

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Kenn Road, CLEVEDON,
Avon, BS21 6LH

Pharmacy reference: 1028754

Type of pharmacy: Community

Date of inspection: 17/07/2019

Pharmacy context

This is a community pharmacy located in a large supermarket in Clevedon. 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, offers drug misuse services and supplies medicines in multi-compartment compliance aids for people to use living in their own homes.

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	N/A	N/A	N/A
2. Staff	Standards met	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 members have made the flu vaccination service more accessible 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 record and review mistakes that 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 well and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy generally maintains the records that it must keep by law. However, some records were not always completed correctly which could mean that the pharmacy is not able to show exactly what has happened if any problems arise.

Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were recorded regularly and reviewed when they occurred and the pharmacist would discuss the incident with the pharmacy team. Examples of near miss logs were seen from previous months and were displayed in the dispensary. As a result of previous near misses, staff had separated different pack sizes of paracetamol and amitriptyline and amlodipine on the dispensary shelving.

Dispensing errors would be reported electronically to the superintendent's office and all dispensing errors would have a root cause analysis carried out.

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. The pharmacy team understood what their roles and responsibilities were. On questioning, they explained that they would refer to the pharmacist if they had any queries.

There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacist reported that a Community Pharmacy Patient Questionnaire (CPPQ) is carried out annually to gather feedback about the pharmacy from the public.

Public liability and indemnity insurance was held and was valid and in date. Records of controlled drugs (CD) and patient returned CDs were retained. The address that a CD was received from was often omitted in the examined registers. There was some evidence of overwriting on the register examined. A sample of a random CD was checked for record accuracy and was seen to be correct. The controlled drug balance was seen as being checked weekly. Out of date CDs were clearly separated from regular CD stock and labelled as such.

The responsible pharmacist record was seen as complete and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The fridge temperatures were recorded daily and were always in 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. The private prescription and emergency supply records were kept electronically and were in order. The specials records were retained but a selection of records omitted details such as the prescriber's name and address.

The computers were password protected and the screens were not visible to the public. Confidential information was stored securely. The consultation room was kept locked when not in use. Staff were seen to be following the information governance and data protection policy. Confidential waste paper was collected in confidential waste bins and this was collected an external contractor. Staff had completed training on the General Data Protection Regulation (GDPR).

There was a safeguarding children and vulnerable adults training which staff were required to complete. The pharmacist explained that he was confident at identifying the signs to look out for which may indicate safeguarding issues in both children and adults. Contact details were not readily available for local safeguarding advice, referral and support and the pharmacist agreed to address this.

Principle 2 - Staffing ✓ Standards met

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, one technician and two dispensing assistants present during the inspection. They were seen to be working well together and supporting each other. Staffing levels were seen as being sufficient for the services provided during the inspection.

Staff performance was monitored and reviewed formally once a year against key performance indicators. In these reviews, a development plan would be introduced to help further develop and train the members of staff.

The staff completed training run by the company and would be assessed on to ensure they were kept up to date with relevant healthcare information. A dispensing assistant reported that she had recently completed a CPPE package on children's oral health and that this had refreshed her knowledge in this area.

The pharmacist reported that staff meetings were held on a regular basis. During these meetings, staff would discuss recent near misses and errors as well as any business updates.

Staff explained that they were comfortable to raise concerns to their area manager or head office if necessary. There was a staff feedback policy where they could provide feedback to the company about where they work.

There were targets in place in the pharmacy but the team explained that they did not feel any pressure to deliver these targets and that they would never compromise their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally 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 was located inside of a large supermarket. The dispensary was separated from the supermarket by a medicines counter to allow for preparation of prescriptions in private. There was a loose ceiling tile in the dispensary and the pharmacist agreed to report this to the maintenance team.

Baskets containing assembled medicines that were waiting to be checked were being stored on the floor in the dispensary and the inspector highlighted the risks of this to the pharmacist.

There were sinks available in the dispensary and in the consultation room with hot and cold running water with sanitiser to allow for hand washing and the preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out.

The consultation room had no roof and was not well soundproofed. The pharmacist reported that he managed this by talking quietly to patients as much as possible. It was kept locked when not in use.

Ambient temperature was suitable for the storage of medicines and this was regulated by an air conditioning system. But the air conditioning system was old and emitted dust which meant that the pharmacy had to be cleaned thoroughly each week. The lighting throughout the pharmacy was appropriate for the delivery of services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy generally 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. But the pharmacy team do not always promptly remove out of date medicines from the shelf which may increase the risk of these being dispensed to patients.

Inspector's evidence

Pharmacy services were displayed on leaflets and posters around the pharmacy. There was step free access into the store and space to move to a wheelchair or pushchair around the pharmacy area. Seating was available for patients and customers waiting for services. A hearing loop was available for patients with hearing difficulties.

The pharmacy team had been offering the flu vaccination service from September 2018 to March 2019 and had completed over 700 vaccinations in that time period. Staff explained how this service had increased accessibility to patients who find it difficult to attend limited GP appointments. The pharmacy also had long opening hours which the pharmacist reported she had received good feedback from patients about this. The pharmacist had completed the relevant training.

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 dispensing to valproate to all patients who may become pregnant. The shelf where the valproate medicines were kept was marked. The pharmacist reported that he would check 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.

The pharmacy obtained medicinal stock from suppliers such as Alliance, AAH or Oakwood. Specials were ordered from Lexon Specials. There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and seen as being used for the disposal of medicines returned by patients. A bin for the disposal of hazardous waste was also available for use.

The pharmacy team were aware of the European Falsified Medicines Directive (FMD). Tesco head office was currently in the process of rolling out the hardware and software to the pharmacy.

Medicines and medical devices were stored in an organised fashion 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. But the following out of date liquid medicines were found on the dispensary shelf:

Cetirizine 5mg/5ml solution out of date as of April 2019

Levetiracetam 100mg/ml solution out of date as of June 2019

Ranitidine 150mg/10ml solution out of date as of June 2019.

The fridge was in good working order and the stock inside was stored in an orderly manner. The team

used CD cabinets for the safe storage of CDs which were bolted to the dispensary appropriately.

The pharmacist reported that MHRA drug alerts and recalls came to the team electronically and these were actioned appropriately. Records to demonstrate this were kept and audit trails were used. The pharmacist demonstrated how he had contacted a patient for a class 4 MHRA drug alert for Emerade 150/300/500 micrograms solution for injection in pre-filled syringes which was released on 11 July 2019.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. 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.

Staff reported that the computer terminals were old and this often meant that they were slow and this led to an increase in the time that it took to label prescriptions.

Up-to-date reference sources were available in the dispensary and the consultation room 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 was one fridge in use which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to 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.