

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Birmingham Road,
STRATFORD-UPON-AVON, Warwickshire, CV37 0UA

Pharmacy reference: 1037837

Type of pharmacy: Community

Date of inspection: 19/09/2019

Pharmacy context

This is a community pharmacy in a supermarket and it is open seven days a week. It sells a range of over-the counter medicines and dispenses prescriptions. It offers Medicines Use Reviews (MURs) and New Medicine Service (NMS) checks. It supplies medication in multi-compartment compliance packs to a few people who need help managing their medicines. It administers flu vaccinations in the winter season. The pharmacy offers a range of Health Checks including blood pressure, glucose and cholesterol. And it has a small number of people who receive instalment supplies for substance misuse treatment.

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
1. Governance	Good practice	1.2	Good practice	Members of the pharmacy team regularly monitor the safety and quality of the pharmacy's services so that they can improve and further protect people's safety. They record and review any mistakes that happen during the dispensing process so that they can learn from them.
		1.3	Good practice	Members of the pharmacy team have defined roles and share responsibility to ensure that services are provided safely.
2. Staff	Standards met	2.2	Good practice	The pharmacy supports its team members well to keep their skills and knowledge up to date.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	A good range of pharmacy services are accessible over extended hours and across seven days a week.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Good practice

Summary findings

The pharmacy identifies and manages its risks well. It keeps the records it needs to by law to ensure medicines are supplied safely and legally. Members of the pharmacy team regularly monitor the safety and quality of the services they provide so that they can improve and further protect people's safety. They record and review their mistakes so that they can learn from them. And they have defined roles and share responsibility to ensure services are provided safely. The pharmacy keeps people's private information safe. And it asks people for their feedback to improve services where possible. Members of the pharmacy team understand how they can help to protect vulnerable people.

Inspector's evidence

The pharmacy had the right responsible pharmacist (RP) notice on display and the RP records were complete. A range of up to date standard operating procedures (SOPs) were available in the pharmacy and these had been read and signed by members of the pharmacy team. Roles and responsibilities of staff members were outlined in the SOPs. And when asked, members of the pharmacy team were clear about the tasks they could or could not undertake in the absence of a pharmacist.

The pharmacy received a weekly 'safety starts here' bulletin from head office. It informed the team about common dispensing errors or any professional issues that had occurred within the company. And it also included guidance on ways of minimising similar incidents happening again. The pharmacy's 'safety starts here' board had a display of 'look-alike' 'sound-alike' (LASA) visual aids to help remind staff when selecting these medicines during the dispensing process. The pharmacy team completed a 'Safe and Legal' checklist each day to ensure that the pharmacy was complying with company standards. The checklist varied each day. And it prompted the team to check various aspects of legal and operational compliance. For example, whether the controlled drug (CD) cabinet was appropriately secured, whether the correct RP sign was on display and whether near miss incidents were being recorded. The pharmacist on duty signed-off the checklist each day.

Members of the pharmacy team recorded and reviewed near misses and dispensing errors. And these were routinely discussed during team meetings to identify learning points. A recent incident involving tramadol and tamsulosin was discussed and a member of the pharmacy team said that, because of the incident, they were now required to initial quantities on the dispensing labels to confirm that they had checked the drug name, strength and quantity before submitting medicines for a final accuracy check by the pharmacist. Dispensing errors were recorded on the computer system and submitted to head office. The pharmacy manager discussed a recent incident involving the incorrect placement of an item on the pharmacy counter due very similar looking livery. The incident was fully documented, reviewed and learnings were shared across the company. As a result, staff working on the counter were required to check with the pharmacy manager or the RP before replenishing stock on the medicines counter. The team had also completed LASA training and training records were available in the pharmacy.

Members of the pharmacy team clearly understood the complaints procedure and the pharmacy's practice leaflet which was available in the retail area explained the procedure. A survey of people who used the pharmacy was undertaken annually. And the latest survey results were very positive with 100% of respondents rating the pharmacy as very good or excellent. There was some feedback about the comfort and convenience of the waiting areas. The pharmacy had a few chairs available for people

waiting for services. The pharmacy manager said it was not possible to add any more chairs due to space constraints.

The pharmacy had appropriate indemnity insurance arrangements. Records about CDs were kept in line with requirements and running balances were checked at regular intervals. A random CD check showed that the amount of stock in the cabinet matched the running balance in the register. CDs returned by people for disposal were recorded in a separate register when received and denaturing kits were used for safe disposal. Records about private prescriptions, emergency supplies and unlicensed specials were in order.

Members of the pharmacy team had all signed confidentiality agreements and had undertaken training about the General Data Protection Regulation. People's personal information was kept away from the public view. Confidential waste was separated and collected by a waste contractor. The pharmacy's computers were password protected and they were positioned away from public view. Members of the pharmacy team used their own smart cards to access electronic prescriptions.

Members of the pharmacy team had all completed safeguarding training relevant to their job roles. The pharmacists had completed Level 2 safeguarding training. And they were clear about what they would do and who they would report to if they had any safeguarding concerns. Contact details for local safeguarding agencies were available for staff to escalate any safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained staff to provide its services safely. Members of the pharmacy team work well together, and they are supported with regular training to help keep their skills and knowledge up to date. And they feel comfortable about raising any concerns or offering suggestions to help improve the pharmacy's services.

Inspector's evidence

The pharmacy employed a full-time pharmacy manager and a regular pharmacist. They covered the majority of the pharmacy's opening hours between them. Locum pharmacists were employed to cover the remaining hours and annual leave. There was some pharmacist overlap between shifts to provide break cover and support to deliver services. Members of the pharmacy team had all completed the right accredited training for their roles.

On the day of the inspection, a regular pharmacist, two trained dispensers and the pharmacy manager were on duty. The team members were managing their workload comfortably and appeared to work well together. The pharmacy manager and the pharmacist had both worked for the company for over 10 years.

Members of the pharmacy team had access to on-going training via the company's training portal to help keep their skills and knowledge up to date. Individual training records were kept and available in the pharmacy. The team members had designated training time in the pharmacy and they had recently completed LASA training.

The pharmacy had a whistleblowing policy and members of the pharmacy team had all signed to say they had read the policy. A team member said she felt comfortable approaching the pharmacy manager about any concerns she may have. And she could also raise concerns with the store manager or regional manager. The pharmacy had annual performance appraisals with regular informal reviews which looked at areas for improvement or opportunities for further development.

The company had targets and incentives in place. But members of the pharmacy team did not feel that these impacted on patient safety or their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe, secure and suitable for the services it provides. And it has facilities to protect people's privacy when using the pharmacy's services.

Inspector's evidence

The pharmacy was clean and tidy. The dispensary was adequately maintained and it had enough storage and work bench space to allow safe working. Stock medicines were stored in an organised fashion. The sink in the dispensary for preparation of medicines was clean and it had hot and cold running water. Hygiene facilities were available for the members of the pharmacy team away from the pharmacy. Antibacterial hand-wash and alcohol hand gel were available. The room temperature was suitable for the storage of medicines and the pharmacy was well-lit throughout. The consultation room was bright, clean and tidy. It was suitable for private conversations and it was kept locked when not in use. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls. And it was secured against unauthorised access when it was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. Its services are available over extended hours and are accessible to people. People receive the advice and support they need to help them take their medicines safely. And it obtains its medicines from reputable suppliers and manages them properly. It takes the right action in response to drug recalls and safety alerts, so that people only get medicines and devices that are safe to use.

Inspector's evidence

The pharmacy was well signposted from the rest of the store and was accessible via level access through the automatic doors. And the area leading to the pharmacy was clear of slip or trip hazards and its wide aisles could comfortably accommodate wheelchairs and scooters. There was a hearing induction loop available for people with hearing aids. A range of leaflets and posters were on display providing information about various healthcare matters. Members of the pharmacy team used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy.

The workflow in the dispensary was organised and baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing notes were issued to provide an audit trail when a prescription could not be fully supplied. Members of the pharmacy team initialled 'dispensed by' and 'checked by' boxes on the dispensing labels. This was to keep an audit trail of staff involved in each stage of the dispensing process.

The pharmacy supplied medicines in disposable multi-compartment compliance packs to some people needing this support. And these carried descriptions of individual medicines contained within the pack. Members of the pharmacy team kept individual records for people who were supplied with compliance packs and prescriptions were checked against these records. Changes in the medication and any communication with other healthcare professionals were documented on the person's medication record. The packs were labelled with an audit trail to show who had been involved at each stage of the dispensing process. And patient information leaflets were routinely supplied. The pharmacy did not routinely conduct a needs assessment prior to supplying medicines in compliance packs. The pharmacy manager said that the team actively promoted self-care and they used a pragmatic approach and common sense when agreeing to supply medicines in compliance packs.

The pharmacy had begun offering seasonal flu vaccinations in September. It had an in-date patient group direction in place and the pharmacists had received appropriate training to deliver the service. The vaccines were stored in accordance with the manufacturer's instructions. A needle stick injury procedure was in place. And the anaphylaxis kit was in-date. Each person requiring the vaccination was required to complete a consent form before being administered the vaccine. And the copy of the consent form was sent to the person's GP where appropriate. The pharmacy's chaperone policy was advertised.

Members of the pharmacy team were aware of the valproate pregnancy prevention programme (PPP) and knew which people needed to be provided with additional advice about its contraindications and precautions. The pharmacy had one person in the at-risk group who was taking valproate and the

pharmacy manager was observed counselling the person and supplying appropriate patient information leaflets. And a note was made on the person's record to show that they had been counselled about the PPP. The pharmacy had a small number of people taking warfarin. The pharmacy manager said that their SOP required the team to routinely enquire about people's latest blood test results and whether they possessed a 'yellow book'. But didn't think there was a requirement to record the test results on the person's medication records. The pharmacy did not have a specific system to highlight CDs that did not need to be stored in the cabinet. The pharmacy manager said that most medicines were collected within the 28-day expiry period and the prescription retrieval bays were checked each month for any expired prescriptions. When asked, members of the pharmacy team were aware that all CD prescriptions were valid for 28 days.

Medicines were obtained from licensed wholesalers and unlicensed specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy-only medicines were stored out of reach of the public. At the time of the inspection, the pharmacy was not yet compliant with the Falsified Medicines Directive (FMD). Members of the pharmacy team were aware of the FMD. But they were awaiting further guidance from their head office. Medicines requiring cold storage were kept in a pharmaceutical refrigerator and these were stored between 2 and 8 degrees Celsius. The maximum and minimum fridge temperatures were monitored and recorded daily. All CDs were stored appropriately. Medicines returned by people for disposal were separated into designated bins. Stock medicines were date checked at regular intervals and records were available in the pharmacy. Short-dated medicines had been marked for removal at an appropriate time. Liquid medicines with limited stability had been marked with the date of opening. The pharmacy received drug alerts and recalls via email from head office. Records of these and the actions taken by members of the pharmacy team were kept to provide an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs for the services it provides.

Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and computer terminals were not visible to people visiting the pharmacy. A consultation room was available for private counselling.

Equipment for counting loose tablets and capsules was clean. A separate triangle was used for cytotoxic medicines. A range of clean, crown-stamped, glass measures were available and some were reserved for specific purpose, to avoid cross contamination. The blood pressure monitor was replaced annually. The glucose and cholesterol meters were calibrated weekly using control solutions and records of checks were kept in the pharmacy. All electrical equipment appeared to be in good working order.

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.