

Registered pharmacy inspection report

Pharmacy Name: Asda Pharmacy, West Swindon District Centre,
Swindon, Wiltshire, SN5 7DL

Pharmacy reference: 9011393

Type of pharmacy: Community

Date of inspection: 26/05/2021

Pharmacy context

This is a community pharmacy located in a supermarket in Swindon, Wiltshire. It serves its local population which is mostly elderly. The pharmacy opens seven days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, supplies lateral flow test kits for COVID-19 and supplies medicines in multi-compartment compliance packs for people to use living in their own homes. This inspection took place during the COVID-19 pandemic.

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 team regularly record near misses.
		1.2	Good practice	The pharmacy team regularly review the safety and quality of pharmacy services well.
2. Staff	Good practice	2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy team increase the accessibility of medicines to their local population.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. Risk assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. The pharmacy suspended some of its face-to-face services during the peak of the pandemic. Staff were wearing facemasks in the pharmacy. People were encouraged to wear face masks when attending the pharmacy.

Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. Examples of near miss error logs were seen from previous months displayed in the dispensary. 'Sound alike' and 'look alike' medicines such as amitriptyline and amlodipine were separated on the dispensary shelves. In some cases, there had been near miss selection errors involving pregabalin and gabapentin prescriptions. In response to this, staff were highlighting these prescriptions at the dispensing stage.

Dispensing incidents were recorded electronically and this included a root cause analysis as part of the error investigation. Reviews were carried out by the pharmacist and trends are looked for as well as changes that need to occur to reduce the incidence of errors occurring. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and those examined had been reviewed within the past two years. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team were in the process of gathering feedback from people using community pharmacy patient questionnaires. A certificate of public liability and professional indemnity insurance was held and was valid and in date.

Records of controlled drugs (CD) and patient returned CDs were seen to be retained. CD balances were checked weekly. A responsible pharmacist (RP) record was kept and the RP notice was displayed in pharmacy where people could see it. The fridge temperatures were recorded daily and were within the

2 to 8 degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were seen to be completed appropriately. Short dated stock was marked to readily identify it with stickers. The private prescription, emergency supply and specials records were kept and were in order.

Confidential waste was collected separately to normal waste and shredded intermittently. An information governance policy (IG) was in place and the healthcare team were required to complete training on IG. Staff had all completed a training package on the General Data Protection Regulation (GDPR).

There was a safeguarding children and vulnerable adults policy in place at the pharmacy. The pharmacist had completed the CPPE level 2 safeguarding package. Staff were aware of the signs to look out for that may indicate safeguarding concerns. Local contact details to raise safeguarding concerns were displayed in the dispensary.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist, two dispensing assistants and one medicines counter assistant present during the inspection. The staff were observed to be working well together and providing support to one another when required. There were sufficient staff to provide the services offered during the inspection.

The staff reported that they kept their knowledge up to date by reading third party materials, such as pharmacy magazines, and would ask the pharmacist if they had any queries. A dispensing assistant gave an example of having learned more about how viruses spread and how to mitigate this in the context of the COVID-19 pandemic. Staff received time to complete any required training. During the COVID-19 pandemic, pharmacist reported that she had utilised online resources from the PSNC and Public Health England.

The pharmacy team reported that the pharmacy team would hold weekly huddles and use the opportunity to discuss any patient safety incidents or recent learning. There was a whiteboard in the dispensary which was used to pass information to staff between shifts.

Staff explained that they felt comfortable to raise any concerns they had with the pharmacy manager or their area manager. Staff were aware of the whistleblowing procedure on questioning. There were targets in place at the pharmacy, but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect people's private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy premises had relocated from a different part of the supermarket in August 2020. It was clean, bright and had a professional appearance. It had a retail area toward the front and a spacious dispensary area toward the back. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private. There was a plastic screen separating the retail area from the dispensary. The pharmacy was regularly deep cleaned. There were stickers on the floor to allow people to socially distance while in the pharmacy.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised in a generic and alphabetical manner. Medicines were stored on sliding shelves to maximise space efficiency. The consultation room was well soundproofed and was presented in a professional manner. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Pharmacy services were detailed in posters and leaflets around the pharmacy. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting. There was a hearing loop for patients with hearing difficulties. During the COVID-19 pandemic, medicine deliveries were offered once a week to housebound patients.

The pharmacy team offered the Community Pharmacist Consultation Service (CPCS). As part of this service, the pharmacist explained that she received referrals from NHS 111 for emergency supplies of medicines or for the treatment of minor ailments. For the emergency supplies, the pharmacist would gain consent to check the summary care record of the patient and ensure that the medicine had previously been prescribed and it was clinically appropriate to make the supply. These were generally telephone consultations, but the patient could be asked to come into the pharmacy if necessary. The pharmacist reported that the CPCS was a popular service and the pharmacy team completed approximately 30 consultations per month. This service increased the accessibility of medicines to patients and meant that it reduced demand on local GP and out of hours services.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing. The pharmacist reported that she would check that that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception. Patients at risk had been identified through an audit and the pharmacist had spoken to them all about the risks of valproate.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A small hazardous medicines waste bin was also available for use. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection. Medicines were obtained from suppliers such as AAH and Alliance. Specials were obtained from AAH and Alliance specials.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacy manager explained that these were actioned appropriately. Records to demonstrate this were kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Amber medicines bottles were capped when stored. A counting triangle was available for use. There was also alcohol hand gel available for use around the pharmacy. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There were two fridges in use which were in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range.

Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

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.