

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Lottbridge Drove,
EASTBOURNE, East Sussex, BN23 6QD

Pharmacy reference: 1036178

Type of pharmacy: Community

Date of inspection: 04/04/2019

Pharmacy context

This is an instore pharmacy within a large Tesco Extra supermarket, located on a large retail park on the edge of Eastbourne. The pharmacy is open from 8am until 9pm Monday to Saturday, and from 10am until 4pm on Sundays. The pharmacy dispenses NHS prescriptions, sells over-the-counter medicines and provides health advice to a wide range of people.

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	1.2	Good practice	Records of errors and near misses are regularly reviewed, and records are kept showing what has been learned and what has been done. There are regular audits and checks to confirm that pharmacy procedures are being properly followed, then outcomes and action points are shared with the team. The superintendent pharmacist has oversight of incident records and reviews, and there is evidence that he gives feedback and advice
2. Staff	Standards met	2.2	Good practice	New employees have a structured induction programme to prepare them for work in the pharmacy. Staff are encouraged to develop their skills and there are clear career progression opportunities. Protected time is provided for staff to learn while they are at work.
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 are clear about their roles and responsibilities. They work to professional standards, identifying and managing risks effectively. The pharmacy logs any mistakes it makes during the dispensing process. It reviews those logs on a regular basis, learns from them and takes action to avoid problems being repeated. The pharmacy generally maintains the records that it must keep by law. But some details about private prescriptions and emergency supplies were missing from its records. So it may not always be able to show exactly what has happened if any problems arise. It manages and protects confidential 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. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

Inspector's evidence

There are up-to-date Standard Operating Procedures (SOPs) in place to underpin all professional standards. They are kept in a file and have been signed as read by all staff using a separate signature sheet. They are due for review in July 2020.

Errors and near misses are regularly recorded, showing what has been learned and what has been done. Individual team members make their own entries and any actions taken are noted and signed-for. A recent example being the use of stickers on-shelf to highlight "Look Alike Sound Alike" (LASA) drugs, and separating different strength of drugs with rubber bands to help avoid picking errors. Some recent entries were lacking some detail, but the pharmacist goes through them with the team on a weekly basis to identify any emerging patterns. Errors that are not detected before handing out to patients are recorded online, collated by Head Office and then followed up by the Regional Manager.

A "Safe & Legal" audit is carried out annually, in addition to the completion of the daily record book. The instore compliance officer also checks through the entries in the "Safe & Legal" book at the end of each nine-week period to ensure that the team are following company procedures. Actions are then agreed and then followed up. Signatures were seen to confirm this.

Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. They outlined their roles within the pharmacy and where responsibility lay for different activities. All dispensing labels were signed by two people to indicate who had dispensed the item and who had checked it. The responsible pharmacist notice was clearly displayed for patients to see.

Results of the Community Pharmacy Patient Questionnaire (CPPQ) were on display in the consultation room for patients to see. There were credit card sized prompt cards available at the counter, encouraging patients to provide feedback online via Tesco.com. The pharmacy complaints procedure was set out in the practice leaflets, which were on display at the pharmacy counter.

An up-to-date certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) was provided by Head Office upon request.

Private prescription records were maintained electronically and were mostly complete and correct. There were some examples where the prescriber details were incorrect. Records of emergency supplies were incomplete, with many missing a reason for the supply. The controlled drug (CD) register was seen to be correctly maintained, with running balances checked weekly in accordance with the SOP. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed “specials” were seen to be complete.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, for example inviting them into the consulting room when discussing sensitive information. A privacy notice was on display for patients to see. Completed prescriptions in the prescription retrieval system were not visible to patients waiting at the counter. Confidential waste is kept separate from general waste and shredded. The annual Data Security and Protection (DSP) toolkit is completed on behalf of the pharmacy by Head Office.

There are safeguarding procedures in place and contact details of local referring agencies were accessed online via the NHS Safeguarding app. All staff have undergone safeguarding training and all registrants have been trained to level 2. All staff were dementia friends.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are well trained, and have a good understanding about their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate. And they respond well when things go wrong to make their services safer.

Inspector's evidence

There was one member of staff serving at the medicines counter and one dispensing assistant in addition to the pharmacist on duty. In the event of staff shortages, the pharmacist could call upon staff from a pool of multiskilled staff elsewhere in the supermarket. Training records were seen confirming that all staff had either completed or were undertaking the required training. The dispensing assistant is currently completing the Buttercups NVQ3 training and is allowed two hours per week in work time for her training. One member of staff had attained the Tesco Bronze award and two others the Gold award.

The medicines counter assistant was seen to be asking appropriate questions when responding to requests or selling medicines. The pharmacist confirmed that he was comfortable with making decisions and does not feel pressurised to compromise his professional judgement.

Team members were involved in open discussions about their mistakes and learning from them. Records of regular team meetings were seen, and evidence of the actions agreed upon. Team members said that they could raise concerns and that there is a whistleblowing policy available for them if needed. There are targets in place but they are applied reasonably, and the staff find it easier to break them down into smaller more manageable daily targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and the pharmacy provides a safe, secure and professional environment for people to receive healthcare services.

Inspector's evidence

The pharmacy premises are clean and in a good state of repair. There is sufficient space to work safely and effectively, and the layout is suitable for the activities undertaken, although at the time of the inspection there were lots of baskets of dispensed prescriptions awaiting checking, occupying almost all of the available space.

There is a consultation room for confidential conversations, consultations and the provision of services. The door was kept locked and only opened when needed. The dispensary sink only has hot and cold running water, with antibacterial wash for hand washing. The sink and surrounding area were clean although there was some limescale evident.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are delivered 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 all the medicines it supplies are fit for purpose. It takes steps to identify people supplied with some high-risk medicines such as sodium valproate, so that they can be given extra information they need to take their medicines safely. But the team may not be identifying patients on other high-risk medicines, such as warfarin. This may mean opportunities to provide them with appropriate counselling and advice are missed. The pharmacy responds appropriately to drug alerts and product recalls, to make sure people only get medicines or devices which are safe. It keeps a record of the checks it makes to keep people safe.

Inspector's evidence

The pharmacy provides a range of services and has taken steps to ensure that they are accessible to a wide range of people. The entrance to the consultation room is wide and unobstructed, allowing wheelchair access. There is a hearing loop in place for those who have difficulty hearing.

Controls were seen to be in place to reduce the risk of picking errors, such as stickers on-shelf to highlight LASAs, and the use of baskets to keep individual prescriptions separate. Electronic Prescription service (EPS) tokens were initialled to show who had undertaken the clinical check, and labels were initialled to show who had dispensed and checked them.

Owings tickets were in use when medicines could not be supplied in their entirety. Patients are asked for their mobile number, and for consent to call them, advising them when their medication would be ready. Prescriptions in retrieval awaiting collection are clearly marked to indicate if they are CDs, including schedule 4s such as zopiclone to ensure that they are not handed out after their 28-day validity. The retrieval system is checked approximately every two months and any prescriptions over two months old are removed and an entry made in the PMR.

Staff were aware of the risks involved in dispensing valproates to patients who may become pregnant, and all such patients were counselled and provided with leaflets and cards highlighting the importance of having effective contraception. Six patients were identified and contacted as a result of completing the valproate audit. Patients on warfarin are not routinely asked for their INR records, and/or yellow book.

Valid up-to-date Patient Group Directions (PGDs) were seen to be in place for the private and NHS flu vaccination services. Medicines are obtained from licensed wholesalers including AAH, Phoenix, and Alliance. The pharmacy is not yet compliant with the Falsified Medicines Directive (FMD) but has received information from Head Office outlining their plans for implementation.

Routine date checks were seen to be in place, with each section of shelving numbered so that all of the stock is checked every three months. Any items with a shelf-life of less than three months were removed and details recorded. No packs of stock were found to contain mixed batches. Bottles of liquid medicines were suitably annotated with the date of opening. Fridge temperatures were recorded daily and seen to be within the two to eight degree Celsius range.

Pharmacy medicines are displayed behind the medicines counter and unauthorised access/self-selection is prevented by a lockable door. Patient-returned medicines are checked to ensure that any CDs are separated and appropriately recorded, and that there are no sharps present. Hazardous returned medicines are segregated and disposed-of using separate hazardous waste containers. Patients with sharps are signposted to the local council for disposal. DOOP containers were seen for the safe disposal of CDs.

The pharmacy receives drug alerts and recalls from the MHRA, which were seen to be kept in a well organised file. Each alert was annotated with any actions taken, the date and initials of those involved. The pharmacy equipment and facilities were seen to be appropriate for the services provided. The consultation room was clean and tidy, with blood pressure monitors, cholesterol monitors and scales all easily available.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the right equipment for the range of services it provides. But it doesn't have any records to show when it carries out calibration checks. This could make it harder to demonstrate that equipment was working correctly in the event of a future query. The pharmacy keeps people's private information safe.

Inspector's evidence

All the equipment in the consulting room was seen to be in good condition. The blood pressure monitor is replaced by Head Office every two years. There were control solutions available to calibrate the cholesterol monitor, and the blood glucose monitor, but there was no evidence of any recorded calibration checks. The pharmacy has a set of clean crown-stamped conical measures, internet access and up-to-date reference sources.

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.