

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Lysander Road, STOKE-ON-TRENT, Staffordshire, ST3 7WB

Pharmacy reference: 1037049

Type of pharmacy: Community

Date of inspection: 29/08/2019

Pharmacy context

This busy community pharmacy is located inside a large 24-hour Tesco supermarket in a residential area of Stoke-on-Trent. It dispenses prescriptions and sells a range of over-the-counter medicines. The pharmacy provides a range of NHS services, including Medicines Use Reviews (MURs), the New Medicines Service (NMS) and seasonal flu vaccinations. It also offers private services for travel health and the treatment of erectile dysfunction (ED).

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.2	Good practice	The pharmacy carries out regular checks and audits to make sure that procedures are being correctly followed. And the team members regularly discuss any issues they identify to highlight any learning points.
2. Staff	Standards met	2.4	Good practice	The pharmacy team members share learning and act to address any learning and development needs.
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

The pharmacy identifies and manages risks effectively. It keeps people's private information safe and asks for regular feedback which it uses to make improvements. The pharmacy keeps the records it needs to by law. Its team members are clear about their roles and responsibilities. They follow written procedures to make sure they complete tasks safely and they regularly review their mistakes, so that they can learn and make improvements.

Inspector's evidence

A full set of written standard operating procedures (SOPs) covered operational tasks and activities. The procedures defined staff responsibilities and had been updated within the last two years. Signature sheets were used to confirm that staff had read, understood and agreed to the procedures. Throughout the inspection team members demonstrated an awareness of their roles. They accurately described the activities which were permissible in the absence of a responsible pharmacist (RP). Procedures were audited periodically by an external agency to help make sure that they were consistently followed in practice. And professional indemnity insurance covering pharmacy services was provided through the National Pharmacy Association (NPA).

Staff recorded their near misses and the log was then reviewed each week by the pharmacist to identify any trends. The results of the review were discussed with any team members present and a record of the review was placed on a communications board for all staff members to read. Team members signed to confirm their acknowledgment of the review and were able to discuss several changes that had been made in response to previous mistakes. This included the use of large notes to highlight common 'look alike, sound alike' medicines, with emphasis being placed on the middle part of the word to encourage care with selection. Other medications had also been segregated to help reduce the risk of picking errors. The details of any dispensing incidents were captured on a designated form and any evidence was also kept as an audit trail.

All errors were investigated in branch to identify potential contributing factors and several next steps were identified to help reduce the likelihood of the same mistake happening again. Examples of the action taken in response to the most recent incident included the segregation of stock and weekly 'let's talk' conversations between team members and management to identify any further learning needs. The details of the incident and team learning points were also recorded in writing. The record was displayed as a learning resource on the communications board and had been read by all staff members.

The pharmacy had a safety initiative in place which encouraged several risk management measures. This included regular checks to ensure that near misses were being accurately recorded and a third check of prescription medicines prior to handout. Safety update bulletins were periodically released from head office to inform team members of any relevant updates and advise on any preventative measures which could be taken to reduce risks.

Pharmacy team members completed a daily 'safe and legal' book. The book encouraged checks to ensure that records such as the RP log and controlled drugs (CD) registers were being accurately maintained, as well as monitoring other systems such as the sales of medicines protocol and the actioning of alerts for drug recalls. Completion of the book was being monitored as part of a daily plan,

which was recorded on the communications board. A pharmacist said that work on the daily plan was ongoing and she was regularly meeting with the area manager to review systems in the pharmacy and make sure that procedures were as streamlined as possible.

People using pharmacy services were able to provide feedback verbally. A medicine counter assistant (MCA) said that she would refer any concerns to the manager and contact details for the escalation of concerns were displayed in a pharmacy practice leaflet. The pharmacy had survey cards available on an ongoing basis to enable people to provide regular feedback. Results of previous Community Pharmacy Patient Questionnaires (CPPQ) were positive and team members had received several bronze award certificates for customer service, which were displayed in the dispensary.

The correct RP notice was conspicuously displayed, and the pharmacy kept a paper RP log. In the sample portion viewed there was an incomplete entry for 26 July 2019 where no RP was recorded after 4pm and there was no entry for 27 July 2019, so the log was not technically compliant. Private prescription and emergency supply records were held electronically. Minor discrepancies were identified where the nature of the emergency had not been recorded. So, the pharmacy may not always be able to show what has happened in the event of a query. Specials procurement records provided an audit trail from source to supply. CD registers were in order and regular balance checks were carried out. Patient returned CDs were recorded and previous destructions were signed and witnessed.

The pharmacy had several information governance procedures which had been read by staff and additional online training had been completed. The team explained how they would protect people's privacy in the pharmacy. Completed prescriptions were stored out of public view, confidential waste was segregated for suitable disposal and the appropriate use of NHS smartcards was observed on the day. The pharmacist obtained consent when accessing Summary Care Records (SCR) and access to the record was also documented on the patient medication record (PMR) system as an audit trail.

Pharmacy team members completed regular safeguarding training. A dispenser discussed some of the types of concerns that might be identified and explained how these would be managed. Concerns were escalated to the pharmacist, who explained that she would contact the area manager for further advice prior to reporting a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members complete training for their roles and they work well together. They complete ongoing training to keep their knowledge up to date and get regular feedback on their performance, so that they can identify and address any development needs. Team members work in an open culture and they can raise concerns and provide feedback.

Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside a registered pharmacy technician, a qualified dispenser and a qualified MCA. Towards the end of the inspection a second regular pharmacist arrived along with a second trained MCA. The pharmacy was one member of staff below the usual level and an MCA was working additional hours to help provide cover on the day. The pharmacy employed five additional dispensers, all of whom worked part-time. The workload in the pharmacy was busy, but the pharmacist said that they had never experienced any problems with a backlog of dispensing and supplies were made to patients on time. Leave was planned, and staff rotas were written in advance. As most staff worked part-time they were able to increase or amend their hours to provide cover, if required.

Several sales were observed where staff used appropriate questioning and provided additional counselling regarding the use of medicines. The MCAs discussed the questioning approach used to help make sure that sales were safe and appropriate. They identified some high-risk medicines and discussed some sales where concerns of frequent requests had previously been referred to the pharmacist.

The pharmacy manager provided confirmation that team members were appropriately trained for their roles. They completed mandatory training through an e-Learning system which included modules such as safeguarding and information governance. Additional updates were received on bulletins issued from the company's head office and on-the-job learning was encouraged by both regular pharmacists. Annual appraisals were used to review development. Appraisals for the current year were due and were supplemented by 'let's talk' conversations which were held regularly throughout the year to address any identified issues. The pharmacist provided examples of how the conversations had been used to identify some learning needs relating to marking prescriptions during the dispensing process, to help prevent prescriptions being separated. Records of the conversations were held in personal files. The team were set some targets for professional services, but the pharmacists confirmed that they did not feel pressure relating to the targets.

The team worked together closely to effectively deliver pharmacy services. There was an open dialogue amongst all team members and any concerns were escalated to the regular pharmacists. The team utilised a communications board to make sure that important information was accessible to all members of staff. Team members provided regular feedback to the company through staff surveys which were completed approximately every 6 months. Anonymous concerns could be raised using a whistleblowing policy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a clean, tidy and professional environment suitable for the delivery of healthcare-based services. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy was well maintained and portrayed a clean and professional appearance. Maintenance concerns were escalated to head office so that the necessary repairs could be arranged. Daily cleaning tasks were completed by pharmacy team members and support was provided by a store cleaning team a few times a week. There was adequate lighting and air conditioning maintained a temperature appropriate for the storage of medicines.

The medicine counter was organised, and several chairs were situated nearby for people who were less able to stand. Pharmacy medicines were restricted from self-selection and other appropriate healthcare-based goods were located on nearby aisles. An enclosed consultation room was accessible from behind the medicine counter. The room was signposted and appropriately maintained. A desk and seating facilitated private and confidential discussions.

The dispensary provided suitable space for the dispensing workload. One main work bench was used for prescription assembly. A separate and clearly marked area was used for accuracy checking. Another rear work bench provided additional storage and dispensing space and was fitted with a second dispensing terminal which was used when the workload got particularly busy. Medicines were secured in a large drawer system and a sink was available for the preparation of medicine.

A secure storage area was used for the storage of obsolete medicines and other consumable items.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources and stores medicines appropriately. Its services are accessible to people with different needs, but the pharmacy could be better signposted. Its services are generally well organised and managed, so people receive appropriate care. But team members do not always provide advice to people on high-risk medicines, so they may not get all the information they need.

Inspector's evidence

The pharmacy was located at the rear of the supermarket. A large sign was situated above the area, but this was not clearly visible from the main entrance and there was limited other signposting to direct people to the pharmacy. The entrance to supermarket was step-free and automatic doors were fitted to aid those with mobility issues. The aisles around the pharmacy were sufficient for wheelchair access and there were no obstructions seen on the day. Additional adjustments could be made for those with disabilities, including a hearing loop which was located in the consultation room.

The pharmacy's services were advertised in a pharmacy practice leaflet and additional promotional materials and displays. Team members signposted people who required additional services and internet resources were available to support this.

Prescriptions were dispensed using baskets, to keep them separate and reduce the risk of medicines being mixed up. The team signed 'dispensed' and 'checked' boxes as an audit trail for dispensing. A record of clinical check was made on the prescription form, as was an audit trail to identify the person who undertook the third prescription check, prior to handout. The pharmacy did not routinely highlight all prescriptions for CDs and an expired prescription for tramadol was identified. This may increase the risk that a supply could take place after the prescription has expired and was discussed with the team on the day.

Prescriptions for high-risk medicines were not routinely highlighted, so people may not always get the additional counselling and monitoring that they need. The team were aware of the risks of valproate-based medicines in people who may become pregnant and discussed the counselling that had been provided to a patient within the age criteria. Safety literature had been supplied at the time counselling had been provided but an alert card was not always being issued with each supply in line with guidance released by the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacist disposed of outdated safety literature on the day to prevent any confusion and agreed to ensure that all team members were aware of the guidance.

Patients contacted the pharmacy to request repeat prescriptions. Team members kept an audit trail of requests which had been sent off and received back and unreturned requests were followed up with the surgery. The pharmacy provided a limited number of multi-compartment compliance aid packs for less than 10 patients who needed additional assistance to take their medicines at the correct time. People using compliance aid packs were reviewed by the pharmacist for appropriateness prior to the packs being implemented. A calendar was used to track when trays were due, and the pharmacy kept an audit trail of requests. Each patient had a master record sheet, which was updated with any changes to medicines and no high-risk medicines were placed into compliance packs. No completed packs were available on the day, the team reported that descriptions of individual medicines were handwritten

onto packs and patient leaflets were supplied.

Stock medicines were sourced from reputable wholesalers and specials from a licensed manufacturer. Stock was stored in an organised manner and in the original packaging provided by the manufacturer. Date checking was carried out each quarter and short dated medicines were highlighted and recorded, so that they could be identified. No expired medicines were identified from random checks. Obsolete medicines were placed into appropriate waste bins, and a cytotoxic waste bin enabled the segregation of hazardous materials.

The pharmacy was not currently compliant with requirements of the Falsified Medicines Directive (FMD). The pharmacist had attended a recent meeting where FMD had been discussed. Pilots throughout the company were ongoing and team members were awaiting further instructions for implementation. Alerts for the recall of faulty medicines and medical devices were received electronically. An audit trail was maintained so the pharmacy could demonstrate the action which had been taken in response.

CDs were stored appropriately and out of date and patient returned CDs were clearly segregated from stock. Random balance checks were found to be correct and CD denaturing kits were available. The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was checked and recorded daily and was within the recommended temperature range on the day.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has suitable equipment to provide its services safely. The pharmacy team members use equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to paper-based reference materials including the British National Formulary and internet access supported further research. Its equipment was appropriately maintained. Glass measures were crown-stamped and counting triangles for loose tablets were clean.

Electrical equipment was in working order. Pharmacy computer systems were password protected, as was the PMR system and passwords were regularly changed when prompted. The layout of the pharmacy meant that computer screens were not visible to the public and the pharmacy phone was cordless to allow for conversations to take place in private.

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.