

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, Welton Road, Croft Business Park, Bromborough, WIRRAL, Merseyside, CH62 3QP

Pharmacy reference: 1116249

Type of pharmacy: Community

Date of inspection: 02/08/2024

Pharmacy context

This community pharmacy is located inside a large supermarket. It is situated on a retail park, in Bromborough, on the Wirral peninsular. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS Pharmacy First service and seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time.

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	1.2	Good practice	Members of the pharmacy team make records when things go wrong and routinely review them. This helps the team to identify learning to improve the services they provide and reduce the chances of similar mistakes happening again.
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team undertake training so that they know how to keep private information safe. They record when things go wrong so they can review them. And they share learning points with the rest of the team to help them to improve the way they work.

Inspector's evidence

There was an electronic set of standard operating procedures (SOPs) which had been routinely updated by the superintendent pharmacist's team. Members of the pharmacy team completed training packages and electronically confirmed to indicate they had read and accepted the SOPs.

The pharmacy used electronic software to record and investigate any dispensing errors and the associated learning outcomes. Near miss incidents were recorded on a paper log. The pharmacist discussed mistakes with members of the team at the time they occurred to help identify potential learning points. Each week the pharmacist reviewed the records to look for any common patterns or trends. Each month the pharmacist created a patient safety pack which included a report from the previous month's analysis of near miss records, drug alerts, and the healthcare newsletter. This was put on display in the dispensary and shared with members of the team so they could understand the improvements that were required to help reduce the risk of errors happening. The team had taken steps to highlight the different strengths and formulations of co-codamol medicines to help reduce picking errors. They had also identified an additional training need for team members to revisit how to perform medicine calculations to help reduce the risk of dosage or quantity errors.

The roles and responsibilities for members of the team were described in individual SOPs. A dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Team members wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their noticed displayed prominently. The pharmacy had a complaints procedure which was on display in the retail area. Any complaints were investigated and recorded. A current certificate of professional indemnity insurance was available.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked frequently. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team completed IG training, and each member of the team had signed a confidentiality agreement. When questioned, team members described how confidential information was separated into confidential waste bags for removal by a waste carrier. Information about how the pharmacy handled and stored people's information was on display in the retail area. Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. Both pharmacists had completed level two safeguarding training. Contact details for the local safeguarding board were on display. Team members would initially report

any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough members of the team to manage the pharmacy's workload. They are appropriately trained, or undergo suitable training, for the jobs they do. And members of the pharmacy team complete regular e-learning packages about the pharmacy's procedures and services to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included two pharmacist managers and six dispensing assistants, two of whom were in training. There were also two 'pharmacy busters' who were trained dispensers and worked in other areas of the supermarket. Their main role was to support the pharmacy during busier periods or to cover absences. They worked at least one shift per week in the pharmacy to help keep up to date. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be well managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

The pharmacy provided the team with a structured e-learning training programme. The topics covered pharmacy processes and training for the services provided. Additional learning about new products and medicines was available, but these were not mandatory. Team members were provided with learning time to complete training. And records were kept showing training was up to date. The dispenser felt able to ask for further help or support from the pharmacist managers if they felt they needed it. A dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist felt able to exercise their professional judgement, and this was respected by the other pharmacist manager, and the pharmacy team.

Members of the pharmacy team did not receive appraisals about their work so development needs may not be always addressed. Team members were seen working well together and assisting each other with queries. They understood the whistleblowing policy and said that they would be comfortable reporting any concerns to their line manager or head office. There were various targets set for professional based services. The pharmacists did not feel under pressure to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

Inspector's evidence

The pharmacy premises was located inside a small unit near to the checkout tills in the supermarket. It was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload undertaken, and access to it was restricted by use of a gate. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled using central air conditioning units, and lighting was sufficient. Team members had access to a canteen and WC facilities.

A consultation room was available and kept locked when not in use. It appeared clean, and contained a computer, desk, seating, adequate lighting, and a wash basin. The entrance to the consultation room was clearly signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. Additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

Inspector's evidence

Access to the pharmacy was level via a large entrance into the supermarket. There was wheelchair access to the consultation room. Various posters provided information about the services offered, and information was also available on the pharmacy's website. The opening hours were also displayed on the website. Leaflets provided information about various healthcare topics.

The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied. Dispensed medicines awaiting collection were kept on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added.

Team members were seen confirming the patient's name and address when medicines were handed out. Schedule 3 and 4 CDs were highlighted so that team members could check the validity of the prescription at the time of supply. As part of the pharmacist's clinical checks, they identified people who would benefit from additional counselling and attached 'see pharmacist' stickers on prescriptions. For example, people who are prescribed higher-risk medicines (such as warfarin, lithium, and methotrexate) to ensure they were routinely monitored and taking the medicines as prescribed. Team members were aware of the risks associated with the use of valproate-containing during pregnancy, and the need to supply the original pack. Educational material was supplied with the medicines. The pharmacist would speak to patients to check the supply was suitable, but there were currently no patients meeting the risk criteria.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack the pharmacy team completed an assessment about their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was updated. Hospital discharge information was sought and retained for future reference. The compliance aids were labelled with medication descriptions and patient information leaflets were routinely supplied.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of medicines were checked on a three-month rotating cycle. A date checking record was kept showing what had been checked. Short-dated stock was recorded in a diary so it could be removed at the start of the month of expiry. Liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear separation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum

temperatures were being recorded daily and records showed the temperature had remained in the required range. Patient returned medication was disposed of in designated bins. Drug alerts were received electronically from the head office. Alerts were actioned, and a record was kept of any action taken, when and by whom.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter, and a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. People were offered its use when requesting advice or when counselling was required.

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.