

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: 28/09/2023

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 met**

Required Action: None

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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	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy identifies and manages the risks associated with its services in a satisfactory way. Members of the pharmacy team deal with their mistakes responsibly. But they are not always documenting and reviewing all the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. Team members understand their role in protecting the welfare of vulnerable people. And the pharmacy largely keeps the records it needs to by law.

Inspector's evidence

This was a six-month re-inspection as the pharmacy had previously been rated 'standards not met' at the last inspection. The inspector found the pharmacy much improved. Overall, the pharmacy's working practices were observed to be safe and effective with capable members of staff in place. However, there were some concerns noted around the management of staff and a few internal processes. The pharmacy team had access to a range of documented and electronic standard operating procedures (SOPs). They provided guidance for the team to carry out tasks correctly and had been signed by the staff. Team members understood their roles and responsibilities. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had systems in place to identify and manage risks associated with its services but due to the lack of a regular pharmacist and manager, they were not always being followed. Incidents were managed by the responsible pharmacist (RP) and the RP's process was suitable. Staff admitted that they had been sporadically recording their near miss mistakes. Very few were seen recorded each month up until August 2023 and there was no regular review with staff or details recorded. The team confirmed that no one was effectively overseeing this at present. However, the team processed and assembled prescriptions in different areas and the RP worked as well as accuracy-checked prescriptions from a separate section in the dispensary. The pharmacy was relatively organised, this included the arrangement of stock and dispensing benches were clear of clutter. Staff were also observed focusing on one task at a time which helped reduce distractions. The company's policy on opening assembled prescriptions and re-checking stock against prescriptions before handing out to people also helped reduce the risk of mistakes occurring.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people. They could recognise signs of concern and knew who to refer to in the event of a concern. The RP had undertaken level three safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). Confidential material was separated and disposed of appropriately. Sensitive details could not be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

Records of controlled drugs (CDs) were compliant with statutory and best practice requirements. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. The RP record was also complete. Within the electronic register for supplies made against private prescriptions, incorrect prescriber details had been recorded. This was the same at the last inspection. At the point of inspection, it was not possible to verify whether records to show

that the temperature of the fridge had remained within the required range, had been maintained. This was because only members of the management team could access this information. Staff in the pharmacy confirmed that they checked the temperature of the fridge daily and inputted the details, they were unsure about their colleagues practice but said that the pharmacy manager was previously informed by the store team if this had been missed. However, relevant details to verify this, were subsequently provided by the deputy superintendent pharmacist following the inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has an adequate number of staff to manage its workload. Members of the pharmacy team have a range of skills and experience. The company provides its team members with resources so they can complete ongoing training. However, team members have not been informed of updates recently or completed any ongoing training. This could affect how well they adapt to change or keep their skills and knowledge up to date.

Inspector's evidence

Staff at the inspection consisted of two part-time trained dispensers and a locum RP who had worked at the pharmacy before. In total, the team consisted of nine members of staff, who were part-time, they were either trained, relatively new or undertaking an accredited training course. The pharmacy was currently running on locum pharmacists as the regular pharmacist manager had been on a period of leave. The pharmacy was busy during the inspection and a steady stream of people were seen to use the pharmacy's services. Staff present, managed this well. They were observed to be organised, efficient and worked independently from the RP. The team was, however, a few days behind with the workload.

Since the last inspection, improvements had been made. The team's morale was better, and they had received a formal performance review. A manager from another of the company's pharmacies was overseeing the pharmacy in the absence of the manager. They had been in twice and the locum RP was able to discuss relevant details with them. However, the team appeared to be struggling without a manager. There had been no team meetings since July 23 and the staff had not used any of the training resources provided by the company. The inspector was told that there was no contingency for staff absence and some of the other team members were described as not wanting to cover or work overtime. Team members said they were sometimes helped by members of the office team, some were described as very helpful, others however, made them feel like they were a nuisance.

Principle 3 - Premises ✓ Standards met

Summary findings

Overall, the pharmacy premises are appropriate for providing healthcare services. The pharmacy has a separate space where confidential conversations and services can take place. But some parts of the premises are untidy and cluttered.

Inspector's evidence

The pharmacy premises were located at the back of the supermarket. This 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 an adequate amount of workspace to assemble prescriptions and there was a dedicated area for the pharmacist to accuracy check prescriptions from. The pharmacy was suitably lit and ventilated. The consultation room was signposted, usually kept locked and was an adequate size for its purpose. The pharmacy was professionally presented, the dispensary was clear of clutter and organised except for the stock room which was very cluttered and appeared to be somewhat disorganised.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is open for long hours. This means that people can easily access its services. The pharmacy obtains its medicines from reputable sources, and it stores them suitably. But the pharmacy's team members are not always identifying people who receive higher-risk medicines or making the relevant checks. This makes it difficult for them to show that people are provided with the right advice when these medicines are supplied.

Inspector's evidence

The pharmacy was open for long hours and details about the pharmacy's services as well as its opening times were clearly advertised. People could enter the supermarket to use the pharmacy's services through wide, automatic doors which were at street level and step-free. The pharmacy's retail area consisted of clear, open space which further assisted people with restricted mobility or using wheelchairs to easily enter and access the pharmacy's services. Team members were multilingual. This assisted people whose first language was not English.

The workflow in the dispensary involved staff preparing each individual prescription in designated areas, people waiting for their prescriptions took priority and medicines were checked for accuracy by the RP from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. Once staff generated the dispensing labels, there was a facility on them to help identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

Dispensing staff were aware of the additional guidance when supplying sodium valproate and the associated Pregnancy Prevention Programme (PPP). The pharmacy had identified people at risk, who had been supplied this medicine and educational material was available to provide upon supply of this medicine. However, people prescribed other higher-risk medicines or medicines that required ongoing monitoring were not routinely identified. The team did not ask relevant questions or details about their treatment nor was this information regularly recorded.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were stored in an organised way. Short-dated medicines were routinely identified, and no date-expired medicines were seen. CDs were stored securely and medicines requiring refrigeration were stored in a suitable way although the latter was packed. Medicines returned for disposal, were accepted by staff, and stored within designated containers except for sharps which were redirected appropriately. Although staff knew the process to take in the event of a drug recall, since the manager had been on leave, team members said that drug alerts had not been checked or actioned. The inspector was told that this was because no one knew how to access this information. Shortly after the inspection however, this was rectified, previous and relevant alerts were checked and actioned as well as a suitable process put in place to ensure they were dealt with appropriately.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is suitably clean.

Inspector's evidence

The pharmacy had the necessary equipment and facilities it needed to operate appropriately. The pharmacy's equipment included reference sources, counting trays, a fridge, CD cabinets, standardised conical measures for liquid medicines and the dispensary sink that was used to reconstitute medicines. The equipment was clean. The pharmacy had hot and cold running water available. Cordless phones were available for private conversations to take place if required away from the medicines counter.

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.