

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Vimy Road, Linslade,
LEIGHTON BUZZARD, Bedfordshire, LU7 1ER

Pharmacy reference: 1028839

Type of pharmacy: Community

Date of inspection: 16/12/2019

Pharmacy context

This busy pharmacy is in a supermarket. It provides NHS and private prescription dispensing. The team provides flu vaccinations in season, a travel medicines service and treatment and supervision of people using the drug and alcohol service. The pharmacy had been refitted since the previous inspection.

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 identifies risks well and finds solutions to improve how the pharmacy operates.
		1.2	Good practice	The pharmacy responds proactively to near misses to reduce mistakes in the dispensing process. And they find solutions to improve how the pharmacy operates.
2. Staff	Standards met	2.1	Good practice	The pharmacy's skill mix means that the pharmacist is able to spend more of their time giving advice to people.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The team dispenses prescriptions efficiently, allowing more time for routine tasks and reducing work-place stresses for the team's members.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Members of the pharmacy team work to professional standards and identify and manage risks effectively. They are clear about their roles and responsibilities. They log any mistakes they make during the pharmacy processes. And they learn from these to avoid problems being repeated. The pharmacy keeps its records up to date which show that it is providing safe services. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random and these had been reviewed within the last two years. They were signed by the pharmacy's team members to indicate they had been read. The pharmacist manager had been in post since May and had made changes to the operation of the pharmacy, which staff said had increased the efficiency of the pharmacy enormously. He identified that the stock holding was being increased unnecessarily because of how the system re-ordered stock. He had addressed the reasons why this was happening and this meant that there was less stock to count, and less to store, making the process of storage and management easier to do.

The pharmacy had also changed their way of working so that prescriptions downloaded from the electronic 'spine' were dealt with in a more efficient way. They were labelled, stock ordered, and the prescription forms put into an alphabetical file. The dispenser would then check that all the stock was present, and if it was, they would dispense the prescription. However, if some items were missing the prescription would not be dispensed until the order came in. This meant that the dispensary was not covered with part-dispensed prescriptions. It was also easier to find a prescription if a person came into the pharmacy early. And the prescription was handled less often, making the system more efficient. It was reported that the stock holding had decreased; if an item was owed, the automatic stock control would order double to prevent another owing in future.

It was reported that some of the changes were to be rolled out throughout the company. The written procedures said the team members should log any mistakes in the process in order to learn from them. They regularly logged any issues and had weekly meetings to discuss trends and learning from these near misses.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice when needed.

The latest customer survey published on the NHS website had been completed before the new working practises had been brought in by the new pharmacist. It had highlighted the length of time taken to dispense prescriptions, and the difficulty in speaking to a pharmacist. Both of these areas had been addressed by the pharmacist being available on the counter most of the time and so had improved since the questionnaire had been done. The pharmacist said that he was interested to see what the results would be in the next questionnaire. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies on the computer, but the details of the prescriber and the date of the prescription were not always recorded accurately. The controlled drugs registers were up to date and legally compliant. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range.

Confidential waste was separated from residual waste and put into red bags which were stored in the cash office in a roll cage until collection by a licensed waste contractor. There was no confidential material visible from the counter, and telephone conversations could not be overheard. Confidential material was stored in the dispensary and consultation room, which was kept locked. All the staff had had training about information governance and the General Data Protection Regulation (GDPR).

The pharmacist and registered technicians had undertaken safeguarding training to the required levels and the rest of the staff had had company training on the matter. There were local contacts for the safeguarding boards available and the team said that they would discuss the matter with the pharmacist in the first instance.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe services. Its staffing skill-mix enables it to have good handover arrangements and effective staff communication. The two pharmacists work well together and have complementary skills which have improved the running of the pharmacy. Training is provided by the company and staff find this useful to help keep their skills and knowledge up to date.

Inspector's evidence

During the inspection there was a pharmacist and two registered pharmacy technicians who were also accredited checking technicians (ACTs). There was also a trainee technician, and another dispenser present. The pharmacist was stationed on the counter, and so was available to give advice to people when handing out prescriptions and selling pharmacy-only (P) medicines without having to interrupt the dispensing process. The two ACTs worked on separate benches, so if they needed the other one to check their work it could be done easily. The ACTs did not routinely dispense. Two pharmacists formed the regular team, and it was explained that they both had different skills, which complemented each other. One of them used their clinical skills to train the team and to introduce new services, while the other was more process focussed, and had improved the dispensing process in the pharmacy.

All staff had appraisals annually and said that they felt able to make suggestions to the management team about changes which might help improve efficiency. The staff commented that since the new working had been implemented the levels of stress had dropped dramatically and the efficiency of the dispensing process had improved beyond all recognition. The staff recognised that if there was a queue of people waiting to be served this would be frustrating for the people waiting so they all went out to the counter to serve them. They were given realistic waiting times, again to alleviate frustration.

The staff had access to the company's training programme, and they were up to date with this. The staff were given training time in store to complete the packages. The pharmacist said that targets set by the company did not affect his professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy had been refitted since the last inspection, when there had not been enough space for prescription storage. The new layout of the pharmacy had resolved the issue. The dispensary was to one side of the counter, with enough space for dispensing and checking benches, but there was another bench closer to the counter which was also used to check prescriptions. Behind this were the prescriptions awaiting collection, for which there was ample space. The whole pharmacy was clean, tidy and bright.

The consultation room was to the other side of the counter and was kept locked. It had storage units, a table and two chairs. There was enough room for people using wheelchairs to access easily. It was also clean, tidy and bright and suitable for private consultations. It was observed that the pharmacist used this often.

People were kept from going behind the counter with lockable half doors. The staff had their own kitchen facilities and had access to the store's toilet facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. The pharmacist is very accessible to people who may be seeking advice. Pharmacy team members are helpful and give advice to people about where they can get other support. They try to make sure that people have all the information they need so that they can use their medicines safely.

Inspector's evidence

Access to the pharmacy was from the supermarket and was level. The pharmacy was well signposted from the entrance. There was adequate space around the counter for push-chairs and people using wheelchairs to access it easily. The pharmacy team could provide large-print labels, if they were required.

The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions where the person was waiting were put into red baskets to highlight this fact. The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. Clinical checks were marked on the prescription when completed as well as the handing out check. The ACTs were generally not involved in dispensing, but if they were they got the other ACT to check the prescription as they knew they could not do so.

There was an audit trail on prescriptions to show when they had been clinically checked by the pharmacist and included the initials of the pharmacist doing so. It was therefore clear which prescriptions had been clinically checked and which had not. Clinical checks were done by the pharmacist before the prescription was dispensed, when the counter trade allowed. If a prescription had been dispensed and accuracy checked before it had been clinically checked, it would be put into a separate retrieval file. So that if the person returned to collect their prescription before the clinical check had been done, the member of staff would hand the pharmacist the prescription for an immediate clinical check.

People taking warfarin, lithium or methotrexate were always asked about any recent blood tests and their current dose at the time of collection. However, the pharmacy did not always record this information. So, it was harder for the pharmacy to show that it was monitoring these people in accordance with good practice. Schedule 4 controlled drug prescriptions were usually highlighted to staff who were to hand them out. This helped them to ensure that the prescriptions were not given out more than 28 days after the date on the prescription. People in the at-risk group who were receiving prescriptions for valproate were routinely counselled about pregnancy prevention and appropriate warnings stickers were available for use if the manufacturer's packaging could not be used.

The flu vaccination programme had been very successful, with approximately 600 people vaccinated. It was reported that travel advice was regularly but not frequently sought, The patient group directions (PGDs) for both services were up to date, and regular up-date training had been completed by the pharmacists providing these services. People could make appointments or use the services as walk-in services. This did not disrupt the dispensing service too much, due to its efficiency.

The pharmacy got its medicines from licensed wholesalers, and stored them in dispensary drawers and on shelves in a tidy way. There were 'use first' stickers on the shelves and boxes to indicate items which

were short dated. Regular date checking was done. The last date check had been carried out the previous Friday, ten days before Christmas, as the staff had time to do so, despite the volume of dispensing at this time of year. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross-contaminate other tablets. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.