

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, 11 Princess Alice Drive,  
SUTTON COLDFIELD, West Midlands, B73 6RB

**Pharmacy reference:** 1037963

**Type of pharmacy:** Community

**Date of inspection:** 10/12/2019

## Pharmacy context

This is a community pharmacy located within a large Tesco supermarket in the New Oscott area of Sutton Coldfield. The pharmacy is open extended hours over seven days. The pharmacy dispenses prescriptions and sells a range of over-the-counter (OTC) medicines. It offers several additional NHS and private services including NHS Medicines Use Reviews (MURs), private health checks and seasonal 'flu vaccinations.

## 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	1.2	Good practice	The pharmacy has robust review processes which help demonstrate how it manages risk. Pharmacy team members act openly and honestly by sharing information when mistakes happen. And the team members demonstrate how they reduce risk through their working practice.
<b>2. Staff</b>	Good practice	2.2	Good practice	There was good evidence of continued training and development of pharmacy staff; including regular communication from head office.
		2.4	Good practice	There is a good culture of openness, honesty and continuous 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 effectively manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again.

### Inspector's evidence

A range of up-to-date standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs were periodically reviewed on a cyclical basis and they were marked with the date they were due for their next review. All pharmacy staff had read and signed the SOPs relevant to their job role. Roles and responsibilities of staff members were highlighted within the SOPs.

Near miss logs were in place and the dispenser involved was responsible for correcting and recording their own error to support ongoing learning. The error was discussed with the dispenser at the time of the incident to see if there were any learning points from the incident and this was recorded on the near miss log to aid the review process. A weekly review of the near miss log was carried out by the pharmacy manager and documented in the staff briefing folder to share the learning points. Various LASA (look alike, sound alike) medicines were highlighted or separated to reduce the risk of them being selected in error. The pharmacy professionals had completed training on LASA medicines and risk management. The pharmacists had undertaken a peer review on LASA medicines as part of their revalidation. Dispensing incidents were investigated and recorded on a PIR (pharmacy incident review) form online. Every dispensing incident had an action plan to prevent reoccurrence.

A 'Safety Starts Here' newsletter was sent from head office and read by the pharmacy team. A recent newsletter had shared learning about methotrexate. The newsletter had requested that various extra checks should take place when dispensing methotrexate and this was seen in practice.

Safe and legal checks were carried out daily and recorded in a book. Completed books were sent to the general office at the end of the month for archiving. An internal safe and legal check was completed every six months and an external company also visited to do a whole store audit which included various checks in the pharmacy. The pharmacy team carried out clinical audits, such as, a valproate audit, a lithium audit and an asthma audit.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A member of staff answered questions related to requests for over-the-counter high-risk medicines, such as co-codamol or sleeping aids and responsible pharmacist (RP) absence correctly. Pharmacy staff were wearing uniforms and name badges which stated their job role. The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions.

A complaints procedure was in place. The RP explained the process for handling a complaint or concern. She said that she would speak to the person first and would try to resolve the issue and would refer to the pharmacy manager, store manager or provide contact details for head office if the complaint was unresolved. A customer leaflet was available which explained the complaints process. The pharmacy gathered customer feedback by completing an annual customer survey and by using customer survey cards.

The pharmacy had professional indemnity insurance arrangements in place. The Responsible Pharmacist (RP) notice was clearly displayed and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A regular CD balance check took place and was documented in the CD register. A random balance check matched the balance recorded in the register. The balance check for methadone was done every week and the manufacturer's overage was added to the running balance. A patient returned CD register was in place. Private prescription and emergency supply records were in order. Specials records were maintained with an audit trail from source to supply. MUR consent forms were signed by the patient.

The branch had an information governance (IG) policy and various training and policy documents had been read and signed by pharmacy staff. Confidential waste was stored separately from general waste and shredded. The pharmacy had a safeguarding policy and a list of local safeguarding contacts was available in the dispensary. The pharmacy professionals had completed level 2 training on safeguarding children and vulnerable adults and the other team members had completed an e-Learning package.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so they always have enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of the pharmacy manager (pharmacist), two duty pharmacy managers (pharmacists), a pharmacy technician, five dispensing assistants and a trainee medicine counter assistant. Accredited training courses were provided by Buttercups in conjunction with Tesco. Bronze and Silver awards were medicines counter assistant training courses and the Gold award was dispensing assistant training. Trainees were enrolled on training courses and had regular training time. Holidays were booked with the pharmacy manager and cover was provided by other staff members as required. Multi-skillers were available as contingency cover.

Pharmacy staff completed on-going training using either the Tesco e-Learning system or Buttercups. Modules included mandatory health and safety training, safeguarding, new pharmacy products, medical conditions and pharmacy services. Members of staff had job descriptions and a performance review with their line manager every year. Staff enrolled on accredited training courses had regular training time.

Due to the extended opening hours and different shift patterns, written communication ensured that all members of staff were informed, and staff members signed the briefing as evidence they had read it. There was a company whistleblowing policy in place and the pharmacy staff could raise any concerns with the pharmacists, store management team or a confidential whistleblowing helpline.

Targets were in place for services and the RP explained that she would use her professional judgement to offer services, such as MURs, only when she felt that they were appropriate for the person.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

### Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the maintenance department. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a large private soundproof consultation room which was used by the pharmacist during the inspection. The consultation room was professional in appearance. The door to the consultation room remained locked when not in use. The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff and an in-store cleaner. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap were available. The store had an air conditioning system which heated and cooled the store and the pharmacy had additional radiators and portable heaters. Lighting was adequate for the services provided.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions.

### Inspector's evidence

The pharmacy had step-free access from a large free car park. A hearing loop was available. Any people requesting a home delivery service were referred to other pharmacies in the area. The pharmacy opened for longer hours than many other pharmacies in the area, including late nights, and Saturday and Sunday. The range of services provided was displayed and pharmacy leaflets explaining each of the services were available for customers. The pharmacy staff used local knowledge and the internet to refer patients to other providers for services the pharmacy did not offer.

Seasonal 'flu vaccinations had been actively promoted by the pharmacy team and a high number of private and NHS vaccinations had been administered. The RP explained that she had seen many returning patients from previous years and there had been an advertising campaign to remind people to have their vaccination in store. The pharmacy operated a booking system to help manage the requests and walk-in appointments were offered when practical. The 'flu vaccinations were administered under Patient Group Directions (PGD's) and PGD documents naming the authorised pharmacist were kept in the pharmacy.

Prescriptions were dispensed in baskets with different colours used for different prescription types: for example, yellow baskets for waiting prescriptions. Dispensing baskets were also used to keep medication separate. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. A final 'hand out' check was done for every prescription. When a prescription was collected the bag would be opened and the dispenser or pharmacist would check that the items were correct. This was done in addition to the accuracy check and was undertaken to satisfy the RP at the time of handing out that the prescription was correct.

A prescription collection service was offered, and various options were available dependent on what the person preferred, and their surgery accepted. The pharmacy kept a list containing the items that the patient had requested and chased any outstanding items ahead of the person returning to pick up their prescription. People were sent a text message when their prescription was ready to be collected and the pharmacy team communicated any messages from the surgery about their prescription request.

Stickers were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding. The RP was aware of the additional counselling required for certain people prescribed valproate and a purple folder containing stickers, leaflets and information was available and an audit had been carried out.

No out-of-date stock was seen during the inspection. The dispensary was date checked every three

months and recorded. Medicines were obtained from a range of licenced wholesalers. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once opened were marked with a date of opening. The RP was aware of the Falsified Medicine Directive (FMD) but could not recall receiving an update from head office and the team were not scanning barcodes. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts from head office on the intranet. Each alert was marked to show it had been actioned and a printed copy was stored in a drug recall folder. The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day and overnight were in place. There was a fridge used to store stock medicines and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8° Celsius.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and uses it in a way that keeps people's information safe.

### Inspector's evidence

The pharmacy had a range of up-to-date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available. Electrical testing had taken place in December 2018. Screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

### 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.