

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, Station Road, WESTON-SUPER-MARE, Avon, BS23 1XG

**Pharmacy reference:** 1028773

**Type of pharmacy:** Community

**Date of inspection:** 11/03/2020

## Pharmacy context

This is a community pharmacy located in a large supermarket in Weston-super-Mare. It serves its local population which is mixed in age range and background. 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 some mistakes that happen and use this information and learning to avoid future mistakes. But a more consistent approach could be taken to recording errors so that learning opportunities are not missed. 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.

### Inspector's evidence

Processes were in place for identifying and managing risks. But near miss recording was inconsistent and only 1 near miss was recorded in January, for example. The pharmacist reported that she reviewed near miss incidents when they occurred and explained that she would discuss these with the pharmacy team. These were reviewed monthly and overall trends would be analysed to see if there were any learning points. 'Look alike' and 'sound alike' medicines such as amitriptyline and amlodipine were also separated on the dispensary shelves. There was a 'look alike' and 'sound alike' medicines poster displayed in the dispensary to raise awareness of these to staff. Dispensing errors would be reported electronically to the superintendent's office and these would all have a root cause analysis carried out to identify any learning points.

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. A sample of a random CD was checked for record accuracy and was seen to be correct at the time of the inspection. The controlled drug balance was seen as being checked weekly. Out of date CDs were separated from normal CD stock and labelled appropriately.

The responsible pharmacist record was retained and the responsible pharmacist notice was displayed in pharmacy where the public could see it. The fridge temperatures were recorded daily. But the pharmacist could not demonstrate the minimum and maximum temperatures specifically because of a

new electronic system that she was unfamiliar with. The pharmacist agreed to address this. 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 records were retained electronically and were in order. The emergency supply records were retained electronically but entries did not always contain the reason for supply. The specials records were retained but entries occasionally omitted 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. The pharmacy team had signed to say that they had read 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 she was confident at identifying the signs to look out for which may indicate safeguarding issues in both children and adults. Contact details for local safeguarding advice, referral and support were displayed in the dispensary.

## 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 dispensing assistant and one medicines counter assistant 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. All staff had either completed or were undertaking appropriate training courses for their roles.

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. But staff reported that these had not been completed recently.

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. The pharmacist kept training records to demonstrate staff had completed training on children's oral health, for example. The pharmacist reported that the team had recently had a meeting about different forms of insulin due to a recent dispensing error.

A dispensing assistant reported that staff huddles were held on an ad-hoc basis. During these meetings, staff would discuss recent near misses and errors as well as any business updates. Tesco head office regularly released updates and these were read and discussed by staff.

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 was a whistleblowing policy in place and the pharmacy team were aware of this. 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 near the front of a large supermarket. The dispensary was separated from the supermarket by a medicines counter to allow for preparation of prescriptions in private. The pharmacy was equipped with older fixtures and fittings. There was a new computer being fitted during the inspection which meant that less counter space was available for the storage of prescriptions in baskets that were waiting to be checked by the pharmacist. These had been stacked on top of each other and some baskets fell on the floor during the inspection.

There was a sink available in the dispensary 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 was kept locked when not in use and was well soundproofed. Patient information was stored securely.

Ambient temperature was suitable for the storage of medicines and this was regulated by an air conditioning system. 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.

### Inspector's evidence

There was a list of pharmacy services detailed next to the medicines counter. There were 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.

The pharmacy team dispensed multi-compartment compliance packs for 42 patients in their own homes. Audit trails were kept to show where each compliance pack was in the dispensing process. One multi-compartment compliance pack was examined. A full audit trail was kept to show who had dispensed and checked the compliance pack. Descriptions were provided for some of the medicines contained within the compliance packs. But some descriptions were omitted for some medicines on the compliance pack examined. The pharmacist reported that patient information leaflets were included in the compliance packs regularly.

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 pharmacist reported that she 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 via 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 at the time of the inspection.

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. The majority of medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. There was an unlabelled container of tablets found on the dispensary shelf and this was raised with the pharmacist during the inspection.

Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridge was in good working order and the stock inside was stored in an orderly manner. 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.

## 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.

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.