

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Bishops Park Centre,
Lancaster Way, BISHOP'S STORTFORD, Hertfordshire, CM23 4DD

Pharmacy reference: 1032154

Type of pharmacy: Community

Date of inspection: 09/03/2020

Pharmacy context

The pharmacy is in a supermarket. It provides NHS and private prescription dispensing. It also provides vaccinations against the flu virus, operates a travel medicines service, and offers weight and blood pressure monitoring.

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

Members of the pharmacy team work to professional standards and identify and manage risks effectively. They are clear about their roles and responsibilities. They log any mistakes they make during the pharmacy processes. And they learn from these to avoid problems being repeated. The pharmacy keeps its records up to date which show that it is providing safe services. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random. These had been reviewed within the last two years. They were signed by the pharmacy's team members to indicate they had been read. The pharmacist described how they were planning to reduce services if and when staff were not able to come in to work due to the coronavirus pandemic. The written procedures said the team members should log any mistakes in the process in order to learn from them. They regularly logged any issues and had a weekly meeting to discuss trends and learning from these near misses. Medicines with similar names, such as amitriptyline and amlodipine, had stickers on the drawers to highlight the need for extra care when picking.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice when needed. The team asked the people using the pharmacy for their views about how to improve the service they provided, on an annual basis. The main concern in the last one was about waiting times, and the staff were heard to give accurate waiting times during the inspection. They also explained why delays were occurring. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies on the computer. However, the details of the prescriber and the date of the prescription were not always recorded accurately. The controlled drugs registers were up to date and legally compliant. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range.

The pharmacy separated confidential waste from ordinary waste, and it was disposed of using a licensed waste contractor. Confidential files were kept in the dispensary. A few were kept in the consultation room but people using the room could not easily access them. NHS smart cards for accessing electronic prescriptions were not shared, and it was noticed that staff removed them from computers when they stopped using them.

All the staff had received appropriate levels of training about safeguarding. There were local telephone number contacts for the safeguarding boards. There was internal training material available from the company and the pharmacist had completed the professional training available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe services. Its staffing rotas enable it to have good handover arrangements and effective staff communication. Training is provided by the company and staff find this useful to help keep their skills and knowledge up to date.

Inspector's evidence

There was a regular pharmacist, and three dispensers present during the inspection. The whole team consisted of eight dispensers and one medicines counter assistant. All the staff had completed the training for their roles required by the GPhC. It was observed that they worked closely together as a team. The levels of staffing were reviewed to try to ensure that there was the right amount of staff present. Although there had been issues with waiting times the staff managed the queues well and kept their customers informed. Everyone was acknowledged. There were notices informing people about the lack of hand sanitizer and paracetamol in stock. The dispensers were seen to ask the pharmacist for advice when they needed more information and described declining sales which were not in the product license, such as requests for human medicines to treat animals.

The staff were given training using an internal training portal and 'click to learn' and the pharmacist said that the team members were up to date with this. They had received training about recent changes to pharmacy practise as well as updates for common ailments which presented in the pharmacy. All staff have appraisals with their managers and said that they felt able to share any concerns or suggestions with them to improve patient care. The pharmacist reported that the targets set by the company do not affect her professional judgements.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy area of the store was to the rear of the supermarket. It was well signposted from the front doors. The shop area was kept clean and tidy. There was not a lot of space for people queuing, as the nearest shelving was close to the counter, making it difficult for people shopping from those shelves.

The consultation room was spacious and clean, with adequate seating and tables. There was a storage cupboard for files and a separate handwashing sink with hot and cold water. The concertina door between the dispensary and the consultation room was beginning to break.

The dispensary was clean, tidy and bright and suitable for the volume of work. It was a fairly old layout, with a small area for the computer, which meant that baskets were piled on top of it, but there was adequate space for dispensing and checking in two separate areas. There was also adequate space for prescription storage while awaiting collection.

Staff had access to the toilet facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. They try to make sure that people have all the information they need so that they can use their medicines safely.

Inspector's evidence

The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions where the person was waiting were put into red baskets to highlight this fact. Computer-generated labels included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced. The staff were asked what they would do if they were supplying a medicine not in the manufacturer's pack. They said that they would add a patient information leaflet either from another pack or printed off from the web.

Prescriptions for warfarin, lithium or methotrexate were usually flagged, and then staff would ask about any recent blood tests or the person's current dose. There was a record book with each person's details, recent test results and current dose recorded. So, the pharmacy could show that it was monitoring people taking these medicines in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were routinely counselled about pregnancy prevention. And appropriate warnings stickers were available for use if the manufacturer's packaging was not used. Schedule 4 controlled drug prescriptions were highlighted to staff who were to hand them out. So, the chance of these items being handed out more than 28 days after the date on the prescription was low.

Four people were being supplied their medicines in multi-compartment compliance packs. These packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines. There was a list of packs to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs.

The take-up of flu vaccinations was reported to be good but the take-up of other services, such as Champix stop smoking service, was not great. However, the pharmacy reported that they had a large elderly patient base and that they regularly helped this potentially more vulnerable group with issues concerning their prescriptions, ordering, reconciling them, and answering queries.

The pharmacy got its medicines from licensed wholesalers, and stored them in drawers and on shelves in a tidy way. There were 'use first' stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done and no out-of-date medicines were found. The pharmacy was not scanning boxes in accordance with the Falsified Medicines Directive, but the company was taking steps towards complying with the legislation.

Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets.

The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. The health check equipment was checked regularly for accuracy.

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.