controlled drugs (CDs), private prescriptions, and unlicensed medicines were kept in line with requirements. Running balances for CDs were recorded and audited weekly. Records about patient-returned CDs were kept in a separate register and these were recorded at the point of receipt. The quantity of a randomly selected CD checked during the inspection reconciled with the recorded balance in the register.

The pharmacy had procedures about protecting people's confidential information and all team members had completed mandatory General Data Protection Regulation training. And they were required to revisit this training annually. Access to the pharmacy's computer was password protected and team members were using their own NHS smartcard to access electronic prescriptions. Confidential waste was managed appropriately and no person-identifiable information was visible to people visiting

the pharmacy.

There were procedures in place to ensure team members were aware of the action to take to protect vulnerable people. Team members had all completed training relevant to their roles and responsibilities and both pharmacists had completed Level 3 safeguarding training. A chaperone policy was available and displayed in the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its current workload safely. Its team members work well together and they are supported with on-going training to help keep their skills and knowledge current. And they can provide feedback to help improve the pharmacy's services.

### Inspector's evidence

At the time of the inspection, the pharmacy team comprised of the pharmacy manager, a second pharmacist, three qualified dispensers and a trainee medicine counter assistant. There were further two part-time dispensers and a medicine counter assistant not on duty during the inspection. Team members were managing the workload well and the workflow in the dispensary was organised. People visiting the pharmacy were acknowledged in a timely manner and team members were observed working well together.

Team members were supported with online training modules and the pharmacy manager said mandatory training modules such as information governance and training relating to the Community Pharmacy Quality Scheme was monitored to ensure team members completed these modules in a timely manner. And they were given time to complete their training during working hours.

A team member said that the management team supported them well to share suggestions or discuss any concerns about the way the pharmacy operated. There was also a whistle blowing policy of which all team members were aware. The pharmacy manager said that there were targets set by the head office but overall, these did not affect the team's professional judgement and the branch was performing well against the targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are kept secure and they are suitable for the services provided. And people visiting the pharmacy can have a conversation with a team member in private if required.

### Inspector's evidence

The pharmacy was in a good state of repair and its retail area was clear of any trip or slip hazards. There was seating for people waiting for services. The dispensary was clean and tidy. And it had enough space to store medicines in an organised fashion and undertake dispensing activities safely. There was enough lighting throughout the premises and the ambient temperatures were suitable for storing medicines. A clean, signposted consultation room was available and it was suitable for private consultations. A chaperone policy was displayed in the pharmacy. The premises could be secured to prevent unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy delivers its services safely and people with diverse needs can access its services. It obtains its medicines from licensed wholesalers and stores them safely. And it has systems in place to ensure concerns about medicines and medical devices are addressed in a timely manner so that people get medicines and medical devices that are fit for purpose.

### Inspector's evidence

There was step-free access into the pharmacy which was located by the entrance of the supermarket. The opening times and services offered were clearly advertised. A variety of health-related leaflets was available for self-selection and a hearing loop had been installed by the pharmacy counter. Team members demonstrated good knowledge about signposting arrangements and the pharmacy manager said, due to the extended opening hours, the pharmacy received many enquiries relating to palliative care medicines. A list of pharmacies offering palliative care services was displayed in the dispensary to assist team members signpost people appropriately.

The workflow in the dispensary was organised and team members worked at designated workstations. Baskets were used during the dispensing process to minimise the chances of prescriptions getting mixed up. Dispensing labels were initialled at the dispensing and checking stages to create an audit trail to show the team members involved in each task. 'Owing notes' were issued to people when prescriptions could not be completed when first dispensed.

The pharmacy manager said that the uptake of the NHS Pharmacy First service was good due to the pharmacy's extended opening hours. The two most popular services were treatment for urinary tract infection and urgent supply of medicines. Team members had all completed the relevant training and patient group directions were available in the pharmacy. The pharmacy had begun delivering its seasonal flu vaccination service and the pharmacy manager said that having a second pharmacist helped to deliver the service efficiently.

The pharmacy dispensed medicines in multi-compartment compliance packs to a handful of people who needed additional support in managing their medicines safely at home. Team members labelled the compliance packs with a description of each medicine to help people or their carers identify medicines correctly. Patient information leaflets were supplied and any changes to the medication regime was recorded, monitored, and queried where appropriate.

When asked, team members were able to explain the information that needed to be provided about pregnancy prevention when supplying valproate-containing medicines. And they knew about supplying such medicines in their original manufacturer's pack meaning the original pack could not be split. They further commented that they made sure that the dispensing labels did not obscure any relevant warnings on the pack.

Stock medicines were obtained from licensed wholesalers and these were stored appropriately. Team members checked the expiry dates of its stock medicines and kept a record of short-dated items. These were marked to ensure they were removed from in-date stock at an appropriate time. No date-expired medicines were found amongst in-date stock when checked during the inspection. Temperature-

sensitive medicines were stored in a fridge and fridge temperatures were recorded daily. Records showed that the temperatures had remained within the required range of between 2 and 8 degrees Celsius. All CDs requiring secure storage were stored in line with requirements. Date-expired CDs and patient-returned CDs were marked and stored separately. Denaturing kits were available to dispose of waste CDs safely. Waste medicines were stored in designated bins ahead of collection by a specialist waste contractor. The pharmacy received emails about safety alerts and medicines recalls through the head office and from the NHS. Team members could explain how these were dealt with and compliance was monitored via the head office to ensure these were actioned in a timely manner. Records of previously actioned alerts were kept and available in the pharmacy.



Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And its team members use the equipment and facilities in a way that protects people’s privacy and dignity.

Inspector's evidence

Team members had access to current reference sources. The pharmacy had calibrated measures available and equipment for counting loose tablets and capsules was clean. Medicine containers were capped to prevent cross-contamination. People’s confidential information on the pharmacy’s computer system was stored securely and team members had access to cordless phones so they could converse in private if necessary. All other electrical equipment was in good working order.

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.