

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Sidmouth Road,
HONITON, Devon, EX14 2XD

Pharmacy reference: 1030759

Type of pharmacy: Community

Date of inspection: 25/02/2020

Pharmacy context

The pharmacy is located in a Tesco supermarket in Honiton. It sells over-the-counter medicines and dispenses NHS and private prescriptions. It supplies medicines in multi-compartment compliance aids to people living in their own homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicine Service (NMS), a minor ailments scheme and flu vaccinations. The pharmacy also provides services for drug misusers.

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 identifies and manages its risks appropriately. Team members record their errors and review them to identify the cause of errors. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. The pharmacy asks people for their views and acts appropriately on the feedback. The pharmacy has adequate insurance to cover its services. And it keeps all of the records required by law. It keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had appropriate processes in place to monitor and reduce its risks. Near misses were routinely recorded on a paper log. Pharmacy team members recorded them as soon as the error was identified. Dispensing incidents were recorded on a Pharmacy Incident Report form and included a more detailed analysis of the cause. When errors were identified, they were discussed as a team to identify the potential contributing factors. A formal patient safety review was completed by the pharmacist manager periodically and actions were generated to try to prevent a reoccurrence of errors. The patient safety report was discussed both in a huddle and individually.

Pharmacy team members proactively highlighted drugs which had similar livery or unusual quantities to try and prevent errors. Drugs that had been the subject of errors were highlighted using shelf-edge stickers. Stock was also relocated and separated from similar looking or sounding drugs.

Standard operating procedures (SOPs) were in place and had been recently reviewed. SOPs were signed by team members to confirm that they had read and understood them. A team member could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Staff had clear lines of accountabilities, were clear on their job role and wore name badges. The pharmacy had a business continuity plan in place.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 98% of respondents had rated the service provided by the pharmacy as very good or excellent overall. A complaints procedure was in place and was displayed in the retail area. Professional indemnity and public liability insurance was provided by the NPA.

Records of the RP were maintained appropriately and the correct RP certificate was displayed. Controlled drug (CD) registers were maintained as required by law. Balance checks were completed weekly. A random stock balance check was found to be accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions and emergency supplies were held on the patient medication record (PMR) system and were in order. Records of unlicensed (specials) medicines were retained and the certificates of conformity contained all legally required details.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy

policy and a fair data use statement were displayed in the patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed.

All staff were trained to an appropriate level on safeguarding. The RP and the pharmacy technician had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. The remaining staff completed yearly safeguarding training. Local contacts for the escalation of concerns were easily accessible and were stored in a folder. The RP also used an app to access the most up to date and current safeguarding information.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. The pharmacy encourages and supports its team members to develop their skills and knowledge. Team members receive time in work to complete training for their roles. They are confident to suggest and make changes to the way they work to improve their services. They communicate well and give each other feedback on their performance.

Inspector's evidence

Staffing was adequate on the day of the inspection consisted of the RP, a pharmacy technician and two NVQ2 level dispensers. There was also a trained 'multiskiller' from the supermarket who was working on the medicines counter. The team had a good rapport and felt they could usually manage the workload with no undue stress and pressure. Pharmacy team members had clearly defined roles and accountabilities and tasks were allocated to individuals daily. They worked regular days and hours. Absences were usually covered by rearranging shifts or by part-time staff increasing their hours.

Team members completed training packages on the company eLearning system. Training records were seen and were up to date. Copies of certificates of completion of relevant training courses were kept for each member of the team. Those in training were allocated protected time each week to learn. Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed.

Team members were set yearly development plans and had six-monthly performance reviews. The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty. The team felt able to raise concerns and give feedback to the RP, who they found to be receptive to ideas and suggestions. A dispenser reported that they were able to make suggestions for change to improve efficiency and safety. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The pharmacy team said the targets set were manageable. The RP felt able to use his professional judgement to make decisions and described that all services undertaken were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy was located in a Tesco supermarket in Honiton. A healthcare counter led through to a small dispensary. The dispensary was appropriately screened to allow the dispensing of prescriptions to happen in private. The pharmacy had a consultation room to the side of the pharmacy that was clearly advertised. It was of an adequate size and was soundproofed to allow conversations to take place in private. It was locked when not in use. Health-related posters and information were displayed on the walls of the pharmacy and in the consultation room.

The dispensary was well organised and but bench space was limited. The dispensary had been rearranged following a previous inspection to create more space to dispense and check prescriptions. Stock was stored neatly in pull-out shelves. No stock was stored on the floor. The fixtures and fittings were generally well maintained. But some of the pull-out drawers holding stock were broken. These had been reported to the maintenance department.

Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers a range of additional services, which the pharmacy team delivers safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy and the consultation room were wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy. The two regular pharmacists were both accredited to provide all of the promoted services. Team members described that if a patient requested a service not offered by the pharmacy at that time, they would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online. Records of signposting referrals were made on the patient medication record (PMR).

Dispensing baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Stickers were used to highlight fridge items and CDs in schedules 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. Stickers were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. The RP said that he checked the doses and blood results of people receiving high-risk medicines. He made records of these conversations on the PMR. Details of significant interventions were also recorded on the PMR. Substance misuse services were provided for two people. The RP described that he liaised with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

The pharmacy offered a range of additional services including flu vaccinations, a minor ailments scheme and a smoking cessation service. The patient group directions covering these services were seen and each had been signed by the pharmacists providing the service. The declaration of competence for all pharmacists administering flu vaccinations were seen. The RP had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was an accredited healthy living pharmacy. It had an eye-catching health promotion zone located opposite the waiting area. They were leaflets and posters showing current local and national campaigns.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium

valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had the stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. The pharmacy also had the information booklets and cards to be given to eligible women.

Multi-compartment compliance aids were prepared by the pharmacy for 40 people based in the community. They were dispensed weekly as the pharmacy did not have space to store the prepared packs. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and a dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the checking process.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken regularly and recorded on a matrix. Spot checks revealed no date expired medicines or mixed batches. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AAH. Invoices were seen to this effect. Records of recalls and alerts were received by email and were annotated with the outcome and the date actioned.

The pharmacy had the hardware and software to be compliant with the Falsified Medicines Directive. While team members were making visual checks, the pharmacy was not currently scanning FMD compliant packs. A number of stores in the company were piloting scanning products but the full roll-out had not yet happened.

The fridges in the dispensary were clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed in the presence of a witness with both signatures recorded.

Patient returned medication was dealt with appropriately and a hazardous waste bin was available. People's private information was removed from returned medicines to protect confidentiality.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It ensures its equipment is well-maintained. The pharmacy uses its equipment in a way that protects people's private information.

Inspector's evidence

Crown-stamped measures were available for liquids, with separate measures marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible. The pharmacy sink was clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system with no confidential information visible to people waiting.

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.