

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Barford Road, St Neots,
Cambridgeshire, PE19 2SA

Pharmacy reference: 1029261

Type of pharmacy: Community

Date of inspection: 05/10/2022

Pharmacy context

The pharmacy is in a supermarket. It provides NHS and private prescription dispensing mainly to local residents. The pharmacy provides a supervised consumption service for people treated by the drug and alcohol team.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.2	Standard not met	The pharmacy does not follow robust processes to make sure that people receiving higher risk medicines get the right information and counselling.
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 generally manage risks effectively. The team members 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 generally keeps its records up to date. 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. The pharmacy's team members said they had been read. The procedures said the team members should log any mistakes in the dispensing process to learn from them. They regularly logged mistakes which had not left the pharmacy and they had regular meetings to discuss trends and learning from these. Similar looking and sounding medicines (LASA) were separated on the shelves.

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 pharmacy team recorded private prescriptions and emergency supplies on the computer, but the details of the prescriber 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.

Computers and labelling printers were used in the pharmacy. Information produced by this equipment was not visible to people in the retail area. Computers were password protected to prevent unauthorised access to confidential information. Other patient-identifiable information was kept securely away from the public view. Confidential waste was separated into bags and disposed of by a licensed waste contractor. Access to the NHS database was robust, with staff seen to remove their access cards when not using the computers.

The pharmacist had undertaken level 2 training about safeguarding and the whole team had done company training on the subject. There were local telephone numbers for the safeguarding boards available for use if needed. The pharmacy had professional indemnity and public liability insurances in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy currently has enough qualified staff to provide safe services though upcoming changes to the team may impact this. Training is provided by the company and staff find this useful to help keep their skills and knowledge up to date.

Inspector's evidence

There was a regular pharmacist and two dispensers working in the dispensary on the day of the inspection as well as a counter assistant. One of the dispensers had an accredited checking technician (ACT) qualification but was not carrying out this activity formally at present. The dispensary workload was organised with the team members dividing the tasks and changing their jobs regularly so that they all worked efficiently. But they were a day behind with the dispensing tasks. The regular pharmacist was due to leave in a month's time and another dispenser was about to leave her job. There were two staff on maternity leave, and the staff were concerned that they would not cope when the staff left.

Staff were given training and said that they were up to date with this. They were not given protected time to do this work. Topics covered had included general subjects such as safeguarding, and timely reminders such as cold and flu treatments. They had regular appraisals.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare. But some of its storage equipment is not as well-maintained and may impact on safe working conditions for the pharmacy team.

Inspector's evidence

The pharmacy was situated at the front of the supermarket, behind the main tills. The consultation room was to one side, accessible from the main store and the dispensary. This room was clean, tidy and bright with space for the less able to access it. There were two chairs and a table in the room. Sharps were stored appropriately.

The dispensary was clean, bright, tidy and generally well ordered, with separate areas for dispensing and checking prescriptions. The storage equipment was not all in good order. It had been repaired following the last inspection, but some more drawers and shelves were not working correctly. It was reported that one catch was unsafe and had resulted that a member of the team had been hit by it when accessing a lower drawer.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not follow robust procedures to make sure people who receive higher-risk medicines, including valproate, get all the information they need so that they can use their medicines safely. However, the pharmacy gets its medicines from reputable sources. And pharmacy team members plan extra services around the staffing levels, to make sure that dispensing routines are not affected.

Inspector's evidence

Access to the pharmacy was level from the main store. People were signposted to other services available locally when required. Flu vaccinations were planned when there was an overlap of pharmacists, so that one could concentrate on vaccinating whilst not being distracted by over-the-counter sales and dispensing. 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 during the dispensing process. Prescriptions where the person was waiting were put into red baskets to highlight this fact. Computer-generated labels included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced.

Schedule 4 controlled drug prescriptions were not always highlighted to staff who were to hand them out. This could increase the chance of these items being given to people more than 28 days after the date on the prescription. Prescriptions for warfarin, lithium or methotrexate were not flagged by the team. And the staff would not always notice the medicine and ask the relevant questions, in accordance with the standard operating procedures. So, the pharmacy could not show that it was always monitoring the patients in accordance with good practice.

The pharmacy did not have a robust system in place when dispensing valproate to make sure that people who may be in the at-risk group would receive the right information about pregnancy prevention. People being supplied valproate were not routinely counselled. The pharmacy did have appropriate warnings stickers for use if the manufacturer's packaging could not be used. But the staff were not aware that they had some available. The staff said they would review the standard operating procedures for these higher-risk medicines and ensure that they followed them.

The pharmacy got its medicines from licensed wholesalers and stored them 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. Fridge temperatures were recorded daily and were within the recommended range. 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 a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. 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.