

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, Hall Road, HULL, North  
Humberside, HU6 7XP

**Pharmacy reference:** 1032082

**Type of pharmacy:** Community

**Date of inspection:** 18/11/2019

## Pharmacy context

This pharmacy is within the supermarket store. And located at the rear of the building. It is open 78 hours a week. And it is open seven days a week. The pharmacy dispenses NHS and private prescriptions. And offers advice on the management of minor illnesses and long-term conditions. It offers a range of services including supervised methadone consumption.

## 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	N/A	N/A	N/A
<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 has procedures and processes in place to manage the risks associated with the services it delivers. The pharmacy team members look after people's private information. And they know how to protect the safety of vulnerable people. People using the pharmacy can raise concerns and provide feedback. The pharmacy team members discuss any errors they make whilst dispensing. And they take some steps to learn from them and make sure the errors are not repeated.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of services. They covered areas such as prescription labelling, dispensing and controlled drug (CD) management. These were subject to regular review by the company. The new manager and locum had read but had not signed to confirm this. The team could advise of their roles and what tasks they could do. The pharmacy completed the company, safe and legal audit, checks which ensured compliance in the running of the pharmacy.

The pharmacy manager had reviewed the staffing. And prioritised this with members now in at the busier times. This had been in operation about three weeks and the workflow was improving. She advised there were still areas that needed addressing such as reviewing the stock and shelving layout, to clear more bench space. But it was more manageable now. The pharmacy had two computer terminals. The dispensary had limited bench space available for the team to use. This was mostly due to items waiting for the team to add which had been ordered. But not received. Then they would be completed and checked. The process and layout were being reviewed to try to provide more free bench space. They downloaded prescriptions, prepared labels and ordered stock. They placed the prescriptions and labels on a rack and worked through these during the day. If any people came in before the team had completed their prescriptions the team could locate these easily. And they dispensed the prescriptions. The team worked in a methodical way. The pharmacy team members used baskets throughout the process to keep prescriptions and medicines together. They used blue baskets for people waiting or doing shopping in the store. This helped to prioritise workload.

The pharmacy recorded near miss errors found and corrected during the dispensing process. The team recorded these on a specific template. Examples included simvastatin 20mg, with the wrong label and the team member had commented that it had been a large prescription with lots of labels and they had mixed the labels. The manager advised that since the long-standing manager had left the near miss recording had fallen. And the use of the near miss log had been limited use over the last few months. She advised she had reinstated this again. And she would undertake regular reviews in line with the company procedures. The team were happy to record near miss errors and found learning from these beneficial.

The pharmacy had a complaints process. And the team knew what to do if the pharmacy received any concerns or complaints. They completed the pharmacy incident report form (PIR). And investigated the matter. They carried out 'next steps', the company review. This included updating the team with any matters for learning. The area manager supported the pharmacist manager in the handling of any complaints if required. The pharmacy had current indemnity insurance in place.

The pharmacy displayed the correct responsible pharmacist (RP) notice. And the pharmacist completed the responsible pharmacist records as required. A sample of controlled drugs (CD) registers looked at found that they generally met legal requirements. These were largely complete, but a few headings were missing on some pages. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy checked CD stock against the balance in the register. But the frequency had slipped over the last few months. The pharmacist advised pharmacists checked the running balance after each time of dispensing. And she would be resuming regular stock audit checks in line with the company policy. The pharmacy kept a record of CDs which people had returned for disposal and it had a process in place to ensure the team destroyed these promptly. And did not allow a build-up in the CD cabinet. The pharmacy kept special records for unlicensed products with the certificates of conformity completed. It kept records for private prescriptions with a few emergency supply (ES), with suitable reasons recorded and veterinary prescriptions with the cascade included.

The pharmacy displayed information on the confidential data kept and how it complied with legislation. It had a notice, Your Personal Data, which explained how the pharmacy looked after information. The team had read General Data Protection Regulation (GDPR) information on the Tesco Academy. The IT system was password protected. The computer stored patient medication records (PMRs) electronically. The team stored completed prescriptions safely. And the team used the NHS smart card system to access to people's records. They kept patient sensitive information securely. The team put confidential waste in separate bags which they securely sealed and tied. And they put these in a locked cage until collected for secure disposal. Safeguarding information including contact numbers for local safeguarding were available for the team. The pharmacists had undertaken level 2 CPPE training. The team had undertaken training on the Tesco Academy. The team advised what they would do if they had a concern but had no examples.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough qualified staff to provide safe and effective services. The pharmacy team members are competent and have the skills and qualifications they need for their role. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work.

### Inspector's evidence

There were two pharmacists, one technician, five dispensers and three medicines counter assistants (MCAs) who worked in the pharmacy. The dispensary team worked part time with hours ranging from 11.5 to 19.75 hours a week. And the MCAs worked between 16.75 to 28.5 hours a week. Two of the MCAs were in training as they had recently started but the other team members had worked at the pharmacy for several years, except the pharmacists. The technician had nearly completed the accuracy checking course. A new pharmacy manager had started last month. And a second pharmacist was starting soon. The pharmacists had four hours of overlap each day except at the weekends.

The long-standing pharmacist had left the pharmacy several months ago and since then there had been various pharmacists. The company had generally employed regular locums to provide consistency. But during this time there had been some difficulties which had affected the general running of the pharmacy. The new pharmacy manager advised it had been challenging over the last two months. Since she had been in post she had reviewed the structure of the staffing. And she felt that this was now better as more of the team were present at busier times. And now they were able to address and review other processes to improve the running of the pharmacy. She advised she had been well supported by the area manager during this time. And all of the team were working well. And working together to get back on track.

The team members had training records and training was undertaken online for topics such as Clinical Governance, Fire training and Health & Safety. The company provided training modules and the team members undertook training at quieter times during the day. They were up-to-date with required training.

The team usually received performance reviews yearly which gave the chance to receive feedback and discuss development needs. But one of the dispensers couldn't recall when she last had one. The MCA advised she was going to be starting the dispensing course soon. The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacists or the area manager. There was a whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed. The pharmacy team had targets for services such as MURs. These were achievable and done when they met the patient's needs.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is suitable for the pharmacy services it provides. People can have private conversations with a pharmacist or team member in the consultation room.

### Inspector's evidence

The pharmacy was clean and reasonably tidy. And fitted out to an acceptable standard. But some of the benches were cluttered with items. But the team members were addressing this and working together with the new manager to review the shelving and layout. This would provide clearer bench space. The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches, shelves and flooring were all reasonably clean and the team cleaned when they could. An external cleaner washed the floors. The pharmacy team tried to keep floor spaces clear to reduce the risk of trip hazards. And they were reviewing the layout to improve this further. The room temperature was comfortable, and the pharmacy was well lit.

The pharmacy had a reasonable sized, signposted, sound proofed consultation room which the team used. The pharmacy team kept the consultation room locked when not in use. The entrance was from the public area. There was a concertina door between the dispensary and consultation room which the team used. There was a retractable barrier at the end of the medicines counter. The team kept this pulled over to prevent any people entering. The dispensary team could see people from the dispensary which had a hatch. So, the team was aware of customers in the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people. The pharmacy displays some information about health-related topics. And it provides its services using a range of safe working practices. The pharmacy gets its medicines from reputable suppliers. It takes the right action if it receives any alerts that a medicine is no longer safe to use. And it stores and generally manages its medicines appropriately.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. The pharmacy displayed a notice to encourage people to advise if they had any specific communication needs. There was some customer seating available. But the seat covers were shabby and worn and did not present a professional appearance. There was an induction loop in place to assist with hearing. The pharmacy displayed its services at the counter and had some leaflets on health-related matters. It had a practice leaflet with the opening hours available for people. It had some posters advertising services such as the text service to inform people that the pharmacy could text them to let them know when their medicines would be ready. And they promoted the NHS 111 service.

The pharmacy had a defined professional area. And kept pharmacy medicines behind the counter and the team assisted people if they required these. The team also took people to relevant sections in the store if they required advice on general sales medicines and healthcare products. The pharmacy undertook some Medicine Use Reviews (MUR) and the New Medicines service (NMS). It provided flu vaccinations if the locums present were able to do the service, having completed the required training. It had undertaken a few but the team usually referred people to the town centre Tesco pharmacy for the service.

The dispensers undertook blood pressure checks when people requested the service. And the pharmacy provided the Minor Ailments service. This was mostly used for children. All the pharmacists were able to provide Emergency Hormonal Contraception (EHC) through the Patient Group Direction (PGD). The pharmacy provided the Community Pharmacy Consultation Service (CPCS). The CPCS service connected patients who have a minor illness or need an urgent supply of a medicine with a community pharmacy as their first port of call. The referrals came from NHS 111. It had had a few requests since the service had commenced. The pharmacy offered a substance misuse service. It had a Methmeasure system which the pharmacists used for the methadone supplies. And requested people to collect their medication before 7.30pm. This allowed the team time to clean the equipment ready for the next day.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at found compliance with this process. The pharmacy had a policy that the pharmacist undertook a third and final check. The pharmacists opened every dispensed medicine bag. And undertook the extra check on a designated part of the bench. This ensured the pharmacist did this promptly while the person was waiting. And kept separate from other prescriptions. The team members used appropriate containers to supply medicines. And used clear bags for dispensed CDs so they could check the contents again, at the point of hand-out. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included 'dispensary consultation' and 'pharmacist advice' which ensured patients received additional counselling.

The team members used CD and fridge stickers on bags and prescriptions to prompt the person handing the medication over that some medication required to be added to complete the supply. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid. When the pharmacy could not provide the product or quantity prescribed in full people, received an owing slip. And the pharmacy kept one copy with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable for an alternative. The pharmacy team members were aware of the valproate Pregnancy Prevention Programme. And they explained the information they provided to the 'patients in the at-risk' group.

The pharmacy generally stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy team checked expiry dates on products and had a rota in place. But date checking had been undertaken sporadically over the last few months. The team were focusing on getting this up-to-date to ensure all sections were regularly checked. There was a box with some out-of-date items which they had removed. The pharmacist advised she could ask for support to get this done. The team members generally marked liquid medication with the date of opening so they could check to ensure the liquid was still suitable for use. The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team members recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range.

The pharmacy obtained medicines from reputable sources. The team were not aware when the company would be implementing the changes required for the Falsified Medicines Directive (FMD). The team used appropriate medicinal waste bins for patient returned medication. The contents of the bins were securely disposed of via the waste management contractor. The pharmacy had appropriate denaturing kits for the destruction of CDs. It had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

### Inspector's evidence

The pharmacy team members had access to a range of up-to-date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a Methameasure system for the methadone. The team cleaned and calibrated this as required. It also had a range of equipment for counting loose tablets and capsules. The team members cleaned triangles after use. The blood pressure machine appeared in good working order and was replaced when required.

The pharmacy generally stored medication waiting collection on shelves in the dispensary. People could not see these from the public area. But the pharmacy had an overflow of items that people required to collect. And it was storing a large amount of these in additional boxes. And a few bags on the floor. This was because the team had not cleared the retrieval system for some time. And there were several uncollected bags with dates from March to June 2019. The team were prioritising this as a task. The computer screens were out of view of the public. The team used the NHS smart card system to access to people's records. The team used cordless phones for private conversations.

### 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.