

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, Widnes Road, WIDNES, Cheshire, WA8 6AH

Pharmacy reference: 1116258

Type of pharmacy: Community

Date of inspection: 15/05/2019

Pharmacy context

This is a supermarket pharmacy situated in a town shopping centre near several residential areas. Its main service is preparing NHS prescription medicines. The pharmacy also provides other NHS services such as flu vaccinations, Medicine Use Reviews (MURs), a minor ailments scheme, and emergency hormonal contraception (EHC). It also provides private services including erectile dysfunction treatment, anti-malaria medication, and a free blood pressure and body mass index monitoring service.

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	1.1	Good practice	The pharmacy checks that each team member understands the procedures they should follow, so that they provide safe services.
2. Staff	Standards met	2.1	Good practice	Staff do not feel pressurized and complete tasks effectively in advance of deadlines.
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 has written instructions that the pharmacy team understands and helps them to provide safe services. The team records and reviews its mistakes so that it can learn from them. The pharmacy team keeps people's information secure and understands its role in protecting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that were regularly reviewed. These covered the safe dispensing of medicines, the responsible pharmacist (RP) regulations, and controlled drugs (CDs). All staff had passed knowledge tests on each procedure relevant to their role, which confirmed their understanding.

The pharmacy had written procedures on handling near misses, but it did not specify the need to record reasons why they could have happened. The pharmacy team discussed and recorded mistakes they identified while dispensing medicines. They took steps to address each mistake in isolation and consistently participated in weekly and monthly reviews of near miss records. But, the team often did not record why they thought they had made each error. So, it was harder for them to identify trends and mitigate risks in the dispensing process.

A dispenser and checker initialled dispensing labels to provide an audit trail, which assisted in investigating and managing risk in relation to near miss or dispensing incidents. And it provided some transparency around who was responsible for dispensing each medication.

The pharmacy team received positive feedback in the last patient satisfaction survey (January 2019 to February 2019), and a publicly displayed notice explained how people could raise concerns. Each team member had read the pharmacy's procedures for handling complaints. So, they knew how to deal with them and said they used feedback to improve services.

The pharmacy had professional indemnity cover for the services it provided. The pharmacy maintained the records required by law for controlled drug (CD) transactions and the Responsible Pharmacist present. The RP displayed their RP notice so that the public could see it. The pharmacy also maintained records of special medications, minor ailment consultations, MURs, flu vaccinations and CD destructions.

Each team member had signed a confidentiality agreement. The pharmacy had detailed written policies and procedures on protecting patient data. The RP, who was one of the resident pharmacists, had formally declared that they understood the policies and passed knowledge tests on each of them. The other staff said they had read the policies, but the pharmacy did not keep records confirming this. All the staff had also completed data security awareness training and they securely destroyed confidential waste. And the pharmacy regularly carried out audits, so it checked its ability to protect information.

All the regular pharmacists were level 2 safeguarding accredited and the rest of the team had completed the in-house safeguarding training. The pharmacy had the list of local safeguarding referral agencies and their procedures. It also had its own written safeguarding procedures that all the staff had

read and passed knowledge tests which confirmed they understood them.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together and have the qualifications necessary for their roles. And they have access to training to help them keep their knowledge up to date. The team consistently participate in reviewing their mistakes, which helps improve the service they provide.

Inspector's evidence

The staff present were the RP who was one of the resident pharmacists who had been employed for around six years, two part-time experienced dispensers, and a part-time Medicines Counter Assistant (MCA) who was also a trainee dispenser.

The other staff included a part-time resident pharmacist employed around three years; four part-time locum pharmacist, six experienced part-time dispensers, one part-time trainee MCA who transferred from another department in the supermarket around three months ago.

The pharmacy had enough staff to comfortably manage the workload. Team members said that they dispensed compliance pack medicines in good time, a few days before patients required them. And they dispensed repeat medicines via the electronic prescription service (EPS) around two days before patients needed them. There were long periods between patients presenting, and queues were no longer than two people. Staff promptly supplied medication to patients who presented around half of the prescriptions received. And two pharmacists overlapped while supervising services for twelve hours a week. So, there was no notable sustained work load pressure on the team.

The trainee MCA, who transferred from another department in the supermarket around three months ago, had started her MCA training. They planned to train to be a dispenser once the MCA training was complete. The trainee dispenser who had worked in the role for around nine months had almost completed all their training. The RP supported them well in progressing their studies. However, they did not have any protected study-time in work, so had to study outside of work.

Staff were generally up-to-date on the pharmacy's mandatory training programme. And the resident pharmacists had appraisals. However, the rest of the team did not participate in an appraisal process. The pharmacy had targets for the number of MURs it completed and patients that nominated it for the EPS. The team obtained written patient consent for MURs, flu vaccinations and the EPS. So they could confirm that patients requested these services.

The RP explained that the company monitored the pharmacy's performance against its MUR target and occasionally contacted the RP if the pharmacy was behind target. The RP added that the company did not excessively pressurise them to meet targets.

Most of the pharmacy's MURs involved patient's with long-term conditions. So, it focussed on providing the service to patients that the NHS had highlighted. The RP said he usually took around fifteen minutes to conduct each MUR consultation, and always did them in the consultation room, as specified in the pharmacy's written procedures.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a secure and professional environment for healthcare services.

Inspector's evidence

The level of cleanliness was appropriate for the services provided. The premises had the space necessary to allow medicines to be dispensed safely for the scale of services provided.

The consultation room offered the privacy necessary to enable confidential discussion. But its availability was not prominently advertised. So, patients may not always take advantage of this facility.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices help make sure people receive safe and efficient services. It gets medicines from licensed suppliers and carries out checks that help make sure they are safe for people to use.

Inspector's evidence

The pharmacy was open from early morning to late night Monday to Saturday and also on Sunday, meaning patients could access services across most of the week. The pharmacy had written procedures for dispensing some higher-risk medicines, including anti-coagulants, lithium and insulin.

The pharmacy team had screened female patients prescribed valproate to identify those who were potentially exposed to the teratogenic risks of it, with no patients identified. The pharmacy had issued female patients taking valproate the MHRA approved valproate card, and the guidance booklet was also available.

The pharmacy regularly checked that patients prescribed an anti-coagulant and methotrexate had a recent blood test. They also counselled anti-coagulant, methotrexate and fentanyl patients so that they got the support and information they needed.

The pharmacy had clearly marked areas for assembling and checking prescription medicines. The pharmacy team referenced the prescription while assembling and checking prescription medicines and used baskets to avoid each patient's medicines becoming confused with others during the dispensing process. So, the pharmacy had systems that supported safe dispensing.

The pharmacy team used disposable compliance packs to dispense medicines for patients who needed extra support taking their medicines safely. They consistently labelled the trays with descriptions of each medicine, which enabled patients and carers to identify each of them.

The pharmacy obtained its medicines from MHRA licensed pharmaceutical wholesalers. The pharmacy had the software and hardware installed to be Falsified Medicines Directive (FMD) compliant. All the staff had completed FMD training. However, they only occasionally scanned medicines that had a barcode.

The pharmacy stored all its medicines stock in a tidy and organised manner. And the team permanently marked medication stock cartons to signify they were part-used, which reduced the risk of patients receiving the incorrect medication quantity. The pharmacy team stored thermo-labile medicines in a refrigerator, and consistently monitored and recorded its storage temperatures. So, they made sure these medicines stayed fit and safe for patient use.

Records indicated that the pharmacy team consistently monitored medicine stock expiry dates on a regular basis. So, they reduced the risk of patients receiving medication after its 'use by' date. The pharmacy team used an alpha-numerical system to store and retrieve bags of dispensed medication and their related prescription. So, the team could efficiently retrieve patients' medicines and

prescription when they came to collect their medication.

The team disposed of obsolete medicines appropriately in pharmaceutical waste bins and segregated away from medicines stock, which reduced the risk of them being supplied to patients. The team took appropriate action when they received alerts for defective medicines. And they recorded their action taken. So, the team made sure patients did not receive defective medicines.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide the services it offers.

Inspector's evidence

The pharmacy team kept the dispensary sink clean. They also had hot and cold running water and an anti-bacterial hand-sanitiser. So, they had facilities to make sure they did not contaminate medicines they handled.

The team had a range of clean measures. So, they could accurately measure and give patients their prescribed volume of medicine. The team had access to the latest versions of the BNF and cBNF online. So, they could refer to the latest clinical information for patients.

The team had facilities that protected patient confidentiality. They viewed electronic patient information on screens not visible from public areas. The team also had a consultation room to enable confidential discussion with patients. And they had facilities to store bags of dispensed medicines and their related prescriptions away from public view.

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.