

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Bicester Road,
Broadfields, AYLESBURY, Buckinghamshire, HP19 9AG

Pharmacy reference: 1029071

Type of pharmacy: Community

Date of inspection: 10/02/2023

Pharmacy context

This is a community pharmacy inside a Supermarket in Aylesbury, Buckinghamshire. The pharmacy dispenses NHS and private prescriptions. It's team members sell over-the-counter medicines and provide advice. The pharmacy offers the New Medicine Service (NMS) and seasonal flu vaccinations. And it supplies some people's medicines inside multi-compartment compliance packs if they find it difficult to take them.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy is not identifying and managing several risks associated with its services. The team has not read nor signed all of the pharmacy's standard operating procedures (SOPs).
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy does not have enough suitably qualified and skilled staff available at all times to consistently provide its services safely and effectively. The current staffing arrangements are inadequately managed to fully cope with the workload, so routine tasks are not being completed or undertaken in a timely manner.
		2.5	Standard not met	Members of the pharmacy team are inadequately supported, and under-resourced. There is limited evidence that sufficient action has been taken when team members have raised legitimate concerns. And they are not provided with opportunities to discuss feedback or concerns due to the lack of regular team meetings, updates from the regional team or recent performance reviews.
3. Premises	Standards not all met	3.1	Standard not met	Parts of the pharmacy are not adequately maintained. There are significant health and safety risks that have not been managed appropriately despite accidents occurring and staff reporting this. This includes several broken drawers used to hold medicines which routinely fall out causing injuries and a trailing extension lead which runs past a water source. Shutters used to secure medicines overnight are broken and frayed making them unfit for purpose.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy has compromised the safety of medicines and medical devices due to inadequate management of its medicines. The team has not consistently been checking medicines for expiry. The pharmacy has date-expired medicines in amongst its stock, short-dated medicines are not routinely identified and there is

Principle	Principle finding	Exception standard reference	Notable practice	Why
				evidence that people have received date-expired stock.
5. Equipment and facilities	Standards not all met	5.2	Standard not met	Some of the CD cabinets are not secured fully in line with legal requirements. This compromises the security of these medicines.

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy doesn't always effectively identify and manage all the risks associated with its services. Current staff have not read or signed the pharmacy's most up to date procedures that are in place to help guide its team members. Members of the pharmacy team deal with their mistakes responsibly. But they are not always recording all the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. But team members understand their role in protecting the welfare of vulnerable people. And the pharmacy protects people's private information appropriately.

Inspector's evidence

The pharmacy was inspected as a result of a recent complaint made to the GPhC due to the sale of an expired medicine. Whilst team members were seen to be hard-working and competent in their roles, there were not enough staff to effectively support the volume of work the pharmacy undertook and they were behind with the workload (see Principle 2). There were significant health and safety risks noted with the premises, the pharmacy needed cleaning and stock had not been put away from the day before (see Principle 3). Several date-expired medicines were also present in the pharmacy's stock (see Principle 4).

The pharmacy's computer system was password protected. Staff were trained on data protection, they separated confidential waste before it was removed and destroyed by an authorised contractor. Staff held their own NHS smart cards to access electronic prescriptions. They had also been trained to safeguard the welfare of vulnerable people, could recognise signs of concerns and knew who to refer to in such an event. The responsible pharmacist (RP) was also trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE). Team members described seeing contact details for the various safeguarding agencies previously, but they were not readily available for easy access.

The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. The pharmacy had appropriate professional indemnity insurance in place. The pharmacy's records were largely compliant with statutory and best practice requirements. This included records of emergency supplies, a sample of registers seen for controlled drugs (CDs), and records of CDs that had been returned by people and destroyed at the pharmacy. Records verifying that fridge temperatures had remained within the required range had also been regularly completed. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Apart from methadone, there were few documented details to verify that regular balance checks of CDs were taking place. A few details in the headers for CD registers were missing and on occasion, inappropriate footnotes and amendments were seen. There were also incorrect prescriber details recorded in the records for supplies made against private prescriptions. This was discussed at the time.

The pharmacy had some systems in place to identify and manage risks associated with its services. The RP's process to manage incidents was suitable and in line with the company's policy. Documented details of previous incidents were also seen alongside patient safety reports and briefing reviews. The team was up to date with this. Staff, locum pharmacists and the pharmacy manager recorded the team's near miss mistakes and staff were encouraged to record their own mistakes to help them to learn. On some occasions, dates, comments and next steps were missing. However, the manager

confirmed that next steps with most members of staff that had been identified had been acted upon. Examples of learning and action taken in practice included seeing more near miss errors occurring with gabapentin, so stock had been highlighted and different strengths separated.

The pharmacy held both documented and electronic standard operating procedures (SOPs) to provide the team with guidance on how to complete tasks appropriately. Team members seen were observed to understand their role(s) and accountability. The electronic SOPs were described as new. Documented details to indicate that staff had read the older, documented SOPs were seen but this did not include all the pharmacy's team members. The team confirmed that due to the lack of staff, they had not had the time to read the new, electronic SOPs.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not have enough staff to manage its workload safely at all times. Its current staffing levels mean that the team is struggling to consistently maintain the workload. Members of the pharmacy team are under considerable pressure and stress. They are unable to effectively keep up to date with all routine tasks. And team members don't have enough onsite support from senior management when they are trying to act in the best interests of people using the pharmacy.

Inspector's evidence

This pharmacy was predominantly locum-run although there was a part-time pharmacist manager. Staff at the inspection included the pharmacy manager and two part-time, trained dispensing assistants one of whom was working until 12pm and the other until 3pm. One member of staff was off due to sickness and the evening dispenser was due to work from 2pm until 8pm. The pharmacy's team members were seen to refer appropriately. They knew which activities could take place in the absence of the RP and relevant questions were asked before selling medicines.

Staff on the day were working tirelessly but the inspector observed that stock had not been put away from the day before and the team was behind with the pharmacy's workload. This included routine tasks such as cleaning and date-checking (as described under Principles 3 and 4) as well as dispensing. Staff were seen to check the pharmacy system, download prescriptions or search to locate every single person's prescription. Very few people's prescriptions were ready on time for them to collect, queues built, and each person was seen to wait. The inspector was told that the team managed to catch up on weekends, but they had received numerous complaints, abuse and threats (see below). They had emailed the regional manager about this, but he no longer responded. Staff were concerned about this situation, they described being stretched and under pressure and did not enjoy working at the pharmacy anymore. They couldn't consistently stay on top of the workload or complete routine tasks by working with a reduced team.

Although there were nine members of dual-trained staff to cover the dispensary and counter in total, they were part-time and there was only ever one member of staff present with the pharmacist for the evening shift. On further enquiry, the inspector noted that the pharmacy had lost 20 hours of staff since September 2022 that had not been replaced. According to the pharmacy manager, it should have been allocated just over 160 hours, but the pharmacy manager had recently discovered that the store system only allocated him 109 hours. This meant that overtime was not allowed, and the pharmacy was deemed to be over-budget. The inspector saw evidence about this situation and the lack of staff had been raised with no resolution. This situation had led to constant queues, more self-accuracy-checking and no contingency cover. The pharmacy's management has since responded with a plan to address the staffing issues identified during the inspection.

During the inspection, staff from a nearby pharmacy contacted the pharmacy manager and asked him to arrange locum cover as their pharmacist had not turned up. This was described as part of the manager's role despite him not being a cluster or area manager. The inspector was also told that staff from this pharmacy were expected to assist other pharmacies in the local area if they were short-staffed. The regional manager was contacted during the inspection to take over this situation. Given the concerns seen during the inspection and subsequent failure of the pharmacy to meet the GPhC's

standards for pharmacy premises, seconding the manager from this pharmacy for this situation was inappropriate, added unnecessary stress, put undue pressure on the team and was a poor use of his time.

The inspector was aware that the company provided ongoing training for staff to assist them with ongoing learning or improve their existing skills and knowledge. The pharmacy manager highlighted relevant information and when training was due, but staff confirmed that they were behind with completing this. This included the company's mandatory training. Team members were kept informed through the pharmacy's WhatsApp group and via the pharmacy manager. But there were no team meetings held, their last performance reviews took place over two years ago and although the regional manager was regularly seen, the team described little support provided by him or the store team.

The inspector noted that there were several posters on display about the pharmacy not tolerating abuse from people using its services. Team members confirmed that the level of abuse they experienced was high due to the service provided or medicines not being in stock, this included verbal and threats of physical abuse as well as being threatened with being stabbed outside. Security had been called but no action taken. Staff did not feel supported by the store management team. They described that if sales of medicines were refused, store personnel sided with the customer and the team was subsequently told to sell this product even if it was unsafe.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy's premises are currently unsuitable for the safe delivery of healthcare services. The pharmacy does not present a professional pharmacy image. It is not being regularly cleaned. And the pharmacy has not adequately maintained all its fixtures so that they are safe and secure enough for the team to use. But the pharmacy has a suitable space where confidential conversations can take place.

Inspector's evidence

The pharmacy premises were located at the back of the supermarket. It consisted of a small retail section behind the medicines counter where OTC and Pharmacy (P) medicines were displayed and a dispensary with storage space at the very rear. The dispensary had some workspace to assemble prescriptions some areas. There was a dedicated area for the pharmacist to accurately check prescriptions from. The pharmacy was suitably lit and ventilated. The consultation room was signposted and suitably presented for its purpose. However, the premises were not professional in their appearance. Some of the pharmacy's fixtures and fittings were worn, and the dispensary looked dirty. Staff confirmed that cleaners were not routinely coming to the pharmacy, they had to call the main office to get their bins emptied, the floor was not routinely mopped, and team members said that they did not have time to wipe down surfaces. There was also limited stock present behind the medicines counter.

Significant issues were seen with the FAMA drawer system used to store medicines in the dispensary. Many of the drawers (11 in total) were sticking out and could not be closed, including the larger ones by the floor. They were seen to easily fall out and onto the floor, presenting trip hazards. Team member's feet could also get stuck whilst using the steps. Staff confirmed that they had been injured in the recent past with drawers falling on their legs and feet because of this situation. This had been reported at the time with details noted in the store's accident book and followed up with the company's maintenance reporting system, but no repair, maintenance or fix had taken place. In addition, an extension cable was in use which went across the dispensary sink, and the shutters used to secure medicines overnight were damaged and frayed. They did not fully cover the medicines. Staff confirmed that this had also been reported but no attempt to repair or replace them had taken place.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy cannot always show that it provides all its services safely. Or that its medicines are stored in a safe and effective way. Although the pharmacy makes some checks to ensure that it doesn't supply medicines beyond their expiry date, they are inadequate, and the records are unsatisfactory. Members of the pharmacy team cannot show that they are routinely checking the expiry dates of their medicines. And they are not making any checks to help people with higher-risk medicines take their medicines safely. But, the pharmacy obtains its medicines from reputable sources.

Inspector's evidence

People could enter the supermarket through wide, automatic doors which were accessible at street level. The retail space inside the supermarket and outside the pharmacy premises, was made up of wide aisles as well as clear, open space. This meant that people with restricted mobility or using wheelchairs could easily access the pharmacy's services. There were a few seats for people if they wanted to wait for their prescription. The pharmacy's opening hours were on display and the pharmacy was open for long hours. This provided a convenient service for people if they wished to access the service outside of normal hours.

The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail. Staff were aware of the risks associated with valproates, people prescribed these medicines were counselled accordingly and relevant literature was present to provide upon supply. A recent audit to re-identify people at risk, who had been or were due to be supplied this medicine had been started in November 2022 and was described as work in progress. However, people prescribed other higher-risk medicines were not routinely identified, relevant parameters such as blood test results were not being asked about and no details were being documented to help verify this.

The pharmacy obtained medicines and medical devices through licensed wholesalers such as AAH, Alliance Healthcare and the company's own warehouse. Keys to the CD cabinets were maintained in a manner that prevented unauthorised access during the day and overnight. Medicines returned for disposal, were accepted by staff, and stored within designated containers except for sharps which were redirected appropriately. Drug alerts were received by email and actioned appropriately. Records had been kept to verify this.

Medicines stored in the dispensary, and specifically inside the drawers, were disorganised. Numerous medicines were seen to be mixed in with others in most of the drawers. Examples included different strengths of the same medicine as well as different medicines such as trazodone with tramadol, topiramate with tolterodine, terbinafine with trimethoprim, pravastatin with pizotifen, mebeverine with metronidazole and isotretinoin with isosorbide. This increased the risk of mistakes occurring. Short-dated medicines were not routinely being highlighted. Several date-expired medicines were present in amongst the pharmacy's stock. This included losartan 100mg tablets expired in May 2022, Radian B cream expired in September 2022, ethosuximide 20mg expired in January 2023 and Aloflute

inhaler 20/125 expired in January 2023. The pharmacy's records showed that the last checks of medicines for expiry took place in January 2023, October and September 2022. However, staff confirmed that they were behind with this task, and it did not take place routinely.

Principle 5 - Equipment and facilities **Standards not all met**

Summary findings

The pharmacy is inadequately managing some of its equipment. And some of its equipment is not secure enough to store medicines which require additional controls. But the pharmacy has an appropriate range of equipment available to provide its services. It keeps its equipment sufficiently clean and uses them to help protect people's private information in a suitable way.

Inspector's evidence

The pharmacy team had access to reference sources and relevant equipment. This included counting triangles, standardised, conical measures, a pharmacy fridge, and a relatively clean sink that was used to reconstitute medicines. Hot and cold running water was available as well as hand wash. The pharmacy had its computer terminals positioned in a way and location that prevented unauthorised access. Cordless telephones were available for private conversations to take place if required. However, some of the CD cabinets were not secured enough or in line with legal requirements. And the management of the FAMA drawers described under Principle 3, in their current state of disrepair was inadequate.

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.