

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, 5 Wellington Avenue,
Willems Park, ALDERSHOT, Hampshire, GU11 1SQ

Pharmacy reference: 1031624

Type of pharmacy: Community

Date of inspection: 19/09/2023

Pharmacy context

This pharmacy is in a Tesco supermarket in Aldershot, Hampshire. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides New Medicines Service (NMS), blood pressure testing and referral and flu jabs.

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 team identifies and manages risks in the pharmacy appropriately. Team members record their mistakes and ensure they learn from them to reduce the likelihood of recurrence. Team members are clear about their roles and responsibilities and work in a safe and professional way. The pharmacy keeps up-to-date records as required by the law. The pharmacy keeps people's private information safe and team members understand their role in protecting the safety of vulnerable people.

Inspector's evidence

The pharmacy had electronic standard operating procedures (SOPs) in place which include the roles and responsibilities of the staff. The SOPs were reviewed every two years. The staff training matrices showed that the staff members had read and understood the SOPs. The team members were all clear on their roles and responsibilities and would refer to the pharmacist if they were unsure of something. A valid certificate of public liability and professional indemnity insurance was available.

The pharmacy team recorded their near misses and reviewed them each week. The pharmacist explained that since the introduction of a scanning system during the dispensing process, the number of near misses has reduced. Errors were reported electronically and were sent to the company's head office. The pharmacist explained that the team would always discuss incidents and would highlight any areas of improvement as a team. The pharmacist had introduced a system where all prescriptions which included 'Look Alike Sound Alike' (LASA) drugs were stamped and signed to show they had an extra check by the dispenser and the pharmacist.

The team received a regular 'Pharmacy Healthcare news' newsletter from their head office team as well as a 'Safety starts here' newsletter about incidents which had occurred across the company as well as any professional changes they needed to be aware of. The team kept the newsletters in a file and the pharmacist explained that they were shared with all the team members.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent different prescriptions being mixed up. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. There was a complaints procedure in place, and the staff were aware of the processes to follow if they received a complaint..

Records of controlled drugs and patient returned controlled drugs were complete and accurate. The CD stock was balance checked every week by the pharmacist. The responsible pharmacist record was complete, and the correct responsible pharmacist notice was displayed. The maximum and minimum fridge temperatures were recorded twice daily and were always in the 2 to 8 degrees Celsius range. The private prescription and emergency supply records were completed electronically with all the required information recorded. The specials records had all the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential

information was stored away from the public and conversations inside the consultation room could not be overheard. The consultation room was locked when not in use and inaccessible to the public. There were cordless telephones available for use and confidential wastepaper was collected in orange confidential waste bins which were removed by the company for destruction. The pharmacy had completed the Data Security and Protection (DSP) toolkit and had a GDPR policy in place. The pharmacist had completed the level 2 Centre for Postgraduate Pharmacy Education (CPPE) learning module on safeguarding children and vulnerable adults. There was a safeguarding children and vulnerable adults e-learning program on the company's training website which all the members of staff had completed. A list of the local safeguarding authorities was displayed in the pharmacy for the whole team to access if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. It makes sure that its team members are appropriately trained for the jobs they do. And they complete additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

Inspector's evidence

During the inspection, there was one pharmacist, one NVQ Level 2 dispenser and one locum dispenser. The team had regular training updates where they were kept up to date with relevant healthcare information and had dedicated time to complete this training. The team were aware of their roles and responsibilities. Staff were observed dealing with requests appropriately and one dispenser was observed appropriately dealing with someone who claimed they had not had a prescription which had already been claimed.

The pharmacist explained that he was new to the pharmacy and had recruited another pharmacist and an extra dispenser to ensure they did not have to rely on locums, and they could manage their workload more effectively.

Team members were aware of how to raise concerns and to whom. There was a whistleblowing policy in place which was also detailed in the staff handbook. The team completed a staff satisfaction survey twice a year where they were able to provide feedback about their day-to-day roles, the company, and any areas of improvement they'd like to see.

The team members explained they were listened-to and the management team would take on board any ideas, concerns or suggestions they had. There were targets in place for some services, but the pharmacist explained that the team did not feel any pressure to deliver these targets and would never compromise their professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was located in a large supermarket and was signposted from the front door so that people could find it easily. It included a medicines counter, consultation room, and dispensary. A cleaner cleaned the floors and emptied the bins daily, but the rest of the cleaning was completed by the pharmacy staff. The pharmacy was well presented, clean and tidy.

The consultation room allowed for confidential conversations, was locked when not in use and included a table, seating, a clean sink and plenty of storage space. There was also a sink available in the dispensary with hot and cold running water to allow for hand washing and the preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical manner, and the shelves were cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines, and this was regulated by an air conditioning system. The lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. Team members identify people taking high- risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

Pharmacy services were displayed on posters around the pharmacy area. There was step-free access to the pharmacy via an electrically assisted door at the front of the supermarket. There was seating available for people waiting for services. There was also an induction loop available should anyone require its use.

People taking warfarin would be asked for their INR levels, blood test dates and warfarin dosage. This was recorded on patient records. The pharmacy team members all had an awareness of the strengthened warnings and measures to avoid valproate exposure during pregnancy. Valproate information cards and leaflets were available for use during dispensing for all people in the at- risk group. The team had completed a valproate audit to highlight people who were taking valproates and the pharmacist explained how he had the appropriate counselling conversations with those identified to be at risk. Records of this were recorded on the patient medication record. All PGDs in the pharmacy were seen to be in-date, complete and valid.

The pharmacy obtained medicinal stock from Oakwood, AAH and Alliance. Specials were ordered from Lexion. Invoices were seen to verify this. There were denaturing kits available for the destruction of controlled drugs. Designated bins for the disposal of waste medicines were available and seen being used for the disposal of returned medicine. Date checking was carried out in a manner which meant that the whole pharmacy was date checked four times in a year and records of this were maintained. The team used stickers to highlight short-dated medicines. Opened stock bottles examined during the inspection were seen to have the date of opening written on them. The fridges were in good working order and the stock inside was stored in an orderly manner. The CD cabinets were bolted to the floor of the pharmacy in accordance with regulations.

MHRA alerts came to the pharmacy electronically and they were actioned appropriately. Recently, the team had dealt with a recall for testosterone 2% gel. All the recall notices were seen to have been signed and dated appropriately to indicate who had actioned them and when. The team kept an audit trail of all the recall notices they had received and filed them in the dispensary.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml, 25ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were counting triangles available as well as capsule counters. Electrical equipment appeared to be in good working order and was PAT checked annually. The team calibrated their blood pressure monitor, glucose monitor, and cholesterol monitor every week and kept calibration records.

Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

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.