

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, 32 Brigstock Road,  
THORNTON HEATH, Surrey, CR7 8RX

**Pharmacy reference:** 1036796

**Type of pharmacy:** Community

**Date of inspection:** 04/06/2019

## Pharmacy context

This is a community pharmacy set within a supermarket in the centre of Thornton Heath. The pharmacy opens seven days a week. Most people who use the pharmacy also use the supermarket and live nearby. The pharmacy sells a range of over-the-counter medicines and dispenses NHS and private prescriptions.

## 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>	Good practice	2.4	Good practice	Staff work effectively together as a team and have a work culture of openness, honesty and learning.
<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's team members know what their roles and responsibilities are. They work to professional standards and identify and manage risks appropriately. The pharmacy adequately monitors the safety of its services. Its team members log, review and learn from the mistakes they make. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy generally keeps all the records it needs to by law. The pharmacy's team members act upon people's feedback. They understand their role in protecting vulnerable people. And they keep people's private information safe.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles.

The team members responsible for the dispensing process tried to keep the dispensing workstations tidy. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. The pharmacy had systems to record and review dispensing errors and near misses. The pharmacy's staff discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again; for example, they separated and highlighted look-alike and sound-alike drugs on the dispensary shelves to reduce the risk of them picking the wrong product.

The pharmacy displayed a notice that identified the Responsible Pharmacist (RP) on duty. And its staff were required to wear name badges which identified their roles within the pharmacy. The pharmacy's team members understood what their roles and responsibilities were. And these were described within the SOPs. A member of the pharmacy team explained that repeated requests for the same or similar products were referred to a pharmacist.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. People could provide feedback about the pharmacy in-store, online or by contacting the company's customer service department. The results of a recent patient satisfaction survey were published online. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). The controlled drug (CD) register and the RP records were adequately maintained. The CD register's running balance was audited regularly in line with the pharmacy's SOPs. The nature of the emergency within the records for emergency supplies made at the request of patients didn't always provide enough detail for why a supply was made. The details of the prescriber within the private prescription records were sometimes incorrect. The date a specials line was obtained, when it was supplied, and its batch number weren't always included in the 'specials' records.

An information governance policy was in place which staff were required to read and sign. A notice was displayed on the consultation room's door to tell people how their personal data was used and kept.

Arrangements were in place for confidential waste to be collected and sent to a centralised point for secure destruction. The pharmacy stored its prescriptions in such a way to prevent people's details being visible to the public.

The pharmacy's team members were required to complete safeguarding training relevant to their roles. Contact details for the relevant safeguarding authorities were available. Staff could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough team members to provide safe and effective care. Staff work effectively together as a team and have a work culture of openness, honesty and learning. The pharmacy provides its staff with adequate training and support to improve their skills. It encourages its team members to give feedback and they know how to raise a concern if they have one. The pharmacy's team members can exercise their professional judgement and the quality of care they provide is not compromised in order for them to meet targets.

### Inspector's evidence

The pharmacy opened for 84 hours a week. And it dispensed about 4,000 prescription items a month. The pharmacy team consisted of a full-time pharmacist manager, two part-time pharmacists, a full-time pre-registration pharmacy technician trainee, two part-time dispensing assistants, three part-time trainee dispensing assistants, a part-time medicines counter assistant (MCA) and a part-time trainee MCA. There were also four other members of staff from different departments within the supermarket who could work in the pharmacy.

The pharmacist manager (the RP), the pre-registration pharmacy technician trainee and a trainee dispensing assistant were working at the time of the inspection. The pharmacy relied upon its team members, locum pharmacists and staff from other supermarket departments to cover absences. All staff who worked in the pharmacy have completed or were undertaking accredited training relevant to their roles.

Staff supported each other so prescriptions were processed in a timely manner and people were served promptly. Some members of the pharmacy team have worked at the premises for several years. So, they knew the people and the community they served well.

The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team needed to follow. The trainee dispensing assistant described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist; for example, requests for treatments for animals, infants, elderly people or people with long-term health conditions.

Staff performance and development needs were monitored and discussed informally throughout the year and at annual appraisals. The pharmacy's team members were encouraged to ask the pharmacists questions, familiarise themselves with new products and complete their accredited training or additional online training to ensure their knowledge was up to date. They sometimes received set aside time to train and to read the company's newsletter on professional matters.

One-to-one discussions, team huddles and a 'WhatsApp' group were used to update the pharmacy's team members and to share learning from mistakes or concerns. Staff felt comfortable in providing suggestions about the pharmacy during team meetings. And they knew how to raise a concern with the persons nominated within the company's whistleblowing policy or anonymously through a telephone hotline. The positioning of the dispensary's checking workstation was changed following staff feedback.

The pharmacy's team members didn't feel their professional judgement or patient safety were affected by company targets. Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations were only provided by suitably qualified pharmacists when it was clinically appropriate to do so and when the workload allowed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

### Inspector's evidence

The pharmacy was bright, clean, appropriately presented and air-conditioned. It was situated in the health and beauty area of the supermarket. The pharmacy was cleaned regularly by a cleaning contractor. But the cleaning contractor wasn't left unsupervised in the pharmacy. The pharmacy team was also responsible for keeping the registered pharmacy area clean and tidy.

A consultation room was available if people needed to speak to a team member in private. And it was locked when not in use to ensure its contents were kept secure. There was enough storage space and workbench available within the pharmacy for its current workload. But areas of the dispensary were cluttered with paperwork and needed tidying. Staff found some dispensary drawers difficult to open and close. The pharmacy's sinks were clean. And the premises had a supply of hot and cold water. Antibacterial hand wash and alcoholic hand gel were available.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. And its services are accessible to most people. The pharmacy's team members are helpful. And they make sure that people have all the information they need so that they can use their medicines safely. The pharmacy gets its medicines from reputable sources and generally stores them appropriately and securely. Members of the pharmacy team check stocks of medicines regularly to make sure they are in-date and fit for purpose. The pharmacy generally disposes of people's waste medicines safely too.

### Inspector's evidence

The supermarket had a car park for people to use. It had automated doors and its entrance was level with the outside pavement. The pharmacy was open most days of the year and it opened early and stayed open later than usual 6 days a week. The pharmacy's services were advertised in-store. Staff knew where to signpost people to if a service was not provided. And a signposting folder was available.

The winter influenza (flu) vaccination service was established. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service. The pharmacy provided over 30 MURs and about six NMS consultations a month. People provided their written consent when recruited for these.

The pharmacy offered private patient group directions (PGDs) for malaria prevention and the treatment of erectile dysfunction. But the demand for these were minimal as over-the-counter products were now available.

Staff followed the pharmacy's SOPs. They referred to prescriptions when labelling and picking products. And they initialled each dispensing label. Assembled prescriptions were checked by the RP who was also seen initialling the dispensing label. And prescriptions were not handed out to people until an additional accuracy check was done at the point of supply. Patient information leaflets were routinely supplied with people's medication. The pharmacy team took the time to explain to people how they should take their medicines. Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added.

The members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people who may become pregnant who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy. Recognised wholesalers, such as AAH, Alliance Healthcare, Oakwood Distribution Ltd. and Phoenix, were used to obtain medicines and medical devices.

Pharmaceutical stock requiring refrigeration was appropriately stored between 2 and 8 degrees Celsius. CDs, which were not exempt from safe custody requirements, were appropriately and securely stored. A record of the destruction of patient returned CDs was maintained. Staff were required to mark and keep patient-returned and out-of-date CDs separate from in-date stock.

Most medicines and medical devices were stored within their original manufacturer's packaging. But, a few split packs were found to contain stock from different batches. Pharmaceutical stock was subject to



date checks and these were documented.

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 couldn't verify and decommission stock at the time of the inspection as the pharmacy didn't have the appropriate equipment nor software to do so. The pharmacy's SOPs hadn't been revised to reflect the changes FMD would bring to the pharmacy's processes. The RP explained that there was a plan in place for the pharmacy to be compliant with the requirements of FMD within the next six months.

Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. Although pharmaceutical waste receptacles were available and in use, the pharmacy didn't have a receptacle to dispose of people's hazardous waste, such as cytostatic and cytotoxic products.

A process was in place for dealing with recalls and concerns about medicines or medical devices. Drug and device alerts were retained and annotated with the actions taken following their receipt.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide services safely. But it could do more to make sure its equipment is properly maintained.

### Inspector's evidence

The pharmacy had up-to-date reference sources available and it had access to the NPA's information department. The pharmacy had a range of glass measures. And it had equipment for counting loose tablets and capsules including a counting triangle for methotrexate. Staff cleaned the pharmacy's equipment after they used it.

The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its maximum and minimum temperatures were checked and recorded regularly.

The pharmacy provided private health checks but there wasn't much demand for the service. The equipment the pharmacy used for health checks, such as some weighing scales, a blood pressure monitor, a blood glucose monitor and a cholesterol monitor, needed to be replaced or checked regularly. But the blood glucose monitor hasn't been replaced recently nor has its accuracy been checked for some time as it hasn't been used.

Access to the pharmacy computers and the patient medication record system was restricted to authorised personnel and password protected. The computer screens were out of view of the public. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

### 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.