

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, East Quay, BRIDGWATER,
Somerset, TA6 5AZ

Pharmacy reference: 1115959

Type of pharmacy: Community

Date of inspection: 16/09/2021

Pharmacy context

The pharmacy is located within a supermarket in Bridgwater. It sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. It offers services including the NHS New Medicine Service (NMS), a smoking cessation service, a minor ailments scheme, the supply of COVID-19 lateral flow tests and flu vaccinations. The pharmacy offers services for drug misusers. It also supplies medicines in multi-compartment compliance aids to people living in their own homes. The inspection took place during the COVID-19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 identifies and manages its risks appropriately. Team members record their errors and review them regularly to identify the cause of errors. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance to cover its services. And it keeps records required by law. It keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had completed a risk assessment of the impact of COVID-19 on the pharmacy and its services. This included an individual risk assessment for each team member to help identify and protect those at increased risk. All team members were self-testing for COVID-19 twice each week using lateral flow tests. They wore face masks to help reduce the risks associated with the virus. And they washed their hands or used hand sanitisers regularly.

The pharmacy had appropriate processes in place to manage and reduce its risk. Team members routinely recorded any mistakes they made when dispensing in a near miss log. Entries in the near miss log contained a brief reflection on why the error occurred and actions taken to prevent a reoccurrence. Dispensing incidents were reported and reviewed using an online reporting form on the company intranet. These errors were analysed in greater detail. Pharmacy team members discussed any near misses and dispensing incidents to learn from them. They discussed ways to reduce errors and took appropriate actions to improve the safety of its services.

The responsible pharmacist (RP) completed a monthly review of all errors. The reviews were stored neatly in a folder with any near miss logs and incident reports completed that month. The pharmacy had noticed an increase in errors involving the supply of part packs. As a result, any medicines that were not prescribed in complete boxes were dispensed into white dispensing boxes. This had made it more obvious to the pharmacist and the person receiving the medicine that it was not a complete pack. And errors of this type had subsequently reduced.

The pharmacy had recently switched to a new patient medication record (PMR) system. The pharmacy team had struggled to keep up with the workload whilst learning how to operate the new PMR. This, combined with a large increase in prescription items and footfall due to the closure of nearby pharmacies and the lack of locum availability, had led to dispensing activity being two days behind schedule. This meant that prescriptions collected from the surgery were not always prepared when the person arrived to collect them. But the pharmacy team had asked the area manager for support to bring the workload back up to date before they commenced flu vaccinations in the coming weeks. This was confirmed following the inspection in a telephone call.

Standard operating procedures (SOPs) were held on the company portal, HeLo. The RP struggled to access this during the inspection and they were therefore not seen. But team members said that a dispenser who had a supervising role ensured that they all read any updates as they were issued by the company. A dispenser could describe the activities that could not be undertaken in the absence of the

RP. Team members had clear lines of accountabilities and were clear on their job role.

Feedback was usually obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. But this had been suspended during the COVID-19 pandemic. The RP said that he listened to any comments made by people using the pharmacy and escalated them to the area manager as needed. A complaints procedure was in place and was displayed in the retail area. Public liability and professional indemnity insurance were in place.

Records of the responsible pharmacist were maintained on paper and the correct RP certificate was displayed. Controlled drug (CD) registers were in order. Balance checks were completed regularly. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions were held on the patient medication record (PMR) system and were in order. The pharmacy did not generally make emergency supplies and referred people to NHS111 to access the Community Pharmacy Consultation Service referral scheme. Specials records were maintained, although certificates of conformity were not annotated with all the required details to create an audit trail.

All team members had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste were dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed and a record of access was made on the person's PMR.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the referral of concerns were displayed on the wall in the pharmacy. Staff were aware of signs of concerns requiring escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. But when nearby pharmacies are forced to close it can put pressure on the team. Team members complete relevant training for their roles and keep their knowledge up to date. They are confident to suggest and make changes to the way they work to improve their services. They communicate well and give each other feedback on their performance.

Inspector's evidence

Staffing was adequate on the day of the inspection. The responsible pharmacist was a company employee. Evening and weekend shifts at the pharmacy were generally covered by locum pharmacists. There had been three occasions in the last month when the pharmacy had been unable to secure a locum and the pharmacy had been forced to close, either early or for the whole day on a Sunday.

Two dispensers and a medicines counter assistant (MCA) were on duty during the inspection. A further six team members were not working during the inspection. The team clearly had a good rapport and worked well together. But they sometimes struggled with the workload, particularly when other local pharmacies were forced to close due to a lack of locum cover. Both planned and unplanned absences were covered by rearranging shifts or by part-time staff increasing their hours. And part-time staff worked additional hours to support when budget allowed.

Team members kept their skills and knowledge up to date by completing learning activities, including reading SOPs and learning about new products or systems. These were generally completed outside of working hours, although trainees were given regular time to complete courses in working hours. Team members said that they would prefer to complete learning whilst in work but there was rarely time to take time away from the pharmacy. Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed.

The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. The team felt confident to discuss concerns and give feedback to their supervisor, who they found to be receptive to ideas and suggestions. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The RP felt able to use his professional judgement to make decisions and described that all services undertaken were clinically appropriate. He felt well supported by the superintendent's office and the regional support team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. It has recently been refurbished to create more space. It has introduced measures to reduce the risk of the spread of COVID-19. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy was located at the rear of a supermarket. People were encouraged to queue outside and enter the pharmacy retail area when called. There was a small seating area to the side of the healthcare counter. But team members encouraged people waiting to browse the supermarket to prevent people congregating by the pharmacy. The pharmacy had a consultation room that was clearly advertised. It was soundproofed to allow conversations to take place in private. It was secured with a lock when the pharmacy team were not using it. The pharmacy displayed health-related leaflets and posters both in the consultation room and in the waiting area.

A lockable barrier was installed to stop people walking into the pharmacy. Screens had been installed on the counter to prevent the spread of COVID-19. The medicines counter led through to a reasonably sized dispensary. The dispensary was well organised but there was limited bench space. A dispensing station had been created using the top of two fridges. Stock was generally stored neatly in pull-out shelves. One shelf was broken, which had been reported to the maintenance department.

Prescriptions that were waiting to be collected were stored using a retrieval system. They were placed on shelves in the dispensary. No confidential information was visible to people waiting. The pharmacy was light and bright. It had air-conditioning. Pharmacy team members made sure that the pharmacy was clean and tidy. Disinfectant was used to clean the counter tops. Hand sanitising gel was placed around the pharmacy for people to use.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers some additional services, which the pharmacy team delivers safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access and an automatic door. The consultation room was wheelchair accessible. Mobility scooters were available in the supermarket for people to use. Adjustments could be made for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. The RP was accredited to provide all of the promoted services. Team members explained that if a patient requested a service not offered by the pharmacy at the time, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

Dispensing baskets were used to store prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense and check prescriptions. The labels of dispensed items were initialled when dispensed and checked to create an audit trail.

The pharmacy used stickers to identify prescriptions that contained CDs, fridge items and high-risk medicines. Stickers were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. The pharmacists ensured they spoke to anyone receiving high-risk medicines to ensure relevant blood tests had been completed and to check that doses were correct. The pharmacy team were aware of the sodium valproate Pregnancy Prevention Programme (PPP). Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had stickers for team members to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. The pharmacy had the information booklets and cards to give to eligible people. Notes were placed on the PMR of people receiving valproate to confirm a discussion about PPP had taken place.

Substance misuse services were provided for four people. The RP described that he would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

The pharmacy offered a range of additional services and was about to embark on the yearly flu vaccination service. The RP had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) and received regular referrals. It supplied lateral flow tests to the public as part of the 'Pharmacy Collect' scheme.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 20 people based in the community. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the checking process.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. The pharmacy had recently had a stock take and any expired medicines had been removed. Date checking was undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. Stock was obtained from reputable sources. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. The pharmacy was experiencing an increased number of omissions due to disruption to the national supply chain. The pharmacy team contacted the prescriber with a suggestion of an alternative when needed. Records of recalls and alerts were annotated with the outcome and the date actioned. The supermarket team also checked compliance with actioning recalls.

The two fridges in the dispensary were clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It ensures its equipment is well-maintained. The pharmacy uses its equipment in a way that protects people's private information.

Inspector's evidence

The pharmacy had installed Perspex screens on the medicines counter during the Covid-19 pandemic. They cleaned them regularly. The pharmacy had an adequate supply of personal protective equipment, including facemasks and gloves. Team members were wearing facemasks during the inspection. Hand sanitiser was readily available.

The pharmacy had a range of crown-stamped measuring cylinders to allow them to accurately measure liquids. They also had some measures that were clearly marked for the use of controlled drugs only. There was a range of clean tablet and capsule counters, with a separate tablet counter clearly marked for more high-risk medicines. The pharmacy kept all of its equipment, including the dispensary fridge and sink, in good working order.

The pharmacy had up to date reference sources. And team members could easily access information on the internet. They ensured they used reputable websites when looking for clinical information. Computer screens were positioned so that no information could be seen by members of the public. Phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system with no confidential information visible to people waiting.

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.