

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Bridge Road, RAINHAM,
Essex, RM13 9YZ

Pharmacy reference: 1031329

Type of pharmacy: Community

Date of inspection: 25/04/2019

Pharmacy context

This community pharmacy is situated within a large superstore. It dispenses NHS prescriptions. And offers a supervised consumption service and services for erectile dysfunction and malaria prophylaxis.

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 | 1.2 | Good practice | The pharmacy proactively reviews any mistakes and continuously learns from them. |
| 2. Staff | Standards met | 2.2 | Good practice | Team members are actively encouraged and supported to meet their learning needs |
| | | 2.4 | Good practice | The pharmacy has a good culture of learning, continuous improvement and personal development. |
| 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 provides its services safely. And its team members follow clear procedures. They record and review any mistakes they make when dispensing medicines to help prevent similar errors in the future. The pharmacy generally maintains the records that it must keep by law. But some records are not complete. So, it may not always be able to show exactly what has happened if any problems arise.

Inspector's evidence

Standard operating procedures (SOPs) were in place and up to date. Team members had read SOPs relevant to their roles and training record cards were updated. The team were notified of any new SOPs via the Safety Starts Here bulletin. New members of staff read SOPs as soon as they started. Team roles were defined within the SOPs.

The pharmacy team carried out a series of Safe and Legal checks which were allocated as daily or weekly checks. This included checking if the responsible pharmacist (RP) notice was displayed, if the fridge temperatures were recorded, if date checking was being done.

Near misses were recorded as they were identified. These were then reviewed each month and the plan of action was recorded on the Team 5 (weekly meeting) notes which were attached to the notice board and read and signed by team members. Any questions were discussed on the group's electronic messaging group chat. Near misses were observed to be recorded consistently and reviewed by the pharmacist. The RP said that recent near misses had mainly been quantity errors, the team had been asked to double check quantities after they had completed dispensing. Look alike sound alike medicines (LASA) which the team had made mistakes with had been moved from the top 50 lines to the drawers. And the drawers had been labelled with 'pick with caution' stickers. The RP said that visualisation of the stickers and moving the stock had reduced these near misses.

Dispensing incidents were recorded on the pharmacy incident reporting system which was sent centrally to the superintendent pharmacist's (SI) team. As part of the report pharmacists included next steps, if there was any harm caused and what action had been taken. The RP described that due to a quantity error with Letrozole, the team had been updated and were required to re-read the relevant SOPs. This medicine came in boxes of 14 or 28 tablets. Pharmacists now also highlighted the quantity on the box.

As part of the Safety Starts Here bulletin the team looked at MHRA alerts, complaints, audits to be completed, and so on. Communication was received from head office on a monthly basis. The team discussed any incidents that had occurred in the branch, any safety measures that would be taken to avoid reoccurrence, and changes to legislation. At the last meeting the team had discussed the change on Schedule of pregabalin and gabapentin and the additional prescription requirements that were needed.

The pharmacy had a complaints procedure in place. And details of the customer services team were printed at the back of the receipts and posters were displayed with details of the complaints procedure. Annual patient satisfaction surveys were also carried out. As a result of feedback more seats had been added in the waiting area and since joining the team the RP had worked on and reduced waiting times.

The correct RP notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP.

Professional indemnity insurance was in place.

Records for unlicensed specials, RP records and controlled drug (CD) registers were well maintained. Records for emergency supplies were generally well maintained but one of the entries observed did not have a reason for supply recorded. Some of the records for private prescriptions did not have prescriber details.

CD balance checks were carried out on a weekly basis. However, the methadone balance had not been checked between February and April as the RP had been working at another store.

A random check of CD medicines complied with the balance recorded in the register.

CD patient returns were recorded in a register as they were received.

People's personal information and assembled prescriptions were stored out of public view in the pharmacy. Confidential waste was disposed of in confidential waste bags. The team had completed training on smartcard policy training and training on the General Data Protection Regulation on the Tesco Learning portal. Members of the team who worked in the dispensary had their own smartcards. Pharmacists had access to Summary Care Records and consent was gained verbally.

The team had completed safeguarding training on the Tesco Learning portal; in addition to this the RP had also completed the level 2 safeguarding course. There was a section in the Safety Starts Here folder for safeguarding but this was empty. Contact details for local safeguarding boards were not available. This could result in a delay in concerns being escalated.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's staff have the appropriate skills and qualifications for their roles. They work effectively together in a supportive environment and are actively encouraged to undertake ongoing learning. They get time set aside for training. So, they can do this during work.

Inspector's evidence

At the time of the inspection the team comprised of the technician, three dispensers and two pharmacists (overlap between 12pm and 4pm). A trainee medicines counter assistant (MCA) started partway through the inspection. The RP said a typical shift had a medicines counter assistant, two dispensers and the RP.

The pharmacy manager said that there were enough staff for the services provided. More staff had been recruited after the he had started working in February 2018.

Staff performance was managed by the pharmacy manager with annual reviews carried out. As part of the review the team member and manager discussed targets, customer satisfaction and how this could be improved. As part of the performance development review a discussion was also held on what the colleague wanted to do and how they could achieve this. As part of his review the RP discussed leadership skills and how to motivate the team. In addition to this when required the RP held 'Let's talk' reviews with team members as well as touching base.

The new starter had been enrolled on appropriate training courses. She was allocated two hours study time per week and the deputy (second pharmacist) went through the book with her as well as going over SOPs. The dispenser who was on the technician course was also given study time.

To keep up to date, the team members completed modules on the Tesco Learning portal. In the past modules had covered dementia training, safeguarding, pride in your pharmacy team, as well as Safe and Legal training. Other areas covered included seasonal modules and medicines that changed from prescription only to over-the-counter. Depending on the team members role, the training module was added to their record and progress on this was monitored by the pharmacy manager. In addition to this the team were also passed on information received from head office. And each year the pharmacy manager was able to recommend one dispenser who could be enrolled on the technician course depending on capability. All MCAs were put onto the dispenser training course

The team held pharmacy specific 'Team 5' meetings and the pharmacy manager attended the weekly general store managers meeting and relayed relevant information to the team. The team also had an electronic messaging group which was used to highlight any issues. Management meetings with other pharmacy managers were held on a quarterly basis. The RP knew other pharmacy managers in other stores so communicated with them.

The team received weekly pharmacy communications from head office which had information on promotions, new products and other information. Safety Starts Here bulletins were sent every four to six weeks or more frequently if there was a need. Weekly managers conference calls were attended by the RP. He said that the first thing checked on these was if there was a safety issue and teams discussed any near misses or incidents.

Targets were in place for services such as Medicines Use Reviews (MURs). There was some pressure to meet the targets and this was reflected on in the end of year review. Managers took other factors into consideration. The pharmacy manager said that the targets did not affect his professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for the services provided.

Inspector's evidence

The pharmacy was reasonably clean. There was ample workspace which was allocated for certain tasks. A clean sink was also available in the dispensary and consultation room. Cleaning was done by the store cleaner in the morning and the team in accordance with a cleaning rota. Medicines were arranged in the dispensary in an organised and tidy manner.

A large, clean signposted consultation room was available. The room was locked when not in use. The RP assured that he would keep the cabinets inside locked.

Prepared medicines were held securely in the dispensary out of the sight of patients and customers. Non-pharmacy staff were not allowed into dispensary unless authorised by the RP.

The ambient temperature and lighting were adequate for the provision of healthcare. The store temperature was regulated. Fans were also available in the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

People with a range of needs can access the pharmacy's services. The pharmacy's working practices are safe and effective. And it gets its medicines from reputable sources and generally manages them well. The pharmacy's team members are helpful and make sure people receive the advice and support they need to use their medicines properly. But they do not always use some of the safety materials (such as warning stickers) for the supply of valproate. This means that people may not always have the information they need to take their medicines safely.

Inspector's evidence

Consideration had been given to ensuring that pharmacy services were accessible to all patients. There was step free access into the store with power assisted doors and there was a hearing loop available. The team was able to produce large print labels. Services were advertised to people using leaflets and posters. People were signposted to other services where appropriate and the team used either the internet or signposting folder to make referrals. The team had also displayed posters for NHS 111 and out of hours services in the pharmacy. The pharmacy team were multilingual.

The decision to offer new services was made centrally but the store team were able to make suggestions. The RP said that he was looking to offer the meningitis ACWY vaccination for Hajj and Umrah due to a growing Muslim population locally.

The pharmacy worked with the local surgery as part of the Healthy Living initiatives. In the past when free blood pressure checks were being offered the surgery had been informed so that they could signpost people. The pharmacy had referred people who had obtained readings out of the normal range.

The RP said that the New Medicine Service (NMS) had an impact on the local population. He said the pharmacy saw a lot of people with prescriptions for medicines that were new for them, but were unsure of how to take their medicines. He said that the service allowed for people to receive extra counselling and reassurance. And it put them in charge of their own condition.

The pharmacy had an established workflow in place. Many people dropped off their prescriptions and collected them after finishing their shopping. Prescriptions were taken in at the counter and left in a basket for the dispensers. Prescriptions were dispensed by the dispensers and checked by the RP.

Dispensed and checked by boxes were available on the labels; these were initialled by team members to help maintain an audit trail. The pharmacist completing the clinical check also annotated the prescription as did the team member who carried out a third check when handing out the prescription. The pharmacy team also used baskets for prescriptions to ensure that people's prescriptions were separated and to reduce the risk of errors. Colour coded baskets were used for walk-in prescription to ensure these were prioritised.

The RP was aware of the change in guidance for dispensing sodium valproate. He said that the Patient Medication Record (PMR) system flashed up with a reminder when prescriptions for sodium valproate were labelled. The RP was unaware of the need to use the warning stickers. The pharmacy had received the 'Prevent' pack which was available and had completed an audit on the use of sodium valproate and

contacted at-risk people.

The pharmacy team used warning cards when prescriptions for methotrexate were dispensed. High-risk stickers were also used on prescriptions for medicines like methotrexate and warfarin. Prescriptions for warfarin were annotated with the INR readings which were then entered on the PMR. Look alike sound alike medicines had been moved from top 50 shelves and warning labels were stuck on drawers to prompt the team to double check. Pharmacists highlighted prescriptions for CDs received electronically.

Medicines were obtained from licensed wholesalers and stored appropriately. This included medicines requiring special consideration such as CDs. Fridge temperatures were monitored daily and recorded; these were within the required range for the storage of medicines. However, at the time of the inspection the minimum temperature was showing as 3.8 degrees Celsius and the maximum as 11.9 degrees Celsius. The actual temperature was 6.0 degrees Celsius. Another probe was available but was not working. The RP assured that he would monitor the temperature through the day and replace the probe. CDs were kept securely.

Date checking was done on a quarterly basis with team members allocated sections. No date expired medicines were observed on the shelves sampled. A date checking matrix was in place.

The pharmacy was not compliant with the Falsified Medicines Directive (FMD), the RP said that the team had not been briefed on when this was due to be implemented.

Out of date and other waste medicines were segregated at the back and then collected by licensed waste collectors.

Drug recalls were received electronically from head office printed and put into the Safety folder. The last actioned alert was for chloramphenicol eye drops. The office brought down any alerts so that they could be actioned by whoever was working.

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

The pharmacy had all the necessary facilities and equipment for the services offered. The pharmacy had a fridge of adequate size. Measuring cylinders, tablet and capsule counting equipment was clean and ready for use. Additional care had been taken to avoid cross contamination with a separate triangle for cytotoxic tablets and separate measures for methadone.

The pharmacy had received a new blood pressure monitor within the last year. The glucose and cholesterol monitors were out of use as the team were waiting to receive new ones from head office.

Up to date reference sources were available including access to the internet. Confidentiality was maintained through the appropriate use of equipment and facilities. Computers were password protected and were out of view of patients and the public.

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. |