

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, 19 London Road West,  
AMERSHAM, Buckinghamshire, HP7 0HA

**Pharmacy reference:** 1029062

**Type of pharmacy:** Community

**Date of inspection:** 05/08/2019

## Pharmacy context

This is a community pharmacy located in an out-of-town large supermarket in Amersham in Buckinghamshire. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Medicines Use Reviews (MURs) and the New Medicine Service (NMS) as well as a few private services. And, it supplies multi-compartment compliance aids for some people if they find it difficult to manage their medicines.

## 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

Overall, the pharmacy's working practices are safe and effective. Members of the pharmacy team monitor the safety of their services by recording mistakes and learning from them. But they could record more details, which would make it easier for them to spot patterns and help prevent the same things happening again. The team understands how to protect the welfare of vulnerable people. The pharmacy protects people's private information well. And, it adequately maintains most of the records that it must. But it is not always recording enough detail in accordance with the law.

### Inspector's evidence

The pharmacy was organised. This included the way its stock was arranged, its paperwork and its workflow as there were designated areas for staff to dispense and for the RP to accuracy-check prescriptions. Work benches were kept clear of clutter and the workload was manageable.

The pharmacy held a range of standard operating procedures (SOPs) to support its services. They were dated from 2018. Members of the pharmacy team had read the SOPs, staff were clear on their roles and responsibilities, they knew when to refer to the responsible pharmacist (RP) and which activities were permissible in the absence of the RP. The correct RP notice was on display and this provided details about the pharmacist in charge of operational activities, on the day.

Staff recorded their near misses, they were reviewed by the RP and a briefing was held to inform the team of any trends or patterns. The RP explained that amitriptyline and amlodipine were separated, different strengths of amlodipine and levothyroxine were also moved away from one another to help reduce the likelihood of mistakes occurring. However, there were gaps in the near miss log as the 'next steps' section had not been filled in every week as part of the review process or the 'comments' section completed to identify the root cause or any learning points.

At the point of inspection, there was no Information on display to inform people about the pharmacy's complaints process. This meant that people may not have been able to easily raise concerns if required. The RP's process involved using the consultation room, checking relevant details, rectifying the situation, recording details as well as providing further information if required. Documented details of previous incidents were present.

The team was trained on data protection and on the EU General Data Protection Regulation (GDPR). They completed training online that was provided by the company to assist with this. Confidential material was segregated before being disposed of through the company. There was no confidential information present in areas that were accessible to the public, and sensitive details present on dispensed prescriptions awaiting collection, could not be easily seen from the front counter. The pharmacy had a notice on display to inform people about how it maintained their privacy. Summary Care Records were accessed for queries, consent was obtained verbally with details recorded onto people's notes.

Staff could identify signs of concern to safeguard vulnerable people, they referred to the RP in the first instance and could easily access relevant local contact details and policy information. The RP was trained to level 2 via the company's online training.

Records for the maximum and minimum temperatures of the pharmacy fridge, were kept every day to verify appropriate cold storage of medicines and the pharmacy held an audit trail for the destruction of returned controlled drugs. The pharmacy held appropriate professional indemnity insurance for the services that it provided.

The RP record and records of emergency supplies in general, a sample of registers checked for controlled drugs (CD) and most records of private prescriptions were maintained in line with statutory requirements. Balances for CDs were checked and documented every week. On selecting random CDs held in the CD cabinet, their quantities corresponded to the balance stated in registers. There were occasional crossed out or overwritten entries in the RP record, for most records of emergency supplies, generated labels were used to record details. The latter had not faded or become detached. Prescriber details were missing from records of unlicensed medicines and occasionally prescriber details were recorded incorrectly within the electronic private prescription register.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy's team members understand their roles and responsibilities. They are provided with resources to complete ongoing training. This helps to ensure that their skills and knowledge are kept up to date.

### Inspector's evidence

The pharmacy dispensed approximately 4,200 prescription items every month and supplied eight people with their medicines inside multi-compartment compliance aids. In addition to the Essential Services, the pharmacy provided MURs, the NMS, administered vaccinations for meningitis and supplied medicines for erectile dysfunction and malaria chemoprophylaxis against private Patient Group Directions (PGDs). The RP explained that there was an expectation to complete 250 MURs and four NMS each month, this was described as manageable with no pressure applied to complete the services.

Staff at the inspection included a regular pharmacist and two trained dispensing assistants. A locum pharmacist arrived at the end of the inspection to change shifts with the RP as well as medicines counter assistant (MCA). There were also a further four trained dispensing assistants, a second employed pharmacist and another MCA. The team's certificates of qualifications obtained were not seen. All staff worked part-time hours, a staffing rota was present, team members covered each other as contingency for annual leave or absence and were seen to be wearing name badges.

Staff asked relevant questions before selling over-the-counter (OTC) medicines, they held a suitable amount of knowledge of OTC medicines and referred to the RP appropriately. Team members understood their roles and responsibilities, they were observed to work well together and required little direction from the pharmacist. A noticeboard was available to help communicate between staff, they verbally communicated amongst one another and updates were provided every week through their 'team 5' briefings. To assist with training needs, staff used instruction from pharmacists and completed relevant modules on the company's online learning platform. Their progress was also regularly checked with formal appraisals occurring annually.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, secure and provide a professional environment for the delivery of its services.

### Inspector's evidence

The pharmacy was situated at one end of the supermarket. The pharmacy's premises consisted of a medium sized front medicines counter, a medium sized dispensary and a signposted consultation room that was located next to the front counter. The room was used for confidential conversations and services, it was of a suitable size for this purpose and the door was kept locked. This helped restrict access to confidential information.

The pharmacy was bright, suitably ventilated and appropriately presented. All areas were clean. Part of the front medicines counter was blocked off with a panel, this allowed staff to bag or check prescriptions here and protect people's sensitive information. Pharmacy (P) medicines were displayed behind the front counter, there was gated and key coded access into this area and staff were always within the vicinity. This helped to restrict the self-selection of P medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy obtains its medicines from reputable sources and stores its medicines appropriately. In general, it provides its services safely and effectively. But, the pharmacy does not always provide descriptions of medicines that are supplied inside multi-compartment compliance aids or medicine leaflets. This means that people may not have all the information they need to take their medicines safely.

### Inspector's evidence

People could enter the supermarket at street level through automatic doors. The supermarket was made up of wide aisles and the area outside the pharmacy consisted of clear, open space. This enabled people requiring wheelchair access to easily use the pharmacy's services. There was a hearing aid loop available for people who were partially deaf, staff physically assisted or repeated details to help people who were visually impaired and Google translate was used for people whose first language was not English. There were plenty of car parking spaces outside and two seats were available for people waiting for prescriptions. The pharmacy's opening hours were on display, staff could signpost people from their own knowledge and from documented information that was available.

Compliance aids were initiated for people who found it difficult to manage their medicines, the pharmacy ordered prescriptions on behalf of people receiving compliance aids and staff cross-referenced details on prescriptions once they were received, against individual records held for people. This helped them to identify changes and some records were maintained to verify that this occurred. Ensuring full details were recorded was discussed at the time. All medicines were de-blistered into compliance aids with none supplied within their outer packaging. Compliance aids were not left unsealed overnight when assembled. Mid-cycle changes involved compliance aids being retrieved and new compliance aids were supplied, or medicines were supplied separately where possible until the next cycle started. Descriptions of the medicines inside the compliance aids and patient information leaflets (PILs) were not routinely provided.

The team was aware of the risks associated with valproate, they had been trained on this through the RP and by seeing relevant information. There had not been any prescriptions seen for patients at risk, prescribed this medicine. Relevant material to provide to people about this was also present. The team had also separated these medicines to help highlight the risks associated and potential counselling required. The RP explained that staff were asking people prescribed higher-risk medicines about relevant parameters where possible and this was described as work in progress. They were not yet documenting details. Routinely obtaining relevant information and making appropriate checks for people prescribed these medicines was discussed during the inspection.

During the dispensing process, staff used baskets to hold prescriptions and associated medicines. This helped to prevent any inadvertent transfer. The team used a dispensing audit trail through a facility on generated labels to identify their involvement in processes. Dispensed prescriptions were also opened, and the contents re-checked before supplying.

Prescriptions when assembled were held within an alphabetical retrieval system. The team could identify fridge items and CDs (schedules 2 and 3) when handing out prescriptions from their own

knowledge as well as from stickers highlighting the prescriptions. Staff described removing uncollected items every three months but checked the system every month. Schedule 4 CDs were not identified, and counter staff may not have recognised these prescriptions or their 28 day prescription expiry. Routinely identifying all CDs as best practice was discussed during the inspection.

The pharmacy obtained its medicines and medical devices through licensed wholesalers such as Alliance Healthcare, AAH and Lexon. Unlicensed medicines were obtained through the latter. Staff held some knowledge about the process required under the European Falsified Medicines Directive (FMD), they had received an update from their head office about this, there was no relevant equipment present and the pharmacy was not yet currently set up to comply with the process.

The pharmacy's stock holding was organised, the team date-checked medicines for expiry every month and used a schedule to help verify this. There were no mixed batches or date-expired medicines seen. Short-dated medicines were highlighted, and liquid medicines were marked with the date that they were opened. CDs were stored under safe custody and the key to the cabinet was maintained in a manner that prevented unauthorised access during the day as well as overnight. Drug alerts and product recalls were received through the company system, staff checked stock and acted as necessary. A complete audit trail was present to verify the process.

Medicines brought back by the public for disposal were accepted and stored in appropriate containers. There was a list available for the team to identify hazardous and cytotoxic medicines. Staff checked for CDs and sharps, they referred people bringing back sharps for disposal to the local council. Returned CDs were brought to the attention of the RP and relevant details were entered into a register.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services safely.

### Inspector's evidence

The pharmacy was equipped with current versions of reference sources. The CD cabinet was secured in accordance with statutory requirements and the medical fridge was operating appropriately. There were clean, crown stamped conical measures available for liquid medicines and the team could also use counting triangles and a separate triangle for cytotoxic medicines. The latter could have been cleaner. The sink in the dispensary used to reconstitute medicines was clean, there was hand wash as well as hot and cold running water available.

Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Staff used their own individual NHS smart cards when accessing electronic prescriptions and took them home overnight.

### 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.