

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, 1 Ash Hill Drive, Pinner Green, PINNER, Middlesex, HA5 2AG

Pharmacy reference: 1035000

Type of pharmacy: Community

Date of inspection: 10/02/2020

Pharmacy context

This pharmacy is in a Tesco supermarket in Pinner. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), New Medicines Service (NMS), multi-compartment compliance aids for patients in their own homes and flu and meningitis vaccinations.

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

Overall, the pharmacy's working practices are safe and effective. It keeps the records that it needs to by law and it keeps people's information safe. Team members understand their role in helping to protect vulnerable people. They record and review their mistakes, but they don't always include enough detail in their records. So they might miss opportunities to spot patterns and trends which could help to reduce the chances of the same mistakes happening again.

Inspector's evidence

The pharmacy has written standard operating procedures (SOPs) in place which included the roles and responsibilities of the staff. The SOPs were reviewed every two years and were next due to be reviewed in mid-2020. 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. The newly recruited medicines counter assistant was observed referring every sale of pharmacy-only medicines to the pharmacists who ensured that the product was suitable and the patient was appropriately counselled. A valid certificate of public liability and professional indemnity insurance from the NPA was displayed in the dispensary. The pharmacy team recorded their near misses and reviewed them each week. However, not all entries in the near miss log included detailed comments to show why the error had occurred and the action taken to prevent a recurrence. The team had highlighted all the 'Look Alike Sound Alike' (LASA) drugs in the dispensary and had separated them to help prevent picking errors. The pharmacist gave an example of how the team had moved the amlodipine to the 'Z' drawer away from amitriptyline due to picking incidents within the company. The team attended a weekly staff meeting on a Wednesday when every member of staff was present to highlight any safety concerns, errors or changes which needed to take place. Notes from these meetings were kept in the pharmacy. The team received a regular 'Safety Starts Here' newsletter from their head office team which included information about incidents which had occurred across the company as well as any professional changes they needed to be aware of. Recently the newsletter focussed on methotrexate as a high-risk drug and what they must do to ensure that it is supplied safely. As a result of the newsletter, they had separated their methotrexate and had a notice in place reminding them not to order the 10mg methotrexate.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed drugs to prevent different prescriptions being mixed up. An audit trail was observed being used by the members of the pharmacy team where they signed the left- and right-hand side of the prescriptions to identify who had accurately checked a prescription and who had checked it again prior to handing it out respectively. 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 results of last year's Community Pharmacy Patient Questionnaire (CPPQ) were displayed on the nhs.uk website and were positive.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of MST 60mg tablets was checked for record accuracy and was seen to be correct. 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 where patients could see it. The maximum and minimum fridge temperatures were recorded 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 waste paper was collected in red 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 pharmacists 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, and this was recorded on their training cards. A list of the local safeguarding authorities was displayed in the pharmacy for the whole team to access if required. The team members were also all Dementia Friends and had completed this training online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient staff to provide its services safely. It makes sure that its team members have access to enough training materials to ensure that they have the skills they need. Pharmacy team members can make decisions and use their professional judgement to help people. Team members can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

During the inspection, there were two pharmacists, one NVQ Level 2 dispenser and one newly recruited counter assistant who was to be placed on the company's 'bronze' medicines counter assistant programme. The new member of staff would be assessed on her progress electronically to ensure that she met the standards required. In addition, 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. Recently, the team had been updated on their 'Safe and Legal' policy and EPS claiming.

The pharmacist explained that also they had several members of staff within the supermarket who were trained on the medicines counter and have the NVQ 2 dispensing qualification to allow them to assist in the pharmacy when the pharmacy was short on staff due to sickness or holidays.

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 induction handbook. The team also 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 could also discuss how the week was going in their weekly meetings.

The team members all said they felt listened-to and the pharmacy management team would take on board any ideas, concerns or suggestions they had. There were targets in place for 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 is clean, tidy and well maintained. The pharmacy has a private consultation room which is used regularly. The pharmacy is secure when it is closed.

Inspector's evidence

The pharmacy was based 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. The pharmacy was well presented, clean and tidy. A cleaner cleaned the floors and emptied the bins daily, but the rest of the cleaning was completed by the pharmacy staff.

The consultation room allowed for confidential conversations, was locked when not in use and included a table, seating, a clean sink and storage. 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, and alcohol hand gel was available. 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 delivers 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. 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. Team members identify people supplied with high-risk medicines so that they can be given extra information. But, some people may not receive all the information they may need to take their medicines safely.

Inspector's evidence

Pharmacy services were displayed on posters around the pharmacy area. There was step-free access into the pharmacy via an electrically assisted door and seating for patients or customers waiting for services. There was also an induction loop available on the medicines counter should anyone require its use. The pharmacy had Healthy Living status and the team had a health promotion area which they updated monthly to reflect national health promotion campaigns. Current information on the health promotion board in the pharmacy included information about Dry January.

The pharmacy prepared multicompartiment compliance aids for domiciliary patients and logged the relevant activities. The compliance aids were prepared with descriptions of the medicines inside, but patient information leaflets (PILs) were not always supplied with them each month. Each patient had a file where the team recorded their medicines, when they were taken, any known allergies, any discharge information from the hospitals and contact details. People taking warfarin had a warfarin label attached to their prescriptions to highlight the need for the team to ask them for INR levels, blood test dates and warfarin dosage. However, this was not 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 patient cards and leaflets were available for use during dispensing for all patients in the at-risk group. The team had completed a valproate audit to highlight patients who were taking valproates and the pharmacist explained how she had the appropriate counselling conversations with those at risk. All PGDs in the pharmacy were seen to be in-date and valid.

The pharmacy obtained medicinal stock from Oakwood, AAH and Alliance. 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. There was also a separate bin for the disposal of hazardous waste and a list of hazardous waste medicines which needed to be disposed of in these bins. 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 fridge was 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. The pharmacy team was aware of the European Falsified Medicines Directive (FMD), but they were not currently compliant. Tesco head office was currently in the process of rolling out software to their pharmacies. MHRA alerts came to the pharmacy electronically and they were actioned appropriately. Recently, the team had dealt with a recall for ranitidine 150mg and 300mg tablets. 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 equipment it needs for the delivery of its services. It looks after this equipment to ensure it works and is accurate.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml 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 pharmacist demonstrated how 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.