

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, Huish, YEOVIL, Somerset,  
BA20 1DL

**Pharmacy reference:** 1036387

**Type of pharmacy:** Community

**Date of inspection:** 05/11/2019

## Pharmacy context

The pharmacy is located inside a Tesco supermarket in Yeovil. It is open 7 days a week. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including medicines use reviews (MURs), the NHS New Medicines Service (NMS), a minor ailments scheme and the supply of emergency hormonal contraception.

## 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	N/A	N/A	N/A
<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 identifies and manages its risks appropriately. It reviews its practices to make them safer and more effective. Team members record their errors and learn from them to stop them happening again. Staff are clear about their roles and responsibilities. They work in a safe and professional way. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance for its services. The pharmacy keeps up-to-date records as required by the law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had processes in place to manage and reduce its risk. Near misses were routinely recorded and entries in the near miss log contained a reflection on why the error occurred and actions taken to prevent a reoccurrence. Following several near misses, the pharmacy team now highlighted unusual formulations or strengths on the prescription. Children's medicines were also highlighted so that the doses could be checked by the pharmacist. Stock of commonly confused items such as amitriptyline and amlodipine were stored in separate locations. A near miss had occurred when a team member had spotted that an item requiring refrigeration had been stored on the shelf. This had prompted the team to order stickers which could be placed on prescriptions identifying that they contained a fridge item.

Dispensing incidents were recorded on the Pharmacy Incident Management system (PIMs) and were sent to the company's head office. A root cause analysis was also completed to identify the reasons for the error. Incidents were reviewed by the responsible pharmacist (RP) and the staff in the pharmacy. Team members were unaware of any recent incidents. The RP, who was a locum pharmacist, did not know the company procedure for reporting errors and could not access PIMs.

Formal reviews of errors could not be found by the team members in the pharmacy. There had been a recent change to the resident pharmacist and the pharmacy had had a range of locum pharmacists working there for the last few months. The most recent patient safety review seen was from 2018. But the near miss log contained a brief weekly review of errors, and this was discussed with all team members.

Standard operating procedures (SOPs) were in place to cover all activities carried out in the pharmacy. They were up to date and were regularly reviewed. They were in the process of being adopted by the regular responsible pharmacist (RP). Team members had signed the SOPs to show that they had read and understood them. Roles and responsibilities of the pharmacy team members were detailed in the RP SOPs. A dispenser could describe the activities that could not be undertaken in the absence of the RP.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey. A complaints procedure was available in the practice leaflet which was displayed in the retail area. Following feedback that people were not aware that there was somewhere to have private conversations, pharmacy team members now routinely offered the use of the consultation room.

Adequate public liability and professional indemnity insurances were in place.

RP records were maintained appropriately in a log and the correct RP certificate was displayed. Records of emergency supplies and private prescriptions were held on the patient medication record (PMR) system and were in order. Records of the supply of unlicensed specials medicines were kept and certificates of conformity contained the details of to whom the product had been supplied. Controlled drug (CD) registers were maintained as required by law. Balance checks were completed weekly. A random stock balance check of Medikinet XL 60mg capsules was accurate. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and the General Data Protection Regulation. Patient data and confidential waste was dealt with in a secure manner to protect privacy. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. Verbal consent was obtained from patients prior to accessing their summary care record and a note was placed on the PMR stating the reason for access. NHS Smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. The remaining staff had completed level 1 e-Learning provided by the company. Local contacts for the escalation of concerns were displayed on the wall of the dispensary. Staff were aware of the signs requiring referral.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff. Team members are appropriately trained for their roles. They keep their skills and knowledge up to date and are supported in their development. Team members suggest and make changes to improve their services. They communicate well with each other.

### Inspector's evidence

Staffing levels were adequate on the day of the inspection. In addition to the RP, who was a locum pharmacist, there were two dispensers. The pharmacy also employed two pharmacy technicians and another dispenser, none of whom were present during the inspection. There was one regular pharmacist and the pharmacy were recruiting a second. The team had a good rapport and felt they could manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours.

The pharmacy team reported that they were allocated protected time to learn during working hours. Resources accessed included modules on Tesco Academy, the e-Learning platform, CPPE packages and revised SOPs. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. Team members were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required.

Team members felt able to raise concerns and give feedback to the regular RP, who they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. Team members said that they found the targets set challenging but manageable. The RP said that he was able to use his professional judgement to make decisions. He would only undertake services such as MURs that were clinically appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team.

### Inspector's evidence

The pharmacy was located at the rear of a large supermarket. A healthcare counter led to a spacious dispensary. A consultation room was available which presented a professional image and had health-related posters and information displayed. The room was locked when not in use. No confidential information was stored in the room.

The dispensary stock was well organised and tidy. Most of stock was stored in pull-out drawers. Fast moving lines, larger items, creams and liquids were stored on shelves. No stock or prescriptions were stored on the floor, and there were dedicated areas for dispensing and checking. Prescriptions awaiting collection were stored in a retrieval system.

Cleaning was undertaken each day by dispensary staff and by the supermarket cleaner once a week. Cleaning products were available, as was hot and cold running water. Access to the pharmacy was restricted with a lockable barrier. The lighting and temperature of the pharmacy were appropriate for the storage and preparation of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. The pharmacy offers a range of additional services and the pharmacy team deliver these services safely. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had step-free access and an automatic door. The consultation room was off the waiting area and was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy and although the locum RP was not accredited to provide all of the promoted services, the regular pharmacist was. The dispenser described that if a patient requested a service that could not be offered by the pharmacy at that time, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. A signposting folder was available with details of local agencies and support networks. Further up-to-date signposting resources were accessed online.

Dispensing tubs were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Prescriptions were highlighted if they contained fridge items and CDs in schedule 2 and 3. Prescriptions for schedule 4 CDs were not annotated to highlight the 28-day expiry. The RP said that he checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Stickers were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. Details of significant interventions were recorded on the patient medication record (PMR).

The pharmacy offered a range of additional services including a minor ailments scheme and the supply of emergency hormonal contraception. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. It had a health promotion zone displaying leaflets and information on both locally and nationally relevant topics. There was a poster displayed to support the current national campaign of Stoptober.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had been had with affected people and records were made on the PMR. Stickers were available for staff to highlight the risks of pregnancy to women receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible women.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and the entire dispensary was checked every 3 months. But a spot check revealed a box of lacidipine 2mg tablets that had expired in December 2018. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Oakwood and AAH. Specials were obtained from Lexon Specials. Invoices were seen to this effect. Records of recalls and alerts were seen and were annotated with the outcome and the date actioned.

Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they were not verifying nor decommissioning stock at the time of the inspection. Team members present during the inspection were unaware of any plans to begin scanning products.

CDs were stored in accordance with legal requirements in two approved cabinets. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

Patient returned medication was dealt with appropriately. Confidential patient information was removed or obliterated from patient returned medication.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Computers are used in a way that protects people's private information.

### Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible. The dispensary sink was clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves, out of sight of people.

### 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.