

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, Fishbourne Road,  
CHICHESTER, West Sussex, PO19 3JT

**Pharmacy reference:** 1037282

**Type of pharmacy:** Community

**Date of inspection:** 11/03/2020

## Pharmacy context

This is a busy pharmacy located within a Tesco Extra supermarket on the outskirts of Chichester. The pharmacy serves the local population as well as people living in the outlying rural areas. And it provides services including NHS dispensing and influenza vaccination scheme. The pharmacy is an accredited 'Healthy Living' pharmacy

## 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 provides services safely in line with company processes and procedures. Team members record, review and learn from incidents to prevent similar issues in future and the pharmacy has the appropriate insurance cover to protect people if things go wrong. The pharmacy team keeps the records it needs to by law, and team members protect patient information and understand their roles in protecting vulnerable people.

### Inspector's evidence

The pharmacy has procedures in place to record and learn from adverse events. The pharmacist was able to show that dispensing incidents and near misses were documented, reviewed, managed and feedback provided to staff. Recent reviews had led to the highlighting and separation on the dispensary shelves of look-alike and sound-alike (LASA) drugs, to help prevent the incorrect selection of such products. The pharmacy utilised the 'Safety starts here' process, including regular team briefings to remind staff about incidents and ensure appropriate steps are taken to reduce risks by all staff. Improvements could be made by increasing the level of detail documented in relation to both the causation and action taken as a consequence of such incidents to improve the learning gained from such incidents. The pharmacy had standard operating procedures (SOPs) in the place for the services provided. These SOPs were available on line and were reviewed periodically. The pharmacy team also completed electronic daily 'safe and legal' checks to ensure that company processes and procedures were being followed.

Baskets were used in the dispensing process to manage the workload, separate prescriptions and minimise the risk of errors. The team were clear on their role and responsibilities. On questioning, they explained that they would refer requests for pharmacist advice and certain pharmacy medicines (e.g. requests to purchase multiple packs of codeine containing preparations) to the pharmacist for consideration. The pharmacy had a procedure for gathering feedback and concerns and details were provided in the pharmacy leaflet displayed at the counter. Patient satisfaction surveys were carried out regularly and the customer viewpoint system was also utilised for receiving feedback. Results of the 2019 CPPQ survey were published on the NHS pharmacy website. Generally, feedback was positive. However, feedback had been received around the waiting area and waiting times for prescriptions. As a consequence, staff signposted patients requiring seating to the seating area provided and the pharmacy now utilised a texting service to try and ensure customer expectations are met in relation to waiting times.

The pharmacist confirmed that professional indemnity insurance arrangements were in place for the pharmacy services provided via the NPA. The responsible pharmacist (RP) sign was on display and RP records maintained. Controlled drug (CD) registers, emergency supply, special records and the electronic private prescription records examined were in order. Running balances were checked and recorded weekly and those checked were in order. Records of patient-returned controlled drugs were maintained.

An up-to-date information governance procedure was in place and the staff were in the process of completing refresher training in this area. Access to the pharmacy computer and the patient medication record (PMR) systems was restricted to authorised members of staff and password protected. A confidential waste bin was used to dispose of patient identifiable and confidential waste. The pharmacy

also had a business continuity plan in place and staff were aware of the NHS procedures to follow in relation to the Covid 19 virus and had printed copies of the NHS information posters which were displayed at the counter area. Staff had completed online training in relation to child protection and safeguarding vulnerable persons and they were clear what steps they should take in the case of a concern and had access to the current local safeguarding contact details. The pharmacists had also completed the CPPE safeguarding level 2 training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has just enough staff to manage its workload. The pharmacy team works well together and team members are supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist.

### Inspector's evidence

The pharmacy dispensed approximately 8,000 items each month. A responsible pharmacist together with three pharmacy assistants, were present at the time of the inspection. Staff had completed appropriate training to their roles. Staffing cover was planned using business planning data, to ensure appropriate staffing cover although on occasions there were still staff shortages and two staff were about to retire. It is important that steps are taken to ensure continuity of cover of staff. Staff wore uniforms, name badges and were identifiable to patients.

The pharmacist explained that staff have regular appraisals with the pharmacy manager where performance and development needs were discussed. Staff were encouraged to continue their own personal development by completing training courses via the Tesco Academy system and specific targeted training. Staff were provided with dedicated time for training. The responsible pharmacist was observed supervising and overseeing the sales, supply and advice given by staff. And staff were observed following the sales of medicines protocol when making OTC recommendations and referred patients to the pharmacist when necessary. Staff had received training on selling veterinary medicines e.g. Frontline and these were sold with appropriate advice.

Staff were aware of the whistleblowing policy in place and were able to discuss how they could raise a concern they had about the provision of a pharmacy service with the company. Regular team meetings took place and the pharmacy used a team chat to ensure that everyone was aware of any new information. The company also produce a regular newsletter and direct emails which were circulated and read by all staff. The pharmacist explained that targets were set for NMS and MUR's. However, she did not feel that these impacted in any way on her professional decision making.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, bright and maintained to a satisfactory standard. The pharmacy has a private consultation room which people can use if they want to speak privately with the pharmacist. And the pharmacy is secure when it is closed.

### Inspector's evidence

The pharmacy was limited in the bench space available for use. However, the pharmacist and her team worked hard to make the most of the space available to them. The pharmacy was clean, well-lit and fitted out to an adequate standard. The ambient temperature of the pharmacy was maintained at a steady temperature. Although during the summer the pharmacy area did get warm, as the store air-conditioning was not effective in maintaining the temperature in the pharmacy area.

A consultation room was available for use to ensure that patients could have confidential conversations with staff when necessary. The consultation room was checked during the inspection and no conversations could be overheard in the area next to it. The door to the consultation room was kept locked to ensure the security of the room and its contents when not in use. Hand cleaning facilities were available in the consultation room and dispensary.

## 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 generally sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. They identify people supplied with high-risk medicines so that they can be given the extra information they need to take their medicines safely.

### Inspector's evidence

The pharmacy was providing a range of services tailored to the needs of the local population and to promote health and wellbeing, including an NHS and private flu vaccination services. The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties. Staff were clear about what services were offered from the pharmacy and where to signpost patients to if a service was not provided, via NHS choices and the internet.

The pharmacy had recently introduced a new 'simple dispensing' process to manage the workload and ensure that stock was ordered for prescriptions awaiting dispensing to avoid unnecessary delays. In accordance with the SOPs the dispensed-by and checked-by boxes of the dispensing labels on assembled medicines were initialled. In addition to checking prescriptions at the time of dispensing, a further check was carried out at the time of handing out medicines. An additional confirmation check was also carried out in relation to child dosages of medicines and this was highlighted on prescriptions. Patient information leaflets were supplied with all medicines. A system of utilising stickers was also in place to highlight issues relating to high-risk medicines to the pharmacist to enable the pharmacist to target counselling and guidance appropriately. The pharmacy also carefully checked and recorded methotrexate prescriptions and the pharmacy staff were aware of the valproate pregnancy protection programme (PPP), although staff were unable to locate the counselling resources during the inspection and steps should be taken to ensure that this information is readily available to ensure that at risk patients are given the information required to take their medicines safely. The pharmacy had also completed an audit in relation to patients receiving valproate to identify anyone in the at-risk group and no current patients were identified as being in the at-risk group.

Pharmaceutical stock requiring refrigeration was stored between 2 and 8 degrees Celsius and any occasions where the temperature fell outside this range temperatures were monitored closely and any necessary action taken. The pharmacist demonstrated that the maximum and minimum temperatures of the pharmacy refrigerators were recorded daily and stock was rotated and stored in an orderly manner in the fridges. The staff were aware of the requirements for ensuring compliance with the Falsified Medicines Directive (FMD), in relation to verification and decommissioning of medicines. At the time of the inspection the pharmacy was still awaiting the scanning equipment and software to enable them to comply with FMD requirements. Medicines were stored generically in alphabetical order and in appropriate conditions, within their original manufacturer's packaging. Although care could be taken to ensure that stock is stored in a more orderly and tidy manner, to help reduce the risk of dispensing errors. In addition, the pharmacy stored the top 50 fast moving lines separately. Pharmaceutical stock was subject to regular date checks and stock close to expiring was appropriately highlighted. Waste medicines were stored securely and disposed of via licensed contractors although the pharmacy did not currently have a hazardous waste container for the disposal of cytostatic or cytotoxic waste. Controlled drugs were stored securely. Medicines were obtained via appropriate

authorised sources. The pharmacist demonstrated that drug recalls and safety alerts were actioned at the pharmacy. The pharmacy held records of recalls received and recorded, documented and filed all actions taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It maintains this equipment to ensure it works and is accurate.

### Inspector's evidence

An appropriate range of crown stamped measures were available at the pharmacy. In addition, the pharmacy had appropriate equipment for counting loose tablets and all equipment was kept clean. The pharmacy had up to date copies of BNF, BNF children and drug tariff as well as access to the internet and facility to access the NPA information service. Testing equipment used for health checks was either calibrated periodically or replaced and appropriate documented records maintained for audit purposes. Medicine bottles were stored capped to reduce the risk of contamination by foreign objects.

The pharmacy computer terminals were password protected and individual staff members were seen using their own smart cards. The computer screens were out of view of the public. Staff were observed disposing of confidential waste in the special bins provided.

### 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.