

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, Tesco Superstore, Bell Farm Road, UCKFIELD, East Sussex, TN22 1BA

**Pharmacy reference:** 1036277

**Type of pharmacy:** Community

**Date of inspection:** 23/10/2019

## Pharmacy context

This is an instore pharmacy within a Tesco supermarket located on the outskirts of Uckfield in East Sussex. The pharmacy dispenses NHS prescriptions, sells over-the-counter medicines and provides health advice to a wide range of people. It dispenses some of its prescriptions in multi-compartment compliance aids for those who may have difficulty managing their medicines. It also offers anti-malarial and erectile dysfunction services and seasonal flu 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
<b>1. Governance</b>	Standards met	1.2	Good practice	Records of errors and near misses are regularly recorded and reviewed, and records are kept showing what has been learned and what has been done.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy provides its services in a safe and effective manner. Its team members log the mistakes they make, and regularly review them together, so that they can learn from them and act to avoid problems being repeated. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately. They understand their role in protecting vulnerable people, and they keep people's private information safe. The pharmacy keeps the records it needs to, but it doesn't always follow up discrepancies in those records thoroughly enough. It has appropriate insurance to protect people if things go wrong.

### Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards, dated June 2018 and next due for review in July 2020. There were separate signature sheets for each individual member of staff which had all been signed to indicate that they had read and understood them. The pharmacy had also been audited by an external organisation commissioned by Tesco's head office, to ensure that the company's 'safe and legal' policies and SOPs were being followed. The RP explained that the audit was carried out at six-month intervals, or more frequently if there was cause for concern. The supermarket had a business continuity plan in place to maintain its services in the event of a power failure or other major problem. This plan included the pharmacy.

Errors and near misses were recorded using a paper form, showing what the error was, the members of staff involved and the action taken. The possible causes were recorded and there was evidence of reflection and learning. The responsible pharmacist (RP) explained that the pharmacy manager discussed near misses and errors with the team as they arose and at their monthly review meetings. The RP explained that they had previously identified some items that were prone to error, such as amitriptyline and amlodipine which had subsequently been separated on the shelves and highlighted on the shelf with caution labels. The RP explained that since the Centre for Pharmacy Postgraduate Education (CPPE) training on 'look alike sound alike' medicines (LASAs) they had highlighted several more items on the shelves, although they were selective so that they didn't have so many warning labels on the shelves that they were no longer noticed. The dispensing assistant added that they had also added in an extra check after labelling and selecting the items prior to assembly. They also received feedback from their Head Office on trends with near misses and errors.

Roles and responsibilities of staff were documented at the front of the SOP folder, detailing who was authorised to carry out each step within the SOPs. Each individual SOP also referred to those who had the delegated authority to carry out specific tasks, and those questioned were able to clearly explain what they do, what they were responsible for and when they might seek help. They outlined their roles within the pharmacy and where responsibility lay for different activities.

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. The responsible pharmacist (RP) notice was clearly displayed for patients to see and the paper RP log was complete with no missing entries. This was kept within a plastic wallet with a 'safety starts here' notice advising locum pharmacists of some of

the key safety steps to be aware of before starting their shift.

Printouts of customer feedback were in the 'safety starts here' file and the results of the latest Community Pharmacy Patient Questionnaire (CPPQ) were displayed online at [www.nhs.uk](http://www.nhs.uk) and the results were very positive. The RP explained that most the feedback they received related to factors outside their control such as the small waiting area by the pharmacy or issues relating to stock availability. The pharmacy complaints procedure was set out in the SOP file and the pharmacy had small feedback cards entitled '3 ways to feedback' which they gave to people to encourage them to provide feedback. There also a pharmacy practice leaflet on display for people to take away. Copies of the annual complaints reports were kept in the 'safety starts here' folder.

A copy of the certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA) valid from 1 August 2019 had been previously received from Tesco's head office. Private prescription records were maintained on the patient medication record (PMR) system and were complete with most details correctly recorded although the RP acknowledged that they had entered some with the incorrect prescriber recorded. This was discussed, and the RP agreed to ensure that in future the correct details would always be recorded. Dates of prescribing and of dispensing were all correctly recorded. The emergency supply records were completed on the PMR system with valid reasons recorded.

The CD register was seen to be satisfactorily maintained, with running balances checked at weekly intervals in accordance with the SOP. All pages had the headers completed in full, complete with wholesaler's addresses in accordance with the regulations. Running balances of two randomly selected CDs were checked and both found to be correct. Alterations made in the CD register were asterisked with a note made at the bottom of the page, and they were initialled with the pharmacist's registration number and date. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of two unlicensed 'specials' were seen, and both were missing the prescriber details from the certificates of conformity. The RP agreed to ensure that this was completed correctly in future.

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. Completed prescriptions in the prescription retrieval system were arranged so that people waiting at the counter couldn't read the details. Confidential waste was kept separate from general waste and removed by a licensed contractor for incineration offsite. A privacy notice entitled, 'Tesco pharmacy – your personal data' was on display in the waiting area for people to see.

There were safeguarding procedures in place and contact details of local referring agencies were on the dispensary wall visible to all staff. Both pharmacists and the registered technician had completed level 2 safeguarding training, and the rest of the team had completed CPPE level 1 training. All staff were dementia friends.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely, and they work well together as a team. Pharmacy team members are well-trained and have a good understanding of their roles and responsibilities. They can make suggestions to improve safety and workflows where appropriate.

### Inspector's evidence

There was one dispensing assistant (qualified to Tesco Gold level, and Buttercups NVQ2), one registered technician and the RP on duty at the start of the inspection. The dispensing assistant ended her shift during the inspection and another registered technician arrived to start her shift. A second pharmacist also arrived during the inspection. This appeared to be appropriate for the workload and everyone was working well together. In the event of staff shortages, part-time staff adjusted their hours to provide the necessary staff cover.

Certificates confirming that all staff had completed the required training were on display for people to see. Staff were able to demonstrate an awareness of potential medicines abuse and could identify patients making repeat purchases. They described how they would refer to the pharmacist if necessary. Ongoing training was regularly provided online from Tesco head office, which all staff completed.

All staff were seen to serve customers at various times during the inspection, all seen to be asking appropriate questions when responding to requests or selling medicines. Although there were targets in place, the RP explained that there was no pressure to achieve them and they had no impact upon his professional decision making. Team members appeared to have open discussions about all aspects of the pharmacy, and they were involved in discussions about their mistakes and learning from them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a safe, secure and professional environment for people to receive its services. Team members make regular use of their private consultation room for some of the pharmacy's services and for sensitive conversations

### Inspector's evidence

The pharmacy premises were clean, tidy and in a good state of repair with easy access from the supermarket, close to its main entrance. The dispensary was an adequate size, providing sufficient space to work safely and effectively, and the layout was suitable for the activities undertaken. There was a clear workflow in the dispensary. The dispensary sink had hot and cold running water, and handwash was available.

There was a consultation room available for confidential conversations, consultations and the provision of services. The door to the consultation room was locked when not in use. Cupboards containing paperwork and sundry items were closed and there was no confidential information visible. There was a sink with hot and cold running water and handwash available.

Staff facilities were available in the supermarket but were not included in the inspection. Room temperatures were appropriately maintained by heaters or fans as necessary, keeping staff comfortable and suitable for the storage of medicines.

## 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 generally manages its medicines safely, and so makes sure that the medicines it supplies are fit for purpose. It responds adequately to drug alerts or product recalls so that people only get medicines or devices which are safe. Team members identify people supplied with high-risk medicines so that they can be given extra information they may need to take their medicines safely. But they don't keep appropriate records of most of those checks. This makes it harder for them to show what they have done if a query should arise in future.

### Inspector's evidence

There was a range of health information leaflets in a display stand at the prescription reception counter. The pharmacy provided a range of services including seasonal flu vaccinations during the autumn and winter

Controls were seen to be in place to reduce the risk of picking errors, such as the use of baskets to keep individual prescriptions separate. The prescriptions were clinically checked by the pharmacist either before labelling or at the point of final checking. They would then be checked again as the items were handed out to the patients, unless there was a lot of people waiting as it would be difficult to do so without compromising patient confidentiality. Prescription labels were initialled to show who had dispensed and checked them. Owings tickets were used and the prescriptions were kept on a designated rail until the stock arrived. In the event of being unable to obtain any items, the RP contacted the GP to suggest an alternative if possible.

There were valid patient group directions (PGDs) in place to enable the pharmacist to supply a number of prescription only medicines under specific circumstances. These included the supply of medicines for the prophylaxis of malaria, and sildenafil for erectile dysfunction. Patient consent forms and other paperwork relating to supplies covered by the PGDs were seen and were stored in the well-organised PGD file. There were two in-date Emerade autoinjectors kept in the consultation room for use in emergencies.

Completed prescriptions for CDs were highlighted, either with highlighter pen or with a laminated card so that staff would know that they needed to look for a bag in the CD cupboard. Schedule 3 CDs such as tramadol, gabapentin and pregabalin were listed on the laminated cards, but not schedule 4 CDs such as zopiclone. This helped to ensure that they weren't inadvertently handed out after the 28-day expiry of the prescription. Upon reflection the RP agreed that they should highlight schedule 4 CDs as well. He pointed out that he checked the retrieval shelves every week and that any expired Schedule 3 or 4 CDs still awaiting collection were removed. He would also remove any prescriptions more than a week old unless he was expecting the patient to call back later. Fridge lines in retrieval awaiting collection were also highlighted so that staff would know that there were items to be collected from the fridge.

Compliance aids were supplied to a very small number of people and were dispensed on a designated workbench that had been cleared for that purpose. There was a file showing which blisters within the compliance aid each tablet or capsule should go in for each individual person. Any known allergies were

recorded on the patient's PMR. Changes were recorded on the patient's PMR after having checked their summary care record. Medication times were checked, and any discrepancies were followed up before dispensing. The compliance aids were always sealed as soon as they had been assembled ready for the pharmacist to complete the final check. Some compliance aids were seen to include incomplete product descriptions on the backing sheets and the RP acknowledged that others did not have any descriptions at all. Upon reflection he accepted that full product descriptions were essential and would be included in future. Patient information leaflets (PILs) were always supplied, and a compliance aid ready for collection was seen to have the PILs.

Staff were aware of the risks involved in dispensing valproates to women of childbearing age, and all such patients were counselled and provided with leaflets and cards highlighting the importance of having effective contraception. But these interventions were not recorded. Patients on warfarin were asked if they knew their current dosage, and whether their INR levels had been recently checked. These interventions were not recorded and the figures themselves were not routinely asked for. Upon reflection, both the SI and the RP agreed that they would start asking for this information and recording the intervention on their PMR system. Patients taking methotrexate and lithium were also asked about blood tests. There were steroid cards, lithium record cards and methotrexate record cards available to offer patients who needed them.

Medicines were obtained from licensed wholesalers including AAH, Alliance, Phoenix and Oakwood. Unlicensed 'specials' were obtained from Lexon. The pharmacy did not have the scanners or the software necessary to comply with the Falsified Medicines Directive (FMD) and the RP was unaware of any plans to start verifying and decommissioning products.

Routine date checks were seen to be in place, record sheets were seen to have been completed, and no out-of-date stock was found. Opened bottles of liquid medicine were annotated with the date of opening. There were no plain cartons of stock seen on the shelves, but several boxes were found to contain mixed batches of tablets or capsules. This was discussed and upon reflection the RP accepted that it should not happen in future. The technician pointed out that whenever she conducted a date check, she always opened split packs, and disposed of any loose offcuts irrespective of the date.

Fridge temperatures were recorded every day in the 'safe and legal' folder, and all seen to be within the 2 to 8 Celsius range. Staff explained how they would note any variation from this and check the temperature again until it was back within the required range. Pharmacy medicines were displayed behind the medicines counter, preventing unauthorised access or self-selection of those medicines.

Patient-returned medicines were screened to ensure that any CDs were appropriately recorded, and that there were no sharps present. Patients with sharps were signposted to the local council for disposal. There was no list of hazardous medicines present but there was a separate purple-lidded container designated for the disposal of hazardous waste medicines (it was labelled as being for cytotoxics). The RP agreed to obtain a list of hazardous medicines for display near the designated container. Denaturing kits for the safe disposal of CDs were available for use. The pharmacy received drug alerts and recalls from the MHRA via Tesco head office, copies of which were seen to be kept in a file. Each alert was annotated with any actions taken, the date and initials of those involved. The most recent alert in the file related to bisacodyl suppositories. Although the RP was aware of the more recent alerts relating to Zantac, they could not be found. The team knew what to do if they received damaged or faulty stock and they explained how they would return them to the wholesalers.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment for the range of services it provides. It maintains and uses most of its facilities and equipment appropriately to keep people's private information safe. But it is not doing enough to control the use of its team's NHS smartcards. This would make it difficult for them to be certain which individual team members were using its computers if a query were to arise in future.

### Inspector's evidence

The pharmacy has the necessary resources required for the services provided, including the consulting room itself, a range of crown stamped measuring equipment (including a separate measure marked specifically for methadone), counting triangles (including a separate one for cytotoxics), reference sources including the BNF and BNF for children. The pharmacy also had internet access and used this as an additional reference source.

The blood pressure monitor, and the scales were replaced every two years. The cholesterol and glucose meters were calibrated every month and the results recorded in their respective record books.

Access to PMRs was controlled through individual passwords, which had been changed from the original default password. Computer screens were positioned so they were not visible to the public. Staff were seen to take precautions such as moving to the rear of the dispensary when making telephone calls so as not to be overheard. NHS smartcards were generally seen to be used appropriately, although the RP was seen to use the pharmacy manager's card and password when showing the inspector a report on the second PMR terminal. The RP explained that his card was in the main computer terminal and that he didn't want to delay the labelling process by removing it to access reports on the second terminal. Upon reflection he acknowledged that he should not have access to anyone else's password, and that the pharmacy manager would be advised to change his password. Some staff members took their smartcards home overnight but others were left on the premises. The RP explained that they were secure as the pharmacy is protected by roller shutters when closed. Confidential information was kept secure and items awaiting collection were not visible from retail area

## What do the summary findings for each principle mean?

Finding	Meaning
✓ <b>Excellent practice</b>	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.
✓ <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.