

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Bourne Centre,
Southampton Road, SALISBURY, Wiltshire, SP1 2NY

Pharmacy reference: 1038721

Type of pharmacy: Community

Date of inspection: 22/05/2024

Pharmacy context

This is a community pharmacy located in a large supermarket in the city of Salisbury. It serves its local population which is mostly mixed in age range and background. The pharmacy opens seven days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, offers treatment for a range of minor illnesses and supplies medicines in multi-compartment compliance aids for people to use living in their own homes.

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	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
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 has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

Processes were in place for identifying and managing risks. The pharmacist reported that near miss mistakes were recorded electronically and reviewed when they occurred, and the pharmacist would discuss the incident with the members of the dispensary team. But there were not many recent documented examples of near misses. Dispensing incidents were recorded electronically, and this included a root cause analysis as part of the error investigation. Every month, a review was carried out by the pharmacist looking for trends as well as any changes that need to be made to reduce the risk of errors. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of. Some 'sound alike' and 'look alike' medicines were separated on the dispensary shelves.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and those examined had been reviewed within the past two years. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team gathered feedback on a regular basis via feedback forms on the company website. A certificate of public liability and indemnity insurance was held and was valid and in date until the end of July 2024.

Records of controlled drugs (CD) and patient-returned CDs were seen to be retained. CD balances were not checked regularly, and the pharmacist agreed to address this. Some CD balances had not been checked for two months. A responsible pharmacist (RP) record was kept. The RP notice was displayed and it was visible to members of the public. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year but records to show this could not be found during the inspection. Any short-dated medicinal stock was marked appropriately. The private prescription records and emergency supply records were retained and were in order. The specials records were retained but these often omitted the name and address of the prescriber.

Confidential waste was collected in confidential waste bins, and this was removed by the company for destruction. An information governance policy (IG) was in place and the healthcare team was required

to complete an e-learning programme on IG. There were multiple NHS smartcards that were left in the dispensary and these included cards of staff who were not present during the inspection. These were removed and stored securely during the inspection.

There was a safeguarding children and vulnerable adults e-learning program on the company training website which all the members of staff were required to complete. The pharmacist had completed the CPPE level 2 safeguarding package. Staff were aware of the signs to look out for that may indicate safeguarding concerns. The pharmacy team could locate local contact details to raise safeguarding concerns or ask for advice about them.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist, one accuracy checking technician and one dispensing assistant present during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles or were on a training course.

The pharmacy team were temporarily understaffed due to two team members being on sickness leave at the time of the inspection. This meant that prescription waiting times had increased significantly. The pharmacy team ensured that this was communicated clearly to people who were waiting. The pharmacy manager had raised staffing issues with the area manager and the team explained that a plan was being considered to recruit another staff member.

The staff reported they were required to complete online training modules when they became available. Staff received adequate time to complete required training. A dispensing assistant gave an example of completing training on recognising the potential signs of safeguarding issues in children and vulnerable adults. She reported that this had increased her awareness of these issues and her confidence in raising concerns if necessary.

Staff meetings to discuss any important business or patient safety updates were held monthly. The company head office regularly released pharmacy updates which were read and actioned by the pharmacy team. A noticeboard was used in the dispensary to communicate important information to staff between shifts. The pharmacy team felt comfortable to exercise their professional judgement to raise concerns when necessary. Staff were aware of the whistleblowing policy and felt comfortable to use this if necessary. There were targets in place, but the team explained that they did not feel pressurised to deliver the targets and would never compromise their professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect people's private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was located towards the rear of a large supermarket. The dispensary was separated from the supermarket by a medicines counter to allow for preparation of prescriptions in private. The pharmacy was clean and professionally presented. The pharmacy team explained that the premises was extended last year to ensure that there was enough space to safely provide pharmaceutical services. There were ceiling tiles in the dispensary that were water damaged due to a leak from the roof of the supermarket. Parts of the floor in the dispensary appeared worn.

There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing and the preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out. The consultation room was kept locked when not in use and was well soundproofed. Patient information was stored securely. The ambient temperature in the pharmacy was suitable for the storage of medicines and this was regulated by an air conditioning system. The lighting throughout the pharmacy was appropriate for the delivery of services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Information about the services provided was detailed in posters and leaflets around the pharmacy. The supermarket had step free access with automatic doors. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users.

The pharmacy team were two days behind on their dispensing activity at the time of the inspection due to staff shortages (see principle 2). The pharmacy team explained that their prescription items had increased significantly in the last two years due to other local pharmacies closing in the area. This also increased pressure on the pharmacy team.

The pharmacy team offered treatment for a range of seven common conditions. This included treatment for sinusitis, sore throat, impetigo, and urinary tract infections. People could access this service by requesting treatment from the pharmacy team or by being referred by NHS 111 and GP practices. The regular pharmacist had completed the appropriate training to provide the service and had access to the necessary equipment. The pharmacy team carried out around seven to eight such consultations per week.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. But valproate patient cards were not available for use during valproate dispensing to female patients. The pharmacy team agreed to address this. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they were aware of these and query if they had effective contraception in place. The team were also aware of the new regulations requiring valproate medicines to be supplied in original packs.

The pharmacy used recognised wholesalers such as AAH, Oakwood and Alliance to obtain medicines and medical devices. Specials were ordered via Alliance specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was also available for use.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. The pharmacy team confirmed that pharmaceutical stock was subject to date checks, but it was not clear if these were documented. The pharmacy team explained that they highlighted short-dated stock with stickers. Fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Records were kept verifying this, but these did not contain audit

trails to demonstrate when these had been actioned and by which pharmacy team member.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. Facilities are used in a way that suitably protects people's confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access. Up-to-date reference sources were available in the dispensary and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge in use which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were password protected and patient information was safeguarded.

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.