

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: 25/04/2023

Pharmacy context

This is a supermarket pharmacy serving the local population. In addition to dispensing medicines the pharmacy provides the New Medicine Service (NMS), flu vaccinations and the hypertension case finding 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	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 adequately manages the risks associated with its services. Team members know their own role and responsibilities. On the whole, the pharmacy keeps the records it needs to by law. Team members know how to safeguard the welfare of a vulnerable person. And they protect people's personal information well. However, the pharmacy could do more to record any mistakes that happen during the dispensing process so it can use these events more effectively to improve the way the pharmacy operates.

Inspector's evidence

Standard operating procedures (SOPs) were available and up to date. SOPs were included as part of the team members' electronic learning modules. Team members had completed the training for SOPs relevant to their roles. The pharmacy manager kept an audit trail of SOP training completed by team members. A printed copy of SOPs was also kept in the dispensary.

The team carried out checks daily using a handheld device. Checks were split into daily tasks and included: confirming the responsible pharmacist (RP) records had been completed; if notices were displayed; and if the fridge temperature was monitored and recorded. Team members were also able to complete these checks.

The pharmacy had processes to record dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Near misses were recorded in a book. The record was made by the team member who had made the mistake; if this was a pharmacist, they made their own entry. Near misses were also discussed with the team member who had made the mistake. There had been no near misses recorded since the end of January 2023; the pharmacists said there had most probably been near misses since then. The pharmacists described that there had not been a dispensing error for some time, with the last reported error being over 600 days before the inspection. Team members were able to describe the steps that would be taken if there was a dispensing incident. These included completing an incident report form which was reviewed by the regional manager. The team would then agree next steps and implement any changes. A record was also sent to head office. The superintendent's office would review the incident report form and sent feedback on additional next steps which could also be taken. Reviews of mistakes were to be completed every four weeks. The pharmacy manager sent a message on the group chat with next steps. The team received 'Safety Starts Here' bulletins from the head office team. This contained shared learning from errors that may have occurred in other branches. Recently pregabalin and gabapentin had been separated and were stored completely separately and the team had introduced methotrexate books to keep track of the number of tablets received and the number supplied. The team also did not dispense the 10mg strength of methotrexate.

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. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and complaints were sent straight to the head office team who notified the regional manager who then cascaded information to the pharmacy manager. Survey cards were also handed out to people using the pharmacy. Results from these were reviewed by the regional manager and the team was provided with a score as well as highlights of the

most common feedback. Recently feedback had been in relation to supply issues with a number of medicines. The pharmacy manager said the team had received positive feedback about waiting times.

RP records and controlled drug (CD) registers were generally well maintained although there were some incomplete headers seen in some of the registers. Private prescription records did not always have the correct prescriber details recorded. The reason for supply was not always noted for all emergency supplies made. And all the required information was not recorded for unlicensed medicines dispensed. The pharmacists provided an assurance that they would look into this and ensure future records were kept in line with requirements. CDs that people had returned were recorded in a register as they were received. CD balance checks were completed at regular intervals.

Patient confidentiality was protected using a range of measures. Prescriptions awaiting collection were stored in the dispensary and were not visible to the public. The information governance (IG) policy was renewed annually by the head office team. Team members all completed annual training about IG. Team members had individual smartcards to access NHS systems. Pharmacists had access to Summary Care Records and consent to access these was gained from people verbally and noted on the electronic record. Confidential waste was separated into designated colour-coded bags and left in an allocated secure area from where it was sent for destruction.

The team had completed safeguarding training on the online portal. In addition to this the pharmacists had also completed the level 3 safeguarding course. The team members would let the RP know if they had any concerns. Referral forms and details for local safeguarding boards were saved on the desktop.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained staff to provide its services effectively. Team members do ongoing training to help keep their knowledge and skills up to date, and they feel comfortable about raising any concerns or making suggestions.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP (store-based pharmacist), the pharmacy manager and two trained dispensers. The RP said that there was an adequate number of team members for the services provided. One of the dispensers was on long term leave at the time of the inspection and the hours were covered by colleagues or a dispenser from another store.

Team members counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. Individual performance and development were monitored by the pharmacy manager. Appraisal meetings were held annually with a process available for managing performance. The pharmacy manager briefed team members on performance data passed on by the regional manager. Team members were also provided with on-the-spot feedback.

Team members completing their formal training were given protected learning time to complete their work. Trainees were supported by the pharmacists. Team members were able to ask the pharmacist questions. Ongoing training was completed on an online learning portal. The pharmacy manager received a bulletin with details of what modules needed to be completed and was required to sign off training records for some training completed, such as SOPs. Team members were provided with time to complete training during working hours.

A team huddle was held in the morning to discuss any issues and outline priorities. When shifts changed, another huddle was held to brief team members. The team also used a communication book to pass on information and all team members were part of a group chat on an electronic messaging application. The pharmacy also received a Pharmacy Healthcare News bulletin from their head office team. All team members were required to read this and sign the document once they had done so. There was an open working relationship in the team and team members felt that they were able to raise concerns to the pharmacists. Team members described that there was an independent representative for each region who reported directly to the superintendent's office. Any feedback was provided to the representative who then passed on the message. Targets were set for services provided. Pharmacists said there was some pressure to meet these, but the targets did not affect their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are adequate for the pharmacy's services. People can have a conversation with a team member in a private area. And the premises are secure from unauthorised access.

Inspector's evidence

The pharmacy was located at the back of a Tesco Superstore and was signposted. The dispensary had sufficient work and storage space. Work benches were allocated for tasks and were clear and organised. Medicines were stored tidily in an organised manner inside drawers and on shelves. A clean sink was also available in the dispensary. Cleaning was carried out by the onsite cleaning team. The room temperature and lighting were adequate for the provision of healthcare. The premises were kept secure from unauthorised access. A large clean signposted consultation room was available. The room allowed for conversations to be held inside which could not be overheard. Paperwork and records with people's private information were held in the room securely.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. People with a range of needs can easily access the pharmacy's services.

Inspector's evidence

Consideration had been given to ensuring that pharmacy services were accessible to a range of people with different needs. There was step-free access into the store and wide automatic doors. A hearing loop was available. The team was able to produce large print labels. People were signposted to other services where appropriate and there was a poster with details of local hospitals and walk-in-centres in the dispensary. There was additional information for people on a notice board outside. Services were advertised to people using leaflets and posters. Some team members were multilingual, or the team could call a helpline for language support at head office.

Both pharmacists felt that the NMS had the most beneficial impact on the local population. The RP said, as GPs did not have much time, the consultation allowed pharmacists to engage with people as to why they were taking their medication and then follow up seven and 21 days later to find out how they were getting on. Due to the pharmacy's extended opening hours, it was also easily accessible for emergency hormonal contraception (EHC). Where possible the pharmacists also signposted people using the EHC service to over-the-counter contraception.

The pharmacy had an established workflow. Colour-coded baskets were used as part of the dispensing process to separate prescriptions. Different coloured baskets were also used for paediatric prescriptions and for cytotoxic medicines. Warning stickers were attached to some of the prescriptions by the RP during the checking process. Stickers were for where a person needed to be counselled by a pharmacist or if there was a fridge line or CD dispensed. Prescriptions for all schedules of CDs were highlighted and the date the prescription was due to expire was also recorded. It was very rare that the pharmacists had to self-check prescriptions. Where possible, the team tried to get different team members to label, pick stock and assemble the prescriptions. Dispensed and checked-by boxes on labels were initialled by members of the team to create an audit trail for the dispensing and checking processes. The pharmacist completing the clinical check annotated the prescription as did the team member who carried out a third check when handing out the prescription. As per company policy a further check was done at the point of handing out the prescription where the team member removed all the medicines from the bag and checked these before handing them out. The team explained how the introduction of this additional step had reduced the number of dispensing errors. When checking prescriptions, pharmacists highlighted prescriptions for methotrexate and prescriptions for children under 12. Prescriptions for injectables were triple checked and all team members were required to ask a colleague to double check the volume of water before reconstituting antibiotics.

Pharmacists were aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). People in the at-risk group who were not part of the PPP were referred back to their prescriber. Team members confirmed that additional warning labels and cards were available if they weren't able to dispense the medicine in its original container. Team

members also ensured warnings were not covered with dispensing labels. Additional checks were carried out when people collected medicines which required ongoing monitoring. Stickers were attached to the prescriptions for these medicines which prompted team members to refer to the pharmacist to complete the checks. Methotrexate was stored separately on the shelves and the pharmacy had a register to record the quantities received and supplied. Team members checked to ensure a weekly dose was prescribed. The pharmacy no longer supplied the 10mg strength tablets and referred back to the prescriber when prescriptions for these were presented. The pharmacists said the number of people who were taking warfarin had reduced significantly. People's INR records were checked and noted on the electronic recording system.

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 using the hand-held device. Team members were unsure about how to bring up the report for previous temperature records. The fridge temperature was within the required range for storing medicines at the time of the inspection and the RP confirmed it had been in range previously. Date checking was done quarterly by the team. No date-expired medicines were observed on the shelves checked. A date-checking matrix was available; medicines expiring within three months were removed and short-dated stock was marked. Out-of-date and other waste medicines were separated and then collected by licensed waste collectors. Drug recalls were received electronically from head office; these were checked by the team and a record was kept of when the alert was actioned along with the action that had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely and maintains it appropriately. It uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had glass, crown-stamped measures, and tablet counting equipment. Equipment was mainly clean and ready for use. There was some limescale build-up on the measures which the pharmacists assured would be cleaned. Separate labelled measures were used for liquid CD preparations to avoid cross-contamination. The pharmacy had a medical grade fridge of adequate size. Up-to-date reference sources were available including access to the internet. A blood pressure monitor was available. This would be replaced by the head office team at regular intervals. Computers were all password protected and screens faced away from people using the pharmacy.

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.