

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Fulbridge Road, MALDON, Essex, CM9 4LE

Pharmacy reference: 1031318

Type of pharmacy: Community

Date of inspection: 15/08/2019

Pharmacy context

The pharmacy is in a supermarket on the outskirts of Maldon in Essex. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy administers flu vaccinations during the winter season. It has a malaria prevention service. The pharmacy assembles medication in multi-compartment compliance packs for some people who need help managing their medicines. It delivers medicines to people's homes on three days a week. It offers a range of sexual health services including contraception under the C-Card scheme, emergency hormonal contraception and medicine for erectile dysfunction using patient group directions (PGDs). The pharmacy offers a range of Health-Checks including blood pressure, glucose and cholesterol as well as a smoking cessation service. A small number of people use the substance misuse service.

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 | 2.2 | Good practice | The pharmacy actively encourages team members to undertake planned learning and development. And it gives them time set aside to do this. Pharmacy team members receive good support to keep their knowledge and skills up to date. |
| 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 the risks associated with its services. It records and regularly reviews its mistakes and can show how the team learns and improves from these events. It largely keeps the records it needs to by law and its team members have clear roles and responsibilities. It asks the people who use the pharmacy for feedback. Team members know how to protect vulnerable people. And they keep people's personal information safe.

Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed weekly to identify any trends or patterns. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. Learnings from previous incidents had led to several similarly packaged medicines being separated on the shelves. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist. They talked about the no-blame culture in the pharmacy where mistakes were discussed to reduce future risk.

The dispenser said that people were complimentary about the friendly team members who went out of their way to resolve problems. Team members were familiar with the compliant process. People were encouraged to complete an annual satisfaction survey and the pharmacy scored well in the most recent one. The pharmacy had current professional indemnity insurance.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were correctly completed. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present.

The pharmacy had a comprehensive range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. There was evidence that members of staff had read and signed SOPs relevant to their roles.

The records examined were generally maintained in accordance with legal and professional requirements. But, the emergency supply record did not always record the nature of the emergency. This could make it harder for the pharmacy to show why the supply was made without a prescription if there was a query. Records examined included the electronic private prescription register (for private prescriptions and emergency supplies) and records for the supplies of unlicensed medicines. The CD registers were generally appropriately maintained but several of the pages were missing the legally required headings. CD balance checks were done each week. There was also a book where patient returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy team had undertaken training about the General Data Protection Regulation and had signed confidentiality

agreements.

The pharmacy had safeguarding procedures and team members described the actions that would be taken in the event of a safeguarding concern. There were contact details available for the local safeguarding team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have a good understanding about their roles and responsibilities. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback and have regular appraisals to identify any opportunities for development or learning.

Inspector's evidence

There was one regular full-time pharmacist and the pharmacy relied on locum pharmacists for the remainder of the time. The regular pharmacy manager had left earlier in the year and was yet to be replaced. There was one part-time accuracy checking technician, a delivery driver and three full-time trained dispensers. Dispensary staff were also counter trained to provide a skill mix in the pharmacy. The pharmacy was up-to-date with dispensing and routine tasks.

Team members undertook regular on-going learning using the online 'Tesco Academy'. This included mandatory ongoing learning as well as opportunities for self-directed learning to help people to keep their knowledge and skills up to date. There was designated training time in the pharmacy to support this.

All the staff usually had six-monthly appraisals which looked at areas where they were performing well and areas for improvement or opportunities to develop. These had not taken place since the previous manager had left. Team members felt confident about making suggestions to improve safety and efficiency but could not think of any specific examples of changes that they had made. One dispenser was about to reorganise the system for managing and organising the multi-compartment compliance packs to shift the focus from weekly to monthly dispensing. This would help to more effectively balance workload. Targets and incentives were in place, but the pharmacist said that these did not impact on patient safety or professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacist has an area to check prescriptions and this is kept clear to help reduce the risk of mistakes. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy had tiled floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean. There were clear workflows in place and a designated checking area which was kept tidy to reduce the risk of mistakes. The pharmacy was tidy with good levels of lighting throughout and used air-conditioning to keep medicines at the right temperature. There was a designated bench for assembling multi-compartment compliance packs.

There was a clean, bright and well-maintained consultation room with handwashing facilities and a good level of sound proofing where people could consult pharmacy team members in private. The room was kept locked when not in use. Sensitive records and equipment were stored in locked cupboards. The pharmacy premises were kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely provides its services safely and effectively. It gets its medicines from reputable suppliers and stores them properly. Its team members identify and give advice to people taking high-risk medicines to make sure that they are taken safely. And team members take the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use. The pharmacy makes sure that multi-compartment compliance packs for people who need help managing their medicines are dispensed safely. But it doesn't always supply patient information leaflets with the packs. And this could mean that people don't get all the information they need to take their medicines safely.

Inspector's evidence

The pharmacy was accessed directly off a wide aisle at the rear of the supermarket and there was a lowered section of counter to assist wheelchair users. There were hearing loops on the pharmacy counter and in the consultation room to assist people with compatible hearing aids. Large print labels could be generated on request for people with visual impairment. Pharmacy team members had trained as Dementia Friends. One pharmacist was fluent in Polish and this was used to help people to access pharmacy services.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked quarterly and there were records to support this. The pharmacy staff were aware of the Falsified Medicines Directive, and the company was actively trialling software to ensure the pharmacy achieved compliance.

The pharmacy reviewed people on high-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about blood test results related to these medicines. They also provided additional advice about how to take these medicines safely. Results were recorded on the patient's medication record (PMR) where appropriate. The pharmacy team members were aware of the risks associated with dispensing valproate-containing products, and the Pregnancy Prevention Programme. They were not aware of the published support materials for people who were supplied this medicine, but these were ordered during the inspection.

The pharmacy kept medicines requiring cold storage in a pharmaceutical fridge. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored its CDs securely.

The pharmacy team dispensed medication into multi-compartment compliance packs for some people who had difficulty managing their medicines. These were disposable, tamper-evident, and had descriptions of the medication included in the pack labelling. The descriptions helped the person or their carer to identify the medicines. But, people were not always given the information leaflets which came with their medicines. So, they may not have all the information they need to help them take their medicines safely. Team members said that the leaflets would be supplied in the future. Team members described the process they followed to ensure that any mid-cycle changes to the packs were re-checked to make sure that these were supplied safely. The pharmacy had record sheets to record any changes to

medication in the packs and to help with effective team communication. The pharmacy conducted a needs assessment before starting people on the packs. The person's GP was also consulted when people requested their medication in compliance packs. The driver had 'missed delivery' cards and coloured stickers for CDs and refrigerated items to ensure appropriate storage. There was a record book with an audit trail to show the medicines had been safely delivered.

Medicines people had returned were clearly separated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services and it largely maintains it well. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for liquid methadone), and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helped to avoid any cross-contamination. There was a blood pressure monitor which was replaced annually. The meters to test cholesterol and glucose were calibrated weekly. The pharmacy had a carbon monoxide monitor which was serviced and maintained by the local smoking cessation team. It had a range of infection control materials including gloves, surface wipes and single use finger-prickers.

Fire extinguishers were serviced under an annual contract and there was a fire sprinkler system. All electrical equipment appeared to be in good working order and had been safety tested. There was a locked cupboard to store sensitive records and the patient medication record was password protected. Confidential waste was disposed of using designated bags which were sent for secure disposal off-site.

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. |