

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Bransty Row, North Shore, WHITEHAVEN, Cumbria, CA28 7XY

Pharmacy reference: 1030240

Type of pharmacy: Community

Date of inspection: 16/06/2022

Pharmacy context

This is a community pharmacy inside a Tesco store in the town of Whitehaven, Cumbria. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. Pharmacy team members give advice to people to help them manage their health, and support them in taking their medicines correctly. The pharmacy is temporarily operating under reduced opening hours.

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 generally identifies and manages the risks associated with its services. Team members keep the records they need to by law, and they keep people's private information safe. The team is well equipped to manage any safeguarding concerns. But team members don't record and analyse all the mistakes they make while dispensing. And so, they may miss out on the opportunity to improve patient safety.

Inspector's evidence

The pharmacy had made adjustments to help manage the risks associated with the spread of coronavirus, such as team members continuing to social distance when they could. The pharmacy had a set of written standard operating procedures (SOPs). The SOPs were not well organised. This made it difficult to find a specific SOP. The SOPs covered tasks such as dispensing and controlled drug (CD) management. They had last been reviewed in May 2020 and had been due to be reviewed again in May 2022. Employed team members had read and understood the SOPs that were relevant to their role. Team members were seen following the SOPs for dispensing.

The pharmacy had a process in place for team members to record and report mistakes spotted by team members and the responsible pharmacist (RP) during the dispensing process. These mistakes were known as near miss errors. When a team member spotted a near miss error, the RP informed the dispenser of the error and asked them to rectify the mistake. The pharmacy had a paper-form near miss log into which team members could record details of any near miss errors made. But team members had not used the log for several weeks. And so, they may have missed out on the opportunity to identify any trends or patterns to help them improve patient safety. The team discussed recent near miss errors where team members had dispensed tablets instead of capsules. They talked about making sure they knew which medicines came in both forms. And to take extra care when dispensing these medicines. The pharmacy had a process in place for the team to record details of any dispensing errors that had reached people. But team members were unsure of how they could record and report any such errors. They explained if such an incident happened, they would contact the pharmacy's area manager or another Tesco pharmacy in the area for advice. The pharmacy had a formal concerns and complaints procedure. Any complaints or concerns were raised with a team member. If the team member could not resolve the complaint, it was escalated to the pharmacy's head office.

The pharmacy had up-to-date professional indemnity insurance. The RP notice displayed the name and registration number of the RP on duty. The pharmacy correctly completed the RP register and kept it up to date. It kept complete and up-to-date registers of CDs. It completed regular balance checks. The inspector checked the balance of two CDs. Both were correct. The pharmacy occasionally dispensed private prescriptions and it kept complete records of supplies.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. It separated confidential waste to avoid a mix up with general waste. The waste was periodically collected and destroyed. The team members understood the importance of protecting people's private information. All employed team members had completed training on information governance and General Data Protection Regulation (GDPR). They had completed some basic internal training on safeguarding vulnerable adults and children. The RP and a pharmacy assistant

had completed training through the Centre for Pharmacy Postgraduate Education. The team gave examples of symptoms that would raise their concerns and they knew how to appropriately report them.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members support each other as they work to suitably provide the pharmacy's services. The team's skill mix lacks some experience, but it adequately manages the workload. Team members have some procedures in place to help raise concerns, giving feedback and suggesting improvements to provide a more effective service.

Inspector's evidence

At the time of the inspection the RP was a locum pharmacist. During the inspection, a locum pharmacy assistant and a part-time trainee pharmacy assistant supported the RP. The pharmacy also employed another part-time trainee pharmacy assistant who was not present during the inspection. The pharmacy had not had a regular pharmacist since the beginning of the year and had been using locum pharmacists to cover the opening hours. Team members explained they had found working without a regular pharmacist challenging and were looking forward to the pharmacy filling the vacant position. The team had been working under some pressure during the height of the COVID-19 pandemic and had more recently found it difficult to source locum pharmacists. As a result, the pharmacy had closed on some days and the team signposted people to other local pharmacies to access pharmacy services. The locum pharmacy assistant had joined the team in February 2022 to work full-time. The locum pharmacy assistant had also taken on various managerial responsibilities, including the booking of locum pharmacists and organising staff rotas. The team explained the pharmacy was now in a much more organised and stable position. For example, the time taken for people to wait for their medicines to be dispensed was around five to ten minutes. Previously, people were waiting around 30 minutes. Both trainee pharmacy dispensers worked some additional hours each week to fill in gaps in team rotas. The pharmacy had reduced its opening hours by 90 minutes each day due to a shortage of team members. Team members explained the workload was manageable while the pharmacy was operating under reduced business hours. But they would struggle to efficiently manage the workload if the hours changed back to their original format. The pharmacy was currently recruiting for two employed pharmacists and two pharmacy assistants to join the team.

The pharmacy had enrolled the two trainee dispensers onto approved courses. It provided protected study time to the trainees during their working hours to help them complete their course. They took the time to train during quieter periods of business. They also trained by learning while they worked but as the pharmacy didn't have a regular pharmacist or a manager, they lacked mentorship. They regularly asked questions of the locum pharmacists to help them with any gaps in their knowledge. For example, the trainee pharmacy assistant explained they wanted more knowledge about over-the-counter medicines. The assistant had completed around 40% of their course and was looking forward to completing the course over the next few months. There was an appraisal process in place for team members, but the process had not been regularly followed.

The team held informal meetings on an ad-hoc basis. The pharmacy head office set some of the agenda points to be discussed and team members added additional points which were relevant to the pharmacy. Team members discussed topics such as upcoming work streams and rotas while they worked. They could raise concerns and report issues with senior management. But they weren't always confident their concerns would be addressed. For example, the team had recently reported to the pharmacy's head office that the pharmacy's adjusted opening hours were not displayed on the

pharmacy's website. The information hadn't been changed and this was causing confusion for people who used the pharmacy. The pharmacy had a whistleblowing process. Team members talked informally amongst each other to suggest ways to improve the way the pharmacy operated. For example, they had made some changes to the way prescriptions and dispensed medicines were managed to help improve the delivery of services. The pharmacy had set the team some targets for services although there was no pressure for it to meet them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean, secure, and well maintained. It has a suitable, sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was clean, well maintained, and professional in appearance. Benches were kept clear and tidy. The pharmacy's floor space was clear from obstruction. There were defined areas used for the dispensing process and there was a separate area used by the RP to complete the final checking process. Although the dispensary was relatively small, the pharmacy had ample space to store its medicines. There was a private, sound-proofed consultation room available for people to have private conversations with team members. The room was tidy and well organised. It contained two seats and was large enough for two people to appropriately socially distance from each other when in use.

There was a small storeroom at the rear of the dispensary. It was well organised and used to store various miscellaneous items. The pharmacy had a sink available for hand washing and for the preparation of medicines. The team had access to a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy effectively manages the services it offers to people. And these services are easily accessible. It correctly sources and manages its medicines. Team members provide people with appropriate advice to support them in effectively and safely taking their medicines.

Inspector's evidence

People had level access into the pharmacy through the store's main, automatic entrance door. The pharmacy advertised its adjusted opening hours via posters placed around the retail area. The pharmacy provided large print labels to people with a visual impairment. There were several disabled car parking spaces for people to use. Team members had access to the internet which they used to signpost people requiring services that the pharmacy didn't offer. There were seats available outside the consultation room for people to use while they waited for their prescriptions to be dispensed. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. And they demonstrated the advice they would give people to help them safely take valproate. Team members were observed asking people appropriate questions and giving them appropriate advice to help them safely sell various over-the-counter medicines.

The pharmacy's head office supplied the team with various stickers to attach to bags containing people's dispensed medicines. The stickers were to be used as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. But the team had ran out of the stickers and were unsure how to order more. Team members were now writing 'fridge' or 'CD' on the bags. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The team gave one slip to the person and a copy was kept with the original prescription until the medicine was available and dispensed. The pharmacy didn't offer a home delivery service. It didn't supply medicines in multi-compartment compliance packs for people who needed help correctly taking their medicines. If a person needed these services, team members signposted people to other local pharmacies that did offer the services.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter. It stored other medicines in their original packaging on shelves. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. There was a process for the team to follow to check the expiry dates of its medicinal stock. And the team was up to date with the process. It kept records to show when the team had completed the process, but team members couldn't access the records during the inspection. Team members explained they often completed the process ahead of schedule. No out-of-date medicines were found after the inspection checked 30 randomly selected medicines. The team highlighted short-dated medicines using alert stickers. The pharmacy used one medical grade fridge to store medicines that needed cold storage. The team kept daily records of the fridge temperature ranges. And a sample of the record indicated the fridge was operating within the correct range.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. And it uses its equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. Team members had access to personal protective equipment including face masks and gloves.

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.