

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Tesco Superstore, Hamble Lane, Bursledon, SOUTHAMPTON, Hampshire, SO31 8GN

Pharmacy reference: 1031900

Type of pharmacy: Community

Date of inspection: 07/08/2024

Pharmacy context

This pharmacy is in a Tesco supermarket in Southampton, Hampshire. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides the Pharmacy First Services, Hypertension Case Finding Service and a New Medicines Service (NMS).

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 suitably identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. It completes all the records it needs to by law, and it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place which include the roles and responsibilities of the staff. The SOPs were reviewed every two years and the pharmacist explained that he had recently printed them off and the staff were reviewing them again. The team members were all clear on their roles and responsibilities and explained that they 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 regularly. Most of the near misses were due to incorrect forms or quantities. The pharmacist explained that the team were very experienced and they did not have a large number of serious mistakes. 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 team received a regular 'Pharmacy Healthcare news' newsletter from their head office team as well as a 'Safety First' 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. The complaints procedure was detailed in a leaflet on display in the pharmacy.

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 for people to see. 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 and were stored as required by law.

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 and technicians 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 and some of the team members had access to the NHS Safeguarding app on their mobile phones.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy trains its team members for the tasks they carry out using accredited training courses and provides additional training to allow the staff to develop their roles. The pharmacy team manages its workload safely and effectively by ensuring they have enough members of staff. Team members support one another well and they are comfortable with assisting one another, so that they can improve the quality of the pharmacy's services.

Inspector's evidence

During the inspection, there was one pharmacist, two NVQ Level 3 technicians and one member of staff who had recently starts and was in the process of registering for the medicines counter assistant course. 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 the trainee medicines counter assistant was observed using an appropriate questioning technique when someone asked to purchase a painkiller for back pain. He obtained appropriate information from the person and referred to the pharmacist for further advice.

The pharmacist explained that he was fairly new to the pharmacy and had recruited another pharmacist to ensure they did not have to rely on locums and they had enough cover for all the hours. 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 team 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 premises are clean, organised and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively. The pharmacy has a suitable consultation room for private conversations.

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 team explained they had recently had a refit and the medicines counter had been pushed forward to provide more space as they were getting busier.

The consultation room allowed for confidential conversations, was locked when not in use and included a table, seating, a clean sink and plenty of lockable 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 a range of services to support the health needs of the local community. And people can easily access these services. Team members make suitable checks to ensure people taking higher-risk medicines do so safely. They store and manage medicines appropriately. And they take the right action in response to safety alerts and medicines shortages, so people get medicines and medical devices that are safe to use.

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.

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. The team had completed valproate audits to highlight people who were taking valproates. All PGDs in the pharmacy were seen to be in-date, complete and valid. The pharmacy team provided the Pharmacy First service, and they were all aware of the service requirements and which people would be eligible for the services. They explained that the service as popular, but often referrals into the service from other healthcare providers were not appropriate.

The pharmacy obtained medicinal stock from Oakwood, AAH and Alliance. Specials were ordered from Lexxon. 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 Altomexatine capsules. 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 appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use.

Inspector's evidence

The pharmacy team had access to paper-based reference materials such as the BNF but also knew how to access them online if required. Computers were in good working order and screens were suitably located. Access to computers containing patient data was protected using individual password and password protected. Staff had their own NHS smart cards to access medication records.

The pharmacy had several conical measures available, all of which were clean and bore a crown stamp. Some measures were marked with red paint to highlight that they should only be used for measuring methadone solution. Counting triangles were available and there was a separate one available which was clearly marked for cytotoxic medicines. The pharmacy had suitable diagnostic equipment for the Pharmacy First service they provided and the Hypertension Case Finding service. The pharmacist explained that the blood pressure monitors were calibrated regularly.

Medicines awaiting collection were not accessible to people. Patient information was not visible from the counter. There were suitable pharmacy facilities including a CD cupboard and a fridge used for medicines storage. Designated bins for the disposal of waste medicines were available for use and the team also had separate bins for the disposal of hazardous waste.

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.