General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, Marcham Road, Frilford, ABINGDON, Oxfordshire, OX14 1TU

**Pharmacy reference:** 1035884

**Type of pharmacy:** Community

**Date of inspection:** 15/02/2024

## Pharmacy context

The pharmacy is in-store and it sells medicines over-the-counter, provides health advice and dispenses private and NHS prescriptions. Services include blood pressure case-finding service, supervised consumption, needle exchange, seasonal flu vaccination and Pharmacy First.

## 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 | 1.1 | Good practice | The pharmacy team manages the risks associated with providing services and protect the health and wellbeing of people who use the pharmacy. |
| | | 1.2 | Good practice | The pharmacy reviews and monitors its services to make sure they are safe and effective |
| **2. Staff** | Standards met | 2.1 | Good practice | The pharmacy team members are supported to complete ongoing training. The pharmacy has a contingency arrangement to provide more pharmacist cover to provide services and to manage when team members are absent. |
| **3. Premises** | Standards met | N/A | N/A | N/A |
| **4. Services, including medicines management** | Standards met | 4.2 | Good practice | Services are managed and delivered safely and effectively and the pharmacy can identify which members of the team were involved. at each stage |
| **5. Equipment and facilities** | Standards met | N/A | N/A | N/A |

## Principle 1 - Governance ✔ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. Its team members follow suitable written instructions which effectively manage the risks associated with providing its services. Team members regularly review services to monitor their safety. They record their mistakes to help learn from them and prevent them happening again. The pharmacy keeps the records it has to by law. Members of the pharmacy team are good at protecting people's private information, and they are appropriately trained in how to safeguard the welfare of vulnerable people.

### Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses. If the pharmacist found a mistake during the clinical and accuracy check, they would hand the basket with the prescription and labelled medicines back to the team member. So they could re-check what they had dispensed to identify, correct and record their mistake. Members of the pharmacy team discussed the mistakes they made to learn from them and reduce the chance of them happening again. The responsible pharmacist (RP) reviewed the near miss records regularly to spot patterns or trends with the mistakes they made. The RP explained that medicines involved in incidents, or were similar in some way, such as amitriptyline and amlodipine, were generally separated from each other in the dispensary to reduce the chance of a picking error. And the team arranged medicines stock, so the most frequently dispensed medicines were separated from other slower-moving medicines. Members of the pharmacy team who made up people's prescriptions used baskets to separate each person's medicines and to help them prioritise their workload. Assembled prescriptions were not handed out until they were checked by the RP. The RP completed an online incident form to submit to the pharmacy's head office to report mistakes that were found after the person left the pharmacy. The pharmacy had a complaints procedure for people to report and escalate incidents.

The pharmacy had standard operating procedures (SOPs) for the services it provided. These had been reviewed since the last inspection and included information such as preparation and review dates. There were training records to show the pharmacy team had read the SOPs relevant to their roles, understood them and would follow them. Members of the pharmacy team knew what they could and could not do, what they were responsible for and when they should refer to the RP. A team member explained that they would not hand out prescriptions or sell medicines if a pharmacist was not present. And they did refer repeated requests for the same or similar medicines which were liable to misuse to a pharmacist. The pharmacy team had introduced an additional check of prescriptions when they were being handed out. In addition to a person's name and address, they opened the bag, checked the repeat prescription slip details and what medicines the person was expecting. The pharmacy distributed cards gave details on a variety of ways for people to give feedback. The RP could refer to an online business continuity plan to manage services following systems failures.

The pharmacy had undertaken risk assessments to estimate how prepared it was to provide services such as the seasonal flu vaccination service. And the Pharmacy First service. The team checked there were SOPs and patient group directions (PGDs) in place, the consultation room was suitable, the appropriate equipment was in place and members of the team had been trained. Members of the team completed audits in line with the pharmacy quality scheme (PQS) to monitor if people had all the

information they needed to use their anti-coagulants, asthma inhalers and antibiotics effectively. The RP had undertaken the clinical audit of people taking valproate medicines and briefed the team about the newest rules for dispensing valproates.

The pharmacy displayed a notice that told people who the RP was and it kept a record to show which pharmacist was the RP and when. The RP had drawn up a rota showing which team member was responsible each day for the 'Safe and Legal' checks, making sure the RP had signed in and the fridge temperatures were monitored and recorded. The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. It had a controlled drug (CD) register and the balance of CDs was audited regularly. A random check of the actual stock of a CD matched the recorded amount in the CD register. And supplies of CD instalments were recorded on the prescription and in the appropriate register. Interventions and consent were recorded on the patient medication record (PMR). The pharmacy kept records for the supplies of the unlicensed medicinal products it made and the private prescriptions it supplied. And these generally were in order.

The pharmacy team had trained in general data protection regulation (GDPR) procedures, and it tried to make sure people's personal information could not be seen by other people and was disposed of securely. Information governance (IG) information was retained in a folder. Members of the team used their own NHS smartcards. The pharmacy had a safeguarding policy and the team had read the PQS safeguarding training. The RP had completed a level 3 safeguarding training course. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. The RP was signposted to the NHS safeguarding AP.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy has enough team members who are qualified or training to have the appropriate skills for their roles. It encourages and supports the team to undertake ongoing learning. And it has a contingency arrangement to provide more pharmacist cover and to manage when team members are absent.

### Inspector's evidence

The RP was supported at the time of the visit by a part-time registered pharmacy technician, and a full-time dispensing assistant. The pharmacy generally relied upon its team to cover absences but if necessary, the pharmacy could draw on 'multi-skilled' staff members from the main store and they were trained to perform some tasks in the pharmacy. Members of the pharmacy team were either qualified or undertaking accredited training relevant to their roles. They worked well together. So, people were served quickly, and their prescriptions were processed safely. The RP explained that another pharmacist covered the afternoon and evening hours so there was an overlap in pharmacist cover regularly which helped the RP to be able to provide the services.

The pharmacy head office produced a weekly newsletter which included information for the pharmacy team to read.
The pharmacy team could ask for protected learning time to train via two online training platforms. One had pharmacy specific topics and the other had eLearning such as health and safety for everybody employed at the store. The support team members had completed appropriate training via eLearning for Healthcare (elfh) in preparation for provision of the Pharmacy First service. The RP had briefed the team, assembled a folder containing information for the locum pharmacists. And the RP had liaised with other Tesco stores and local pharmacies in preparation for commencing the service.

The RP supervised and oversaw the supply of medicines and advice given by the pharmacy team. The pharmacy had an over-the-counter (OTC) sales and self-care SOP which described the questions the team member needed to ask people when making OTC recommendations. And it indicated when they should refer requests to a pharmacist.

The RP had twice yearly appraisals with the line-manager. And the RP gave informal ongoing feedback to the team members. The team had regular meetings for which the RP prepared an agenda made notes on suggested topics like how they would manage a new service. The team also communicated via a WhatsApp group. They were comfortable about making suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one. And they could access a whistleblowing policy if they needed to.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy's premises are bright, secure and suitable for the provision of healthcare services. People can have a private conversation with a team member in the consultation room. The pharmacy prevents people accessing its premises when it is closed so it protects medicines stock and people's private information is safe.

### Inspector's evidence

The registered pharmacy premises were clean, bright and secure. And steps were taken to make sure the pharmacy and its team did not get too hot. The pharmacy had a medicines counter, a large dispensary and a consultation room which was signposted. So, people could have a private conversation with a team member. It was equipped for the services offered and displayed referral posters for dealing with medical emergencies such as stroke or seizures. The dispensary had sufficient workspace and storage space available to avoid keeping items on the floor. And worksurfaces in the dispensary were continually cleared so the dispensary looked neat, tidy and well-organised. The pharmacy had a sink and a supply of hot and cold water. Members of the pharmacy team were responsible for the day-to-day cleaning which was recorded for the pharmacy’s premises.

## Principle 4 - Services ✔ Standards met

### Summary findings

The pharmacy and its services are easily accessible to people. It provides its services safely and effective audit trails identify which member of the team was involved. People taking higher-risk medicines are provided with the information they need to use their medicines properly. The pharmacy obtains its medicines from reputable sources and manages them appropriately so that they are fit for purpose and safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

### Inspector's evidence

The pharmacy was situated at the far side of the store to its entrance from the carpark. People were signposted to it via signage. And its floor was continuous and level with the store floor and the outside pavement. This made it easier for people who used a wheelchair, to enter the building. The pharmacy team members tried to make sure most people could use the pharmacy services. And they could speak Chinese to help some people whose first language was not English, print large font labels which were easier to read and there was a hearing loop. The pharmacy displayed information that told people when it was open and the available services. Members of the pharmacy team were helpful. And they signposted people to another provider if a service was not available at the pharmacy. They signposted people to the supermarket shelves where products were available in smaller pack sizes. The pharmacy signposted people to re-order their own prescriptions through their repeat slip or the NHS App. The pharmacy supplied COVID-19 rapid lateral flow tests that people could use at home.

The pharmacy supplied medicines in multi-compartment compliance packs to a small number of people to help them manage taking their medicines at the right time. The pharmacy team checked if a medicine was suitable to be re-packaged. It provided patient information leaflets (PILs) and a brief description of each medicine in the compliance packs. So, people had the information they needed to make sure they took their medicines safely. On receipt of a prescription, members of the team checked the prescription was legal and the medicines were in-stock and the price if it was a private prescription. They texted the person to let them know their prescription was ready to collect and followed up with two reminder texts after six weeks. Members of the pharmacy team initialled dispensing labels to show which of them prepared a prescription. And they endorsed the prescription forms to reflect which of them had completed the third additional check and the expiry date of the 28-day validity of CDs. They marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting or if other items needed to be added. They checked interactions between medicines and recorded interventions on the PMR. The pharmacist counselled people on how best to use their medicines and supplied warning cards for high-risk medicines such as steroids.

For people taking warfarin, the pharmacist checked the INR was monitored. The RP provided guidance about OTC medicines foods which may affect their INR. The pharmacy team members were aware of the new up-to-date guidance and rules for supplying valproate-containing medicines which must always be dispensed in the manufacturer's original full pack. And no-one under the age of 55 – both men and women - should be started on a valproate unless two specialists independently agree and document that there is no other safe and effective medication, or that there are compelling reasons why the reproductive risks linked to valproate, do not apply. The pharmacy regularly received and processed

referrals from community pharmacist consultation service (CPCS) on PharmOutcomes. The pharmacy offered treatment via the Pharmacy First service for each condition.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices in their original manufacturer's packaging. But the dispensary was very tidy and well-organised resulting in an effective workflow. The pharmacy team checked and recorded the expiry dates of medicines a few times a year. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it stored its CDs securely in line with safe custody requirements. The pharmacy stored waste medicines separate from stock in one of its pharmaceutical waste bins. The pharmacy had a procedure for dealing with alerts and recalls about medicines and medical devices. On receipt of an alert, the RP checked the pharmacy's stock, quarantined affected stock for return to suppliers.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately and keeps people's private information safe.

### Inspector's evidence

The pharmacy team had a maintenance App to report any problems with the pharmacy's equipment. The pharmacy had glass measures for use with liquids, and some were used only with certain liquids. Members of the pharmacy team had access to up-to-date, online reference sources. The pharmacy had a fridge to store pharmaceutical stock requiring refrigeration and its team regularly checked and recorded the maximum and minimum temperatures of the fridge. The RP explained how the team had managed the stock following a recent excursion from the maximum and minimum temperatures. When the fridge had been unplugged in error, the team had contacted the manufacturers to obtain the adjusted expiry date and shelf-life for each item. The team contacted people who were supplied items from when the fridge was out of range.

The pharmacy's head office regularly replaced the blood pressure monitor. And the pharmacy had the equipment it needed to provide the Pharmacy First service such as a non-contact thermometer, personal protective equipment and a first aid kit. The consultation room was equipped with disposal bins for safe disposal of clinical waste and the adrenaline injector devices were in date. The pharmacy displayed health-related leaflets encouraging self-care with information on topics such as smoking cessation, meningitis and emergency hormonal contraception.

The pharmacy disposed of confidential waste appropriately. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members used their own NHS smartcards.

## 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. |