

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Lyppard Grange, Mill Wood Drive, Warndon, WORCESTER, Worcestershire, WR4 0UJ

Pharmacy reference: 1038904

Type of pharmacy: Community

Date of inspection: 27/11/2024

Pharmacy context

This is a community pharmacy inside a Supermarket in Worcester, Worcestershire. The pharmacy dispenses NHS and private prescriptions. Its team members sell over-the-counter medicines and provide advice. The pharmacy offers a few services such as the New Medicine Service (NMS), Pharmacy First and seasonal flu vaccinations. And it supplies some people's medicines inside multi-compartment compliance packs if they find it difficult to take them.

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 ensures that the safety and quality of its services are regularly reviewed and monitored. Team members routinely record, review and seek to learn from their mistakes.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake. New staff and team members in training are appropriately supported and, or undertaking accredited courses.
		2.4	Good practice	Team members are provided with training resources which helps ensure their skills and knowledge remain current.
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 effectively identifies and manages the risks associated with its services. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's confidential information appropriately. And the pharmacy largely keeps the records it needs to by law.

Inspector's evidence

The pharmacy had a range of electronic standard operating procedures (SOPs) to provide guidance for the team to carry out tasks correctly. The staff had read them. Team members understood their roles and responsibilities. They knew which activities could take place in the absence of the responsible pharmacist (RP) and referred appropriately. They were also observed to work in accordance with the SOPs. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The workflow in the dispensary involved staff preparing prescriptions in designated areas, people waiting for their prescriptions took priority and medicines were checked for accuracy by the responsible pharmacist (RP) from another section. Multi-compartment compliance packs were also prepared in a separate area. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. The baskets were colour coded to help identify priority and owed medicines. Once staff generated the dispensing labels, there was a facility on them to help identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

The pharmacy team printed electronic prescriptions when received and placed them in alphabetical order in a retrieval system. If medicines were not in stock, staff placed these prescriptions in a different section and waited until the stock arrived before dispensing them. They did not start different tasks until they completed what they were working on and plenty of time was given to assemble medicines which required priority. Prescriptions for controlled drugs (CDs) and for children under twelve were highlighted during the dispensing process. This helped ensure suitable checks could be made. In addition to the accuracy checks taking place during the dispensing and final process, a further accuracy-check of dispensed prescriptions also took place upon hand-out. Trained staff opened assembled bags and the contents were re-checked against prescriptions. Team members involved in this process marked relevant details onto prescriptions to help identify that this process had taken place. This was an effective audit trail.

Once prescriptions had been assembled, the RP usually carried out the final accuracy-check but the accuracy checking technician (ACT) could also assist with this. The ACT was not involved in any other dispensing process other than the final check, and there was an SOP to cover this process. Before the ACT undertook this task, the RP clinically checked the prescription, and it was clear when this stage took place.

Staff routinely recorded errors that occurred during the dispensing process (near miss mistakes). The details were collated and reviewed formally every month which helped identify any trends or patterns.

Documented details were seen to verify this although the information recorded was brief. The findings were subsequently discussed with the team to raise awareness. As a result, medicines which looked similar or sounded similar were separated. The pharmacy had a complaints as well as an incident management policy. Pharmacists managed dispensing errors which reached people in a suitable way and in line with the pharmacy's procedures. This involved appropriate management of the situation, formal reporting, and investigation to identify the root cause.

The pharmacy's team members had been trained to protect people's confidential information and to safeguard vulnerable people through mandatory training modules. They could recognise signs of concern for the latter and knew who to refer to in the event of a concern. Contact details for the relevant local safeguarding agencies were available and vulnerable people were monitored. The pharmacists were trained to level three. The pharmacy displayed details on how it protected people's private information and the team ensured confidential information was protected. Confidential information was stored and disposed of appropriately. No sensitive details could be seen from the retail space. Prescriptions awaiting collection were stored in a way that ensured people's confidential information was out of sight of the public and staff used their own NHS smartcards to access electronic prescriptions.

The pharmacy's records were largely compliant with legal and best practice requirements. This included a sample of registers seen for CDs. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Checks to verify the balance of CDs were made and recorded regularly. Records of CDs that had been returned by people and destroyed at the pharmacy were kept. The pharmacy had suitable professional indemnity insurance arrangements in place. The RP record and records about supplies of unlicensed medicines had all been appropriately completed. However, some records did not always include the nature of the emergency when a supply of a prescription-only medicine was made, in an emergency without a prescription. This could make it harder for the pharmacy to justify the supplies made and occasionally incorrect details about prescribers had been documented within the electronic private prescription register. This was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has capable team members. They work well together, have a range of skills and experience, and the pharmacy provides additional resources to help keep their skills and knowledge up to date.

Inspector's evidence

Staff on the day of the inspection included two trained dispensing assistants, one of whom worked on the counter, the ACT, a trainee medicines counter assistant (MCA) and two locum pharmacists, one of whom worked regularly here. The pharmacy's team members wore uniforms and name badges which indicated the length of their employment. Team members seen ranged from long-standing staff to newer members of the team. They were observed to be competent in their roles. Newer team members were enrolled on the appropriate training. Protected time was provided to help staff to complete this. Staff were up to date with the workload. The team knew which activities could take place in the absence of the RP and referred appropriately. Relevant questions were asked before selling medicines and medicines which could be abused were monitored. Training material was available through the company's online platform which team members routinely completed, they received regular updates from the company and managers as well as annual formal performance reviews. They also used an electronic messaging service as well as written communication.

Principle 3 - Premises ✓ Standards met

Summary findings

Overall, the pharmacy premises are appropriate for providing healthcare services. The pharmacy has a separate space where confidential conversations and services can take place. But the roof does not provide sufficient protection from the rain and detracts from the overall professional look and feel of the room.

Inspector's evidence

The pharmacy premises were located at the rear of the supermarket. They consisted of a medicines counter, a consultation room, and a spacious dispensary. Parts of the dispensary were open plan, but workspaces were appropriately screened to help promote privacy when preparing prescriptions. It had an adequate amount of workspace and there were dedicated areas for the pharmacists or the ACT to accuracy check prescriptions from. The pharmacy was suitably bright and ventilated, and the ambient temperature was suitable for the storage of medicines. The pharmacy was secured against unauthorised access. It was clean, the dispensary was tidy and clear of clutter, but there were issues with the consultation room. This was signposted, kept locked and was an appropriate size for its purpose. However, parts of the roof in here were leaking and there were missing ceiling tiles; rainwater in here was dripping through tubes into contained units. This had been reported to the company's maintenance team and it was apparent that this was being managed to some extent. However, a fresh leak had recently appeared, and water from the roof was being collected in a bucket. The room was cold and the tubes from the open roof tiles to collect the leaks, containers being used, and bucket all detracted from the overall professional use of the room. There were also baskets of assembled medicines directly on the floor before pharmacists placed them in the accuracy checking areas. They were stored in an ordered way, but this practice risked the contents being tipped or knocked over or people damaging medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy overall, has safe working practices. It is open for extended hours and the team tries to ensure that people with different needs can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable suppliers. It stores and manages its medicines well. Team members also highlight prescriptions that require extra advice, and they make some suitable checks. This helps ensure people can take their medicines correctly.

Inspector's evidence

The pharmacy was open for long hours and some of the pharmacy's services as well as its opening times were clearly advertised. People could enter the pharmacy through the front doors of the supermarket which were powered and step-free. The area outside the medicines counter and leading up to it, consisted of clear, open space and wide aisles. This helped people with restricted mobility or using wheelchairs to easily access the pharmacy's services. Team members could serve people with different needs. The team said that speaking clearly, breaking down details and written communication was used for people who struggled to hear easily. The pharmacy also had a hearing-aid loop that the team knew how to use. The pharmacy had some information and leaflets on display to promote health and the services offered. There was also documented information to assist with signposting people to the local health facilities if needed.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were stored in an organised way. CDs were stored securely and the keys to the cabinet were maintained in a way which prevented unauthorised access. The team checked medicines for expiry regularly and kept records of when this had taken place. Short-dated medicines were routinely identified and on randomly selecting some of the pharmacy's stock, there were no medicines seen which were past their expiry date. Fridge temperatures were checked daily, and details recorded. Out-of-date and other waste medicines were separated before being collected by licensed waste collectors. Medicines which were returned to the pharmacy by people for disposal, were accepted by staff, and stored within designated containers. This did not include sharps or needles which were re-directed elsewhere appropriately. Drug alerts were received electronically. Staff explained the action the pharmacy took in response and relevant records were kept verifying this.

The team identified people prescribed medicines which required ongoing monitoring. They asked details about relevant parameters, such as blood test results for people prescribed these medicines. Staff were also aware of the additional guidance when dispensing sodium valproate, topiramate and the associated Pregnancy Prevention Programme (PPP). They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them and had identified people in the at-risk group who had been supplied this medicine.

The pharmacy supplied medicines inside multi-compartment compliance packs to some people who lived in their own homes, after this was considered necessary and an assessment had taken place. This helped people to manage their medicines more effectively. The team ordered prescriptions on behalf of people. They identified any changes that may have been made, maintained records to reflect this and queried details if required. Descriptions of the medicines inside the packs were provided and patient information leaflets (PILs) were routinely supplied. The compliance packs were said to have been

usually sealed as soon as they had been prepared. However, at the inspection, some had been prepared and left unsealed overnight.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is suitably clean. And team members use them appropriately to keep people's confidential information safe.

Inspector's evidence

The pharmacy's equipment was suitable and kept clean. This included standardised conical measures for liquid medicines and triangle tablet and capsule counters. The pharmacy also had an appropriately operating pharmacy fridge, a legally compliant CD cabinet and current reference sources. Portable telephones helped conversations to take place in private if required. The pharmacy's computer terminals were password protected and their screens faced away from people using the pharmacy. This helped prevent unauthorised access. Equipment for services included an otoscope, tongue depressor, a thermometer, blood pressure machine and adrenaline. The equipment was new, clean, and had been maintained appropriately. The pharmacy also had hot and cold running water available, and a clean dispensary sink to reconstitute medicines.

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.