

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Tesco Superstore, Station Road, HARROW, Middlesex, HA1 2TU

Pharmacy reference: 1035003

Type of pharmacy: Community

Date of inspection: 02/10/2019

Pharmacy context

A pharmacy located in a large Tesco supermarket in Harrow, London. The pharmacy 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), multicompartment compliance aids for patients in their own homes, private ACWY meningitis vaccinations, malaria prophylaxis and a Community Pharmacy Consultation Service (CPCS).

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 all the records that it needs to by law and it keeps people's information safe. Team members help to protect vulnerable people. They record and review their mistakes, but they don't 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 had 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 July 2020. On questioning, 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. Each member of the pharmacy team had a training matrix showing they had read and signed the SOPs to say they worked according to the procedures set out. A valid certificate of public liability and professional indemnity insurance from the NPA was displayed in the dispensary.

The pharmacy team recorded near misses and reviewed them each week. The pharmacist explained that the team had been working in the pharmacy for a long time and they did not make that many mistakes, but when they did, the mistakes were highlighted to the individual dispenser and then recorded in the near miss log. However, not all entries in the near miss log included comments to show the action taken. The team had highlighted 'Look Alike Sound Alike' (LASA) drugs in the dispensary and had separated them to help prevent picking errors. Following an error where the pharmacy had mixed up colchicine and cyclizine, the team had placed notes by the two medicines on the shelves and the team were briefed on the difference between the two drugs. 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.

There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. Multi-compartment compliance aids were prepared at the back of the dispensary to reduce distractions. The team used stackable containers to hold dispensed drugs to prevent mixing up different prescriptions. An audit trail was observed being used by the members of the pharmacy team where they signed different areas of the prescription to identify who checked and who handed out a prescription. 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 this was detailed in the practice leaflet displayed in the retail area of the pharmacy. The leaflet also had the contact details for the company's head office, Patient Advice and Liaison Service and the Independent Complaint Advocacy Service. The results of last year's Community Pharmacy Patient Questionnaire (CPPQ) were displayed on the nhs.uk website and were seen to be positive. Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of OxyNorm 5mg capsules 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 seen to be 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 seen to be completed electronically with all the required information recorded. The specials records were all seen to be complete with 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 either shredded or collected in red confidential waste bins which were removed by the company for destruction. Information Governance (IG) practice was reviewed annually in the pharmacy against the requirements and the pharmacy had completed the Data Security and Protection (DSP) toolkit. The pharmacists had completed the level 2 Centre for Post-graduate 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 training website which all the members of staff had completed, and this was recorded on their training cards. The team members were also all Dementia Friends and had completed this training online. The team explained that they were all confident of signs to look out for which may indicate safeguarding issues in both children and adults.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training materials to ensure that they have the skills they need. Pharmacy team members are able to 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, three NVQ Level 2 dispensers and one medicines counter assistant. They were all seen to be working well together. The staff completed training run by the company and complete a series of 'bronze', 'silver' and 'gold' programs. The staff were assessed on this electronically to ensure they meet the standards required. In addition, they had regular training updates where they were kept up to date with relevant healthcare information and had dedicated time to complete this training. The pharmacist also explained he used his discretion to direct people to complete more training when there was a quiet moment in the pharmacy.

The team explained that they were aware of how to raise concerns and to whom. There was a whistleblowing policy in place and this was also detailed in the staff induction handbook. The team also completed a staff satisfaction survey every 6 months 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 also explained that they had a meeting every week where they could discuss how the week was, what their aims were and what they expected the challenges to be. 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 team explained that they 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. The pharmacy included a medicines counter, consultation room, and dispensary. The pharmacy was well presented from the public view.

Some of the fixtures in the pharmacy were broken with the dispensary shelves having come off their hinges and the team explained they had raised this with their facilities team. The pharmacy was clean and tidy, and a cleaner cleaned the floors and emptied the bins daily. 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 preparation of medicines, and alcohol hand gel was available. Medicines were stored on the shelves and 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. They identify people supplied with high-risk medicines so that they can be given extra information they 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 in the practice leaflet and on posters around the pharmacy area. There was step-free access into the pharmacy via an electric assisted door and seating for patients or customers waiting for services. There was also an induction loop available should anyone require its use. The pharmacy had Healthy Living status and the team had a health promotion area which they updated to reflect national health promotion campaigns. Current information on the health promotion board in the pharmacy included information about flu vaccines.

The pharmacy used a detailed system to prepare multicompartiment compliance aids for domiciliary patients and logged the relevant activities. The trays were prepared with descriptions of the medicines inside and the patient information leaflets (PILs) were supplied with the trays 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 on warfarin had a laminated 'warfarin card' attached to their prescriptions to highlight the need for the team to ask them for INR levels, blood test dates and warfarin dosage. Any information obtained was recorded on the patient notes in the PMR. The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing for all patients in the at-risk group. All PGDs in the pharmacy were seen to be in-date and valid.

The pharmacy obtained medicinal stock from Oakwood, AAH and Alliance. Specials were ordered from Lexxon Specials. and invoices were seen to verify this. There were denaturing kits available for the destruction of controlled drugs and 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 need 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 include the date of opening on them and the fridges were in good working order and the stock inside was stored in an orderly manner.

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 equipment and software out to their pharmacies. MHRA alerts came to the pharmacy electronically and they were actioned appropriately. Recently, the team had dealt with a recall for bisacodyl 10mg suppositories. 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.

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, 50ml 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. Up-to-date reference sources were available such as a BNF, a BNF for Children and a Drug Tariff 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.