

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, Colletts Drive,  
CHELTENHAM, Gloucestershire, GL51 8JQ

**Pharmacy reference:** 1031514

**Type of pharmacy:** Community

**Date of inspection:** 13/11/2024

## Pharmacy context

This is a community pharmacy inside a Supermarket in Cheltenham, Gloucestershire. The pharmacy dispenses NHS and private prescriptions. It's team members sell over-the-counter medicines and provide advice. The pharmacy offers a few services such as the New Medicine Service (NMS), Pharmacy First and seasonal flu vaccinations. And it supplies some people's medicines inside multi-compartment compliance packs if they find it difficult to take them.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake. Team members in training are appropriately supported and undertaking accredited courses.
		2.4	Good practice	Team members are provided with training resources which helps ensure their skills and knowledge remain current.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy overall, suitably identifies and manages the risks associated with its services. Team members understand their role in protecting the welfare of vulnerable people and protect people's confidential information appropriately. Members of the pharmacy team deal with their mistakes responsibly. But they are not always documenting all the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. And they could do more to make sure the pharmacy's records contain all the essential information.

### Inspector's evidence

The pharmacy team had access to a range of documented and electronic standard operating procedures (SOPs). They provided guidance for the team to carry out tasks correctly and had been signed by the staff. The procedures included guidance on safeguarding the welfare of vulnerable people and protecting people's confidential information. Team members had been trained on them, they understood their roles and responsibilities well, they could recognise signs of concern to safeguard vulnerable people and knew who to refer to in the event of a concern. Contact details for the relevant agencies were readily accessible and both pharmacists had undertaken level two safeguarding training. Confidential material was separated and disposed of appropriately. Sensitive details could not be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions. The pharmacy also displayed details about it protected people's private information and the pharmacy's chaperone policy was on display.

Different members of staff participated in printing and generating dispensing labels as well as preparing prescriptions. The person who generated dispensing labels, did not select the medicines involved or prepare the prescription(s). This helped identify any errors and enabled more than one accuracy check to take place. In addition, a further accuracy-check of dispensed prescriptions also took place upon hand-out. Trained staff opened assembled bags and the contents were re-checked against prescriptions. Team members involved in this process marked relevant details onto prescriptions to help identify that this process had taken place. This was an effective audit trail.

The workflow in the dispensary involved staff preparing prescriptions in designated areas, people waiting for their prescriptions took priority and medicines were checked for accuracy by the responsible pharmacist (RP) from another section. Multi-compartment compliance packs were also prepared in a separate area. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. Once staff generated the dispensing labels, there was a facility on them to help identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

Once prescriptions had been assembled, the RP usually carried out the final accuracy-check but the accuracy checking technician (ACT) could also assist with this. The ACT was not involved in any other dispensing process other than the final check, and there was an SOP to cover this process. Before the ACT undertook this task, the RP clinically checked the prescription, and it was clear when this stage took place.

The pharmacy had information on display about its complaints process; incidents were managed by the

RP and his process was suitable. Staff were made aware of mistakes that occurred during the dispensing process (near miss mistakes), and this information was routinely recorded. The RP reviewed this every month, trends and patterns were subsequently said to be identified and actioned. The team regularly highlighted and described separating certain medicines which looked, sounded similar, or had different formulations, but details about the review were not seen to be frequently recorded. This limited the pharmacy's ability to fully demonstrate the actions taken in response.

Records of controlled drugs (CDs) were compliant with statutory and best practice requirements. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. The RP record and records of emergency supplies had also been made in accordance with legal requirements. The pharmacy team routinely checked and maintained records to show that the temperature of the fridge had remained within the required range. However, within the electronic register for supplies made against private prescriptions, incorrect prescriber details had been recorded and there were missing prescriber details within records for unlicensed medicines. An incorrect notice to identify the pharmacist responsible for the pharmacy's activities was also on display at the point of inspection. This is a legal requirement and was highlighted at the time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has capable team members. They work well together, have a range of skills and experience, and the pharmacy provides additional resources to help keep their skills and knowledge up to date.

### Inspector's evidence

Staff on the day of the inspection included two trained dispensing assistants, a pharmacy technician, and the ACT alongside the regular RP as well as a locum pharmacist. The pharmacy's team members wore uniforms and name badges which indicated the length of their employment. Team members seen ranged from long-standing staff to newer members of the team. They were observed to be competent and efficient in their roles, and they worked well together. There were also newer team members who were enrolled on the appropriate training. Protected time was provided to help staff to complete this and certificates of qualifications obtained were on display. In total, the pharmacy had three pharmacist managers one of whom was present at the inspection. Staff were up to date with the workload and checklists about daily dispensary tasks were seen to be completed. The team knew which activities could take place in the absence of the RP and referred appropriately. Relevant questions were asked before selling medicines and medicines which could be abused were monitored. Staff were confident and had been able to make suggestions to improve some of the pharmacy's internal processes (see Principle 4 and higher-risk medicines). A range of training material was available through the company's online platform which team members routinely completed, they received weekly news bulletins and regular updates from the company and managers as well as annual formal performance reviews.

## Principle 3 - Premises ✓ Standards met

### Summary findings

Overall, the pharmacy premises are appropriate for providing healthcare services. The pharmacy has a separate space where confidential conversations and services can take place. But some parts of the premises could be better presented.

### Inspector's evidence

The pharmacy premises were located to the right-hand side of the supermarket entrance. They consisted of a medicines counter, a consultation room, a spacious dispensary to one side of the counter, with an enclosed area on one side which led to the stock room. The dispensary was appropriately screened to help promote privacy when preparing prescriptions. It had an adequate amount of workspace and there was a dedicated area for the pharmacist to accurately check prescriptions from. The pharmacy was suitably bright and ventilated, and the ambient temperature was suitable for the storage of medicines. The consultation room was signposted, kept locked and was an appropriate size for its purpose. The pharmacy was secured against unauthorised access. It was clean, the dispensary was tidy and clear of clutter, but the stock room appeared to be somewhat disorganised. The pharmacy's fixtures and fittings were also somewhat dated but still functional. Some of the FAMA drawers used to store excess stock in the dispensary were broken and protruding. However, they were at the very bottom of the unit and staff confirmed that they were not a trip hazard. Overall, the pharmacy was professional in its appearance, but some areas could have been better presented. This included the three chairs outside the consultation room which were dusty, dirty, slightly cracked and needed replacing or cleaning. This area was also very dark for people if they waited for services or to use the consultation room.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy has organised working practices. People can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. And members of the pharmacy team proactively identify people with higher-risk medicines so that they can provide the appropriate advice. This helps ensure they take their medicines correctly.

### Inspector's evidence

The pharmacy was open for long hours and details about the pharmacy's services as well as its opening times were clearly advertised. People could enter the supermarket to use the pharmacy's services through wide, automatic doors which were at street level and step-free. There was clear, open space in front of the medicines counter which further assisted people with restricted mobility or using wheelchairs to easily enter and access the pharmacy's services. The pharmacy had a functioning hearing aid loop, staff offered the use of the consultation room if they needed to speak louder, and they described speaking slowly and clearly to help people to lip read. Team members also spoke different languages, and several were multilingual which assisted people whose first language was not English.

The pharmacy provided compliance packs after this was considered necessary and they liaised with people's GP's. One member of staff was responsible for this service, she ordered prescriptions on behalf of people and her process for preparing the packs was suitable. The pharmacy identified any changes that may have been made, queried details when required and maintained records to reflect the current situation. The compliance packs were not left unsealed overnight and descriptions of the medicines inside the compliance packs were provided. However patient information leaflets (PILs) were only supplied on request. This is a legal requirement and could mean that people were not provided with up-to-date information about their medicines.

Dispensing staff were aware of the additional guidance when supplying sodium valproate and the associated Pregnancy Prevention Programme (PPP). These medicines were highlighted and kept separately. Staff ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them and counselled people appropriately. In addition, one member of staff during her training had identified a gap in the pharmacy's processes; she realised that team members were not routinely identifying and asking relevant questions for people prescribed other higher-risk medicines or medicines that required ongoing monitoring (such as warfarin). In response, she highlighted this, helped educate staff, and created step-by-step instructions for hand-out of these medicines which were on display. Subsequently, the team now regularly asked relevant questions and details about the treatment for people who had been prescribed higher-risk medicines. The information obtained was also recorded.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were stored in an organised way. Short-dated medicines were routinely identified, and no date-expired medicines were seen. CDs were stored securely and medicines requiring refrigeration were stored in a suitable way. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were returned within suitable containers. Staff knew the process to take in the event of a drug recall, they were checked, and actioned appropriately and records were kept verifying the process.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is suitably clean and maintained well.

### Inspector's evidence

The pharmacy's equipment included access to reference sources, tablet and capsule counting equipment, a fridge, CD cabinets, standardised conical measures for liquid medicines and a dispensary sink which was used to reconstitute medicines. Equipment for services included an otoscope, tongue depressor, a thermometer, blood pressure machine and adrenaline. The equipment was new, clean, and had been maintained appropriately. The pharmacy also had hot and cold running water available. A portable phone was available for private conversations to take place if required away from the medicines counter.

### 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.