

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Cambridge Road Industrial Estate, Milton, CAMBRIDGE, Cambridgeshire, CB24 6AY

Pharmacy reference: 1029209

Type of pharmacy: Community

Date of inspection: 07/08/2023

Pharmacy context

This community pharmacy is located within a large supermarket on the outskirts of Cambridge. There is ample parking on site for customers wanting to use the pharmacy's services. The pharmacy offers a limited range of services which mainly involve dispensing NHS prescriptions and selling medicines over the counter.

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	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's team members work in accordance with written procedures to help reduce risks in the pharmacy. They keep people's private information safe. And they generally make and retain the records they need to by law. The pharmacy's team members try to learn from their mistakes to make their services safer. But details about mistakes that are corrected in the pharmacy are not always recorded. So, the pharmacy may not be able to easily identify any patterns or trends and share learning from these events with the whole team.

Inspector's evidence

Pharmacy services were supported by written standard operating procedures (SOPs) issued by head office and these were reviewed regularly. The pharmacy's team members said they had read the SOPs and that the store's office had a record about this. Prescription labels were initialled at the dispensing and checking stages to create an audit trail showing who had been involved in these tasks. Designated areas of the pharmacy were used for separate tasks such as dispensing and checking prescriptions to reduce the risk of distractions. There was also a separate check when medicines were handed out to people. Prescriptions were kept for reference until medicines were collected by people. And there was a process to deal with items that were not collected so medicines wouldn't be supplied when the prescription was no longer valid.

Staff tried to record dispensing mistakes they made that were spotted before the medicines were handed out (referred to as near misses). The recording book could not be located at first but was then retrieved showed some mistakes had been written down most recently in June 2023. The team members agreed to keep the record book in a more accessible place to help make the recording process easier. The team members explained how some medicines with similar names had been more clearly separated to prevent picking errors, such as amlodipine and amitriptyline. One member of the pharmacy team discussed how she was particularly careful about the form of a medicine as she had previously made mistakes in selecting tablets instead of capsules. The company had a procedure for recording, reporting, and reviewing dispensing mistakes that reached people and staff were aware of this.

The team members knew what they could and couldn't do if a pharmacist was not present. They also knew the types of medicines that could be liable to abuse and under what circumstances they needed to refuse to supply or refer requests for these medicines to the pharmacist for further advice. The pharmacy did not sell codeine linctus or Phenergan mixture over the counter. The team wore uniforms so could be readily identified by members of the public. The pharmacy had a complaints procedure. Team members explained that they tried to resolve complaints in-store and would refer people to the pharmacist or to customer service where needed.

There were written procedures and staff training about protecting confidentiality. The staff had completed training about the General Data Protection Regulation. Sensitive information was stored out of the reach and sight of the public and confidential waste was disposed of securely. The IT system was password protected. Staff used their own NHS smartcards and passwords to access electronic prescriptions and did not disclose passwords to each other.

The team members had completed training about safeguarding relevant to their roles and had some understanding of what to do if they had concerns about the wellbeing of a vulnerable person. There was a chaperone policy for using the consultation room.

The pharmacy had current professional liability and public indemnity insurance, confirmed by head office. Records about controlled drugs (CDs) were kept and generally complied with legal requirements; there were a few missing headers in the registers checked. CD running balances were kept and checked for accuracy regularly. The pharmacy had a separate register for patient-returned CDs. The stock of two CDs chosen at random agreed with the recorded balances. Records about the responsible pharmacist (RP) were kept and the correct RP notice was displayed where members of the public could see it. Private prescriptions were recorded electronically. Three recent entries checked did not contain the correct information about the prescriber. The dispenser was shown how to change the prescriber's information when creating a label and said she would relay this information to the rest of the team.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are just about enough pharmacy team members to cope with the current workload though, at times, the team can feel under some pressure. They work closely together, can raise concerns and discuss issues, and they get regular support from an area manager. And they have completed or are enrolled on the right training for the tasks they undertake. But, because team members don't get time at work to do training, it makes it harder for them to keep their skills and knowledge current.

Inspector's evidence

The pharmacy team consisted of three full-time dispensers, one full-time medicine counter assistant (MCA) and one part-time MCA. There was no employed pharmacist in post, so RP cover was provided by locums, some of whom worked at the pharmacy regularly. The pharmacy also had assistance from locum dispensers and an area manager supported the pharmacy closely. The team members were coping with the workload during the inspection, and they worked closely together. As an action point from the previous inspection, some staff involved in dispensing had been enrolled on dispenser training courses. However, team members said they didn't get any time at work to do their pharmacy training so had to do study in their own time.

Team members described how information was shared amongst the team using a group chat app. They used this facility to share incidents and learnings and to try to make sure other members of the team received useful handover information. Team members could also make suggestions to each other to improve how the pharmacy worked.

Principle 3 - Premises ✓ Standards met

Summary findings

In general, the pharmacy's premises are maintained properly and are suitable for providing the pharmacy's services. The premises are secure against unauthorised access, and they are accessible to people with mobility problems.

Inspector's evidence

The premises were large enough for the activities currently undertaken. And the pharmacy had enough clear bench space to help with safe dispensing routines. The premises were mostly kept clear of slip or trip hazards though were a little cluttered in places. Room temperatures in the premises were controllable, and levels of ventilation and lighting were appropriate for the activities undertaken.

The pharmacy had a consultation room to one side of the main area and people could have a private conversation about their healthcare in this room. The room had been tidied since the last inspection and the sink was much cleaner than before. A cupboard door had been taken off its hinges to allow access for maintenance; staff said this was to be re-hung.

The pharmacy team members had access to staff facilities in-store including rest areas and toilets. The premises could be secured outside of opening hours and were accessible to people with mobility issues or those with prams or wheelchairs. The dispensary was clearly separated from the shop area and access by the public was suitably restricted. Pharmacy-only medicines were kept out of reach of the public so their sales could be supervised appropriately. Dispensed medicines were protected from public view.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally dispenses prescriptions safely. The pharmacy team is aware of the need for extra care when supplying certain medicines which may be higher risk. And the pharmacy checks its stock to make sure the medicines it supplies are of a suitable quality.

Inspector's evidence

The pharmacy's opening hours were displayed at the entrance. The main entrance door to the store was power assisted and level with the pavement and the supermarket had onsite parking for people. The pharmacy provided a very limited range of services, reflecting the capacity of the current team. There was a small range of leaflets and posters about healthcare advice displayed near the pharmacy.

Dispensing was observed being carried out in an orderly way. All dispensed items were checked by the RP and the dispensed medicines were subject to a further check by a member of staff just before handing out. Baskets were used to keep prescriptions for different people separate. Part-dispensed prescriptions were kept in a separate location and the team members tried to make sure that these were completed as soon as stock arrived.

The staff had a range of warning stickers which were seen attached to prescriptions which needed greater care or additional checks when handed out to people. When asked, the team members knew how long prescriptions for CDs were valid for. And most of the CD prescriptions found had been highlighted using the warning stickers or other means so staff could make sure they weren't supplied when the prescription was no longer valid. The RP could explain the checks they should make when supplying methotrexate. And these included discussing possible side effects or signs of toxicity including sore throat.

Medicines were obtained from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Medicines were largely stored in dispensary drawers in a tidy way. Certain medicines, including those which contained valproate, had been stored separately to reduce risks when dispensing. The team members had a basic understanding that prescriptions for valproate needed additional care when supplying to people who might become pregnant. The stock packs available had the warning cards and alert stickers attached. And there were spare cards to give to people if needed. The RP was able to describe in more detail the checks he would make when supplying valproate-containing medicines to confirm if the person needed to be on a pregnancy prevention programme.

Date checking was carried out on a three-month cycle and recorded; the next cycle was due in the current month. Medicines were kept in appropriately labelled containers and there were no date-expired medicines found amongst dispensing stock when a sample of items was checked at random. Out-of-date medicines and patient-returned medicines were transferred to designated bins and stored separately from dispensing stock. Appropriate arrangements were in place for storing CDs securely. Medicines requiring refrigeration were stored in one of two pharmacy fridges. The pharmacy had a process to receive and act on drug recalls and safety alerts. It was notified of these by its head office and there was a system in place to make sure these were responded to promptly.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It has addressed the lack of suitable equipment to check fridge temperatures highlighted during the previous inspection. However, there is further scope to make sure the fridges are constantly maintaining the correct temperatures and that they are not over-filled so medicines are stored properly.

Inspector's evidence

Following the previous inspection, both medicines fridges were now equipped with maximum and minimum thermometers and door locks to prevent the doors from opening unexpectedly. Staff said they checked and recorded fridge temperatures each day. They explained there were difficulties at times regulating the temperatures in the fridges. At the time of the inspection, the current temperatures were within the required range but there was some evidence the temperatures had dropped below two degrees Celsius. One of the fridges had little space for air circulation due to the amount of stock held which may have been a contributing factor. The team agreed to monitor this closely and report to the area manager if this was an ongoing issue.

The pharmacy had measuring equipment of a suitable standard and those checked were clean. It had a range of up-to-date reference sources available to assist with clinical checks and advice. All portable electrical equipment appeared to be in good working order. The pharmacy's patient medication records were kept secure and computer screens in the pharmacy could not be viewed from the shop floor. The pharmacy had a cordless phones and team members could make phone calls out of earshot of waiting customers if needed.

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.