

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Tesco Extra, Serpentine
Green Shopping Centre, The Serpentine; Hampton, PETERBOROUGH,
Cambridgeshire, PE7 8BD

Pharmacy reference: 1029336

Type of pharmacy: Community

Date of inspection: 29/11/2023

Pharmacy context

This busy community pharmacy is located within a large supermarket in Peterborough. It sells a range of over-the-counter medicines and dispenses prescriptions. It provides the New Medicine Service (NMS), Hypertension Case Finding Service, and it administers seasonal flu vaccinations. The pharmacy also provides a substance misuse service to a handful of people, and it supplies medicines in multi-compartment compliance packs to some people who need assistance in managing their medication at home.

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 has systems to help ensure risks associated with its services are identified and managed. It keeps the records it needs to by law, and it has processes to protect people's confidential information. Team members record and review their mistakes so that they can learn and improve from these events. And they understand how they can help and protect vulnerable people.

Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs), and the recently recruited pharmacy manager and a trainee medicine counter assistant were in the process of reading the SOPs. The qualified dispenser had read and signed the SOPs. The correct responsible pharmacist (RP) notice was displayed and team members could explain the tasks they could not undertake in the absence of a pharmacist.

The pharmacy had a procedure for managing dispensing mistakes identified before the medicines were handed out, known as near misses. The pharmacist manager, who was the RP on the day of the visit, said that team members reflected on their mistakes and identified learning points to prevent similar events from happening again. This was also reflected in the sample of near miss records viewed. A recent incident involving Symbicort inhalers had been reviewed and preventative actions taken. Team members had reviewed how the inhalers were stored on the shelves and various forms and strengths had been separated. To minimise the chances of picking errors involving higher-risk, look-alike and sound-alike medicines, team members kept some medicines in separate locations. For example, methotrexate. And cautionary labels were used to highlight medicines such as olanzapine, omeprazole, carbimazole, carbamazepine, valproate, atenolol, and amitriptyline so that team members were vigilant when selecting these medicines.

Dispensing mistakes that had reached people (dispensing errors) were recorded and reviewed to identify emerging trends in the pharmacy. Completed reports were submitted to the superintendent's office. The pharmacy had a complaints procedure and the pharmacy manager explained how complaints were managed, including the circumstances when these were escalated to head office.

The pharmacy had current professional indemnity and public liability insurance. Records about RP, controlled drugs (CDs) and private prescriptions were kept in line with requirements. CD running balances were audited at regular intervals and a random balance check was correct. A separate register was used to record patient-returned CDs.

People's private information was stored securely and confidential waste was managed appropriately. There were Information Governance SOPs and the pharmacy displayed a privacy notice explaining to people how their private information was managed. No person-identifiable information was visible to members of the public and completed prescriptions were stored securely. The pharmacy's computer systems were password protected and team members used their own NHS smartcards to access electronic prescriptions.

There was a safeguarding policy in place and the pharmacy manager said that the team members had completed in-house training relevant to their roles and responsibilities. The pharmacy manager had

completed Level 3 safeguarding training and details for local safeguarding agencies were displayed in the dispensary to enable team members to escalate any safeguarding concerns in a timely manner.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just about enough team members to manage its current workload adequately. Team members work well together, and they can raise concerns or make suggestions to help improve the pharmacy's services.

Inspector's evidence

At the time of the inspection, the pharmacy was busy and the team was coping adequately with the workload. The pharmacy manager said that the volume of dispensing had recently increased due to some pharmacy closures in the local area. The pharmacy employed two regular pharmacists who covered most opening hours between them. The pharmacy manager had recently been appointed and was in the process of completing his probationary period. The overlap between pharmacists helped the team provide additional services and enabled the pharmacy manager to complete his managerial tasks. The rest of the team included a trainee medicine counter assistant and a qualified dispenser. The pharmacy manager said that he was in the process of recruiting a dispenser as the current dispenser was leaving the company.

Team members were supported with some training resources to help keep their skills and knowledge current. However, a team member said that due to increased workload, it was not always possible to undertake training during working hours. The company had a whistleblowing policy and team members felt able to raise concerns with their pharmacy manager.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy, and adequately maintained. And they are secure against unauthorised access. People visiting the pharmacy can have a private conversation with team members.

Inspector's evidence

The main entrance door of the supermarket was power assisted and level with the pavement. The premises were large enough and accessible to people with mobility issues or those with wheelchairs or prams. And there was ample parking available on-site for people wanting to use the pharmacy's services. The dispensary was clearly separated from the retail area of the pharmacy and access by the public was restricted. The work benches were kept tidy and the pharmacy manager used a designated area in the dispensary to complete final accuracy checks on dispensed prescriptions. There was enough space to store medicines safely. A private, signposted consultation room was available for services and to enable people to have a private conversation with team members. Posters about dealing with needlestick injuries, anaphylaxis and fainting were displayed in this room, as part of the flu vaccination service. The room was kept locked when not in use. The sinks in the dispensary and in the consultation room were clean. Lighting and ambient temperatures during the inspection were suitable for the activities undertaken and there was air-conditioning available. The pharmacy could be secured against unauthorised access and outside of opening hours.

Principle 4 - Services ✓ Standards met

Summary findings

Generally, the pharmacy supplies medicines safely to people and people with diverse needs can access its services. It gets its medicines from licensed wholesalers and team members take the right action in response to safety alerts and recalls so that people get medicines and medical devices that are fit for purpose.

Inspector's evidence

The pharmacy's opening hours were displayed at the entrance and there was some seating available for people waiting for services. Team members used their local knowledge to signpost people to other providers where appropriate.

The workflow on the day of the visit was organised and team members used baskets to keep prescriptions for different people separate and to prioritise the workload. All dispensed medicines were checked by the RP and there was an audit trail on dispensed items to show who had completed each step of the process from dispensing to accuracy checking. Part-dispensed prescriptions were kept in a separate location to be completed when the stock arrived. However, team members did not always issue 'owing' slips to people when prescriptions could not be fully supplied when first dispensed. The pharmacy supplied medicines in multi-compartment compliance packs to some people and these packs were assembled in a separate area to minimise risk. The completed packs seen during the inspection were labelled appropriately and included descriptions of medicines so that people or their carers could identify individual medicines in the packs. Patient information leaflets were routinely supplied.

Although team members had access to CD stickers to highlight the 28-day validity period of CD prescriptions, these were not used routinely. There were quite a few CD prescriptions seen in the retrieval system that had not been highlighted. This could increase the chances of inadvertently supplying these prescriptions beyond their expiry date. When asked about warfarin prescriptions, the pharmacy manager said that team members asked people about their recent blood checks and INR levels, but these were not recorded on the patient medication records. Team members were aware about pregnancy prevent advice to be given to people in the at-risk group when supplied with sodium valproate. The stock packs on the shelf included warning cards and alert stickers. And additional leaflets and safety stickers were available in the dispensary. The pharmacy manager was aware of the recent MHRA guidance about original pack dispensing of valproate-containing medicines and the pharmacy did not include these medicines in multi-compartment compliance packs.

The pharmacy ordered its stock medicines from licensed wholesalers and pharmacy-only medicines were restricted from self-selection. The pharmacy did not sell codeine linctus over the counter. Temperature-sensitive medicines were stored in fridges and maximum and minimum fridge temperatures were monitored and recorded daily. Records seen showed that these had remained within the required range of 2 and 8 degrees Celsius. All CDs were stored in the CD cabinet and denaturing kits were available for safe disposal of patient-returned CDs. Waste medicines were stored in designated bins. Short-dated stock medicines had been highlighted for their removal at an appropriate time and there were no date-expired medicines found amongst in-date stock.

The pharmacy had a process to receive drug recalls and safety alerts. These were sent to the pharmacy

from head office. Team members could explain how these were dealt with and the head office required a confirmation once drug recalls and safety alerts were actioned. Records of previous alerts and the action team members took in response to these were available in the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy had calibrated measures available for measuring liquid medicines. And some measures were marked for specific purposes to prevent cross-contamination of medicines. The equipment for counting loose tablets and capsules was kept clean. Medicine containers were capped to prevent contamination. People's confidential information was stored securely. All electrical equipment was in good working order and there was evidence that it had been PAT tested. There were cordless phones in the dispensary so that team members could have conversations out of earshot of waiting customers.

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.