General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, 2 Woolwell Crescent, Roborough, PLYMOUTH, Devon, PL6 7RF

Pharmacy reference: 1030861

Type of pharmacy: Community

Date of inspection: 09/09/2020

Pharmacy context

The pharmacy is located in a large supermarket in Plymouth. It sells over-the-counter (OTC) medicines and dispenses prescriptions. The pharmacy team gives 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) and flu vaccinations. The inspection was carried out during the Covid-19 pandemic.

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 appropriate systems in place to identify and manage the risks associated with its services. This includes the risks from COVID-19. Team members record their errors and review them to identify the cause. 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 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 an up to date business continuity plan. And it had amended it to reflect the current working restrictions due to COVID-19. The pharmacy was at the back of a large supermarket. A security guard managed the queue of people entering the supermarket to allow for social distancing. The pharmacy had placed markers on the floor showing people where to stand to remain two metres apart from others. Wherever possible, the pharmacy team members encouraged people to do other shopping and return to collect prescriptions that were not ready. This reduced the number of people waiting in the general vicinity of the pharmacy. The pharmacy had completed an individual COVID-19 risk assessment with each team member. Team members wore face masks and sanitised their hands regularly.

The pharmacy had written procedures in place to show team members the safest way to carry out its services. Each team member could view the written procedures on their personal eLearning account and a record was kept of when they had last been read. The team members were carrying out tasks, such as dispensing and handing out prescriptions, according to the written procedures.

The pharmacy recorded details of when mistakes were made. Errors that were picked up in the pharmacy, known as near misses, were recorded on a paper log. The pharmacy recorded any mistakes that were handed out to people, known as dispensing errors, on the company intranet. These reports contained a more detailed analysis of the cause of the error. They could be viewed by the company head office to allow for further analysis. The pharmacy team discussed both near misses and dispensing errors to identify any causes. The pharmacy manager reviewed all mistakes in a monthly patient safety report. The pharmacy team then discussed the review and made changes to stop the mistakes from happening again. Following some dispensing errors earlier in the year, the pharmacy had introduced a third accuracy check. When people arrived to collect their medicines, a team member took the sealed bag into the dispensary and opened it to check the contents. The team felt that this had improved safety in the pharmacy.

Pharmacy team members attended a weekly telephone conference call with team members from other pharmacies in the company. They also received and read a weekly bulletin from head office. The team discussed any issues arising from the call or bulletin and considered how they affected the pharmacy.

The pharmacy completed a yearly community pharmacy patient questionnaire (CPPQ) survey. They also asked people using the pharmacy for their feedback. A complaints procedure was in place and was

displayed in the retail area.

The pharmacy had appropriate insurance policies in place to protect people if things went wrong. The pharmacy kept a written record of who was the responsible pharmacist (RP), and therefore in charge of the pharmacy, at any given time up to date. And they displayed a sign showing the name and registration number of the RP. Controlled drug (CD) registers were maintained appropriately. The pharmacy team completed a CD balance check regularly. And a random stock check matched the balance in the register. A separate register was used to record CDs returned to the pharmacy and these were destroyed promptly. Records of private prescriptions and emergency supplies were made on the patient medication record (PMR) system and were in order. The pharmacy retained records of unlicensed medicines and annotated them with all legally required details.

Team members had completed training on information governance and the General Data Protection Regulation. They had signed the associated policies. The pharmacy ensured that no personal information could be seen by people coming into the pharmacy. They stored completed prescriptions on shelves in the dispensary. Computer terminal screens were turned to face away from people using the pharmacy and the terminals were password protected. NHS smart cards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training, and the remaining staff completed yearly safeguarding training on their personal eLearning account. The pharmacy displayed local contacts for the referral of concerns on the dispensary wall.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. 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

The pharmacy had enough staff on the day of the inspection. The pharmacy had two pharmacists, one of whom was the manager. There was also an accuracy checking pharmacy technician and two dispensers and a medicines counter assistant. There were also another six team members who were not scheduled to work on the day of the inspection. The team were managing the workload comfortably. Pharmacy team members had clearly defined roles and accountabilities. They knew what was expected of them each day. They worked regular days and hours. If anyone was absent from work through holiday or sickness, the pharmacy covered the work by asking part-time staff to increase their hours.

Team members completed training packages on their individual eLearning account. Each team member kept records of what training they had completed. They were given protected time within working hours to complete mandatory training. The MCA was seen to provide appropriate advice when selling medicines over the counter. And she referred to the RP for additional information as needed.

Team members were set yearly development plans and had regular performance reviews. They gave each other regular ad hoc feedback and were open and honest with each other. The team regularly discussed how things were going in the pharmacy. And they gave feedback to the RP, who they found to be receptive to ideas and suggestions. Each team member knew how to raise any concerns they had about the pharmacy. And they were aware of the company whistleblowing policy. The RP said that targets were challenging but manageable. She was able to use her professional judgement to make decisions. She only provided services such as MURs that were clinically appropriate.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. It has recently been refurbished to create more space. It has introduced measures to reduce the risk of the spread of COVID-19. 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 had been refurbished in early 2020 and improvements had been made to the layout. Stickers had been placed on the floor to showing a two-metre distance. There was a small seating area to the side of the healthcare counter. But team members encouraged people waiting to browse the supermarket to prevent people congregating by the pharmacy. The pharmacy had a large consultation room that was clearly advertised. It was soundproofed to allow conversations to take place in private. It was secured with a digi-lock when the pharmacy team were not using it. The pharmacy displayed health-related leaflets and posters both in the consultation room and in the waiting area.

A lockable barrier was installed to stop people walking into the pharmacy. The medicines counter led through to a large dispensary. The dispensary was well organised and there was plenty of bench space. Stock was stored neatly in plastic trays on the shelves.

Prescriptions that were waiting to be collected were stored using a retrieval system. They were placed on shelves in the dispensary. No confidential information was visible to people waiting. The pharmacy was light and bright. It had air-conditioning. Pharmacy team members made sure that the pharmacy was clean and tidy. Disinfectant was used to clean the counter tops. Hand sanitising gel was placed around the pharmacy for people to use.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers some 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 accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The supermarket had a wide, step-free entrance. And it had wheelchairs and a hearing loop available for people to use. The consultation room was wheelchair accessible. A range of health-related posters and leaflets was displayed. They advertised details of services offered both in the pharmacy and locally. A dispenser described that if a patient requested a service not offered by the pharmacy at the time, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. The pharmacy accessed up-to-date signposting resources and details of local support agencies online.

The pharmacy had a clear and well-organised workflow. It used dispensing baskets to store prescriptions and medicines to prevent transfer between patients. There were designated areas to dispense prescriptions and complete the accuracy check. The dispenser and the pharmacist initialled the labels of dispensed items to create an audit trail.

The pharmacy used stickers and highlighter pens to draw attention to prescriptions for fridge items and CDs in schedules 2 and 3. It also placed stickers on prescriptions containing high-risk medicines or medicines that may require additional advice from the pharmacist. When significant interventions were made, team members recorded details on the patient medication record (PMR). Team members included a paper questionnaire to collect required information when dispensing very high-risk medicines, including methotrexate, The RP said that it had been challenging to provide additional information to people whilst use of the consultation room had been restricted during COVID-19. But she tried to take the person to a quieter area of the pharmacy to have a conversation. She also occasionally suggested that a person requiring confidential advice could telephone the pharmacy from outside. The pharmacy provided substance misuse services including the supply of methadone. The RP 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 RP had a brief discussion with each person accessing the service to check on their wellbeing.

The pharmacy dispensed medicines into multi-compartment compliance packs to help people remember to take them. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. The pharmacy checked any queries with the prescriber and kept appropriate records. The dispensers added a description of the medicines inside the pack and supplied patient information leaflets (PILs).

The pharmacy was planning to offer flu vaccinations during the upcoming winter season. The RP was currently reviewing the details of the service for the upcoming season what had recently been released by the NHS. The RP had completed training on injection techniques and anaphylaxis and resuscitation

within the last two years. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. It had an eye-catching health promotion zone displaying leaflets and information on both locally and nationally relevant topics.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had 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 had the information booklets and cards to give to eligible women. Notes were placed on the PMR of women receiving valproate to confirm a discussion about PPP had taken place.

The dispensary shelves used to store stock were organised and tidy. The stock was mostly arranged alphabetically. Team members checked the expiry dates of all medicines regularly and kept appropriate records. Spot checks revealed no date-expired medicines or mixed batches. The pharmacy was compliant with the Falsified Medicines Directive (FMD). They scanned packs into the database when the third accuracy check was completed. Prescriptions containing owings were appropriately managed. 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 on the intranet. When they were actioned by the pharmacy team, they were annotated with the outcome and the date.

The fridge in the dispensary was clean, tidy and well organised. There was a separate small fridge for team members to use. No medicines were stored in the small fridge. A team member checked the maximum and minimum temperature of the fridge every day and made a record of it on an App. 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 with a witness with two signatures were recorded.

The pharmacy dealt with medicines returned to them by people appropriately. Personal details were removed from returned medicines to protect people’s 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

The pharmacy had installed Perspex screens on the medicines counter during the Covid-19 pandemic. They cleaned them regularly. The pharmacy had an adequate supply of personal protective equipment, including facemasks and gloves. Team members were wearing facemasks during the inspection. Hand sanitiser was readily available.

The pharmacy had a range of crown-stamped measuring cylinders to allow them to accurately measure liquids. They also had some measures that were clearly marked for the use of controlled drugs only. There was a range of clean tablet and capsule counters, with a separate tablet counter clearly marked for more high-risk medicines. The pharmacy kept all of its equipment, including the dispensary fridge and sink, in good working order.

The pharmacy had up to date reference sources. And team members could easily access information on the internet. They ensured they used reputable websites when looking for clinical information. Computer screens were positioned so that no information could be seen by members of the public. 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.