General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, 825 High Road, Leyton, LONDON, E10 7AA

Pharmacy reference: 1040120

Type of pharmacy: Community

Date of inspection: 17/01/2023

Pharmacy context

This is a supermarket pharmacy, serving the local population. In addition to dispensing medicines the pharmacy provides flu vaccinations. And it supplies people with medicines in multi-compartment compliance packs to help them manage their medicines. The pharmacy also provides Covid vaccinations.

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 proactively reviews dispensing incidents and continuously learns from them.
2. Staff	Standards met	2.2	Good practice	Team members get time set aside for ongoing training and the pharmacy monitors their training.
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 identifies and manages the risks associated with its services well. It largely keeps all the records it needs by law to ensure that its medicines are supplied safely and legally. And it asks people who use the pharmacy for their views. The pharmacy's team members understand their role in protecting vulnerable people. They undertake regular training to keep people's information safe. They record and review any mistakes they make when dispensing medicines to help prevent similar errors in the future.

Inspector's evidence

Standard operating procedures (SOPs) were available and up to date. Team members had read SOPs relevant to their roles and updated their individual record sheet. The responsible pharmacist (RP) explained that the company was in the process of moving SOPs to electronic versions. Hard copies would still be kept in store.

The team carried out checks daily using a handheld device. Checks were spilt into daily tasks and included confirming the RP records had been completed, if notices were displayed, and if the fridge temperature was monitored and recorded.

The pharmacy had processes to record dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Near misses were recorded in a book along with next steps. Near misses were observed to be recorded consistently. As well as recording the mistake, team members also annotated a chart with a star near the part of the dispensing process where the error had occurred. Each Monday the team went through recorded near misses and discussed what had happened, checked for trends and discussed what could be done differently. A review of the star chart was also completed. As a result of past reviews team members were advised to avoid distractions and take mental breaks. There was a process to deal with dispensing errors. An investigation was completed, and an incident report form was filled out. A copy of this was sent to the superintendent's office. Next steps were also recorded, these were allocated to team members along with a timeframe by which it needed to be completed. Once the next steps were completed the incident report was signed off by the pharmacy manager. There was a 'Safety Starts Here' board with date of when the last error occurred. Examples of steps that were taken after an incident included retraining team members and re-reading relevant SOPs. In the past the team had also moved the checking area and all pharmacists were reminded to annotate private prescriptions in the same way as NHS prescriptions. Branches shared information and learning from incidents on conference calls. As a result of an error that had occurred in one of the branches, all teams had been advised to store methotrexate in a separate basket. Team members had also attached warning labels to shelf edges for medicines which looked similar or sounded alike.

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and people were randomly handed cards which had a QR code and directed people to an online feedback form. Team members reported most people were generally happy with the service provided by the pharmacy.

Records for emergency supplies, unlicensed medicines, RP records and controlled drug (CD) registers were well maintained. Records for private prescriptions supplied were generally well maintained but the prescriber details were not correct for all the entries seen. CDs that people had returned were recorded in a register as they were received. CD balance checks were completed at regular intervals.

Patient confidentiality was protected using a range of measures. Prescriptions awaiting collection were stored in the dispensary and were not visible to the public. An information governance policy was available which was reviewed annually. Team members all completed annual training about information governance on the online learning portal. Team members had individual smartcards to access NHS systems. Pharmacists had access to Summary Care Records and consent to access these was gained from people verbally. Confidential waste was segregated in designated bins and left in an allocated secure area from where it was sent for destruction.

The team had completed safeguarding training on the company's online learning portal; in addition to this all team members had also completed the level 3 safeguarding course. The team would let the RP know if they had any concerns and details were available for local safeguarding contacts.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members for the services it provides, and they work effectively together and are supportive of one another. They have the appropriate skills, qualifications or are completing the right training to deliver services safely and effectively. Team members get time set aside for ongoing structured training. This helps them keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection the team comprised of the RP who was the pharmacy manager, the second pharmacist, a locum dispenser and a pharmacy assistant who was completing the dispenser training course. There was an overlap between the two pharmacists and most appointments for services were booked during this time. Other team members who were not present during the inspection due to sickness and annual leave included two trained dispensers and a trained pharmacy assistant. The pharmacy manager felt that there were an adequate number of staff when everyone was in. She added that working in the supermarket there were colleagues who had completed training who were able to cover the medicines counter if additional help was needed.

Team members were observed to counsel people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. Team members completing their formal training were given protected learning time to complete their work. The pharmacy manager was their supervisor and checked in with them a few times a week. Trainees described being well supported by the pharmacists and colleagues. Ongoing training was completed on an online learning portal. The pharmacy manager received a bulletin with details of what modules needed to be completed. Modules included mandatory health and safety training as well as over-the-counter medicines, new medicines and training for new services being launched. Dispensers were also signposted to other training resources by the pharmacist, such as training modules provided by the Centre for Pharmacy Postgraduate Education (CPPE). Team members were provided with time to complete these during working hours. Pharmacists also completed health and safety training and there were other regular training modules specifically for pharmacists.

Staff performance was managed by the pharmacy manager with reviews carried out every six months. Team members were also provided with ongoing feedback. New team members had reviews with the pharmacy manager at four weeks, three months and then six monthly after starting in their role. During the review a discussion was held as to how the team had performed as a whole and how the individual had played a part in this, training was also discussed.

The team held weekly meetings, information was passed on to colleagues who were not present. The pharmacy manager arranged her shifts in a way to ensure she had an opportunity in the week to work with all team members. Team members were all part of a group chat on a messaging application and used this to share information. The store team held weekly 'Team 5' meetings, notes from this were shared with team members who were asked to read and sign. New bulletins were also received from head office including a weekly news bulletin related to pharmacy news, this was read and signed by all team members. There was an open working relationship in the team and team members felt that they were able to raise concerns to the pharmacists. Targets were set for services offered. The team were informed if they were behind on specific targets. However, targets did not affect pharmacists'

professional judgement and they described how there was now more focus on clinical aspects of services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was clean; there was ample workspace which was allocated for certain tasks. Workspaces were labelled and prompts were stuck on the wall near the allocated spaces to remind team members of the steps they needed to carry out. Such as the checking area which had reminders of what team members should check. A clean sink was also available in the dispensary. Cleaning was carried out by the store janitor and team members. Medicines were arranged in a tidy and organised manner. The room temperature and lighting were adequate for the provision of healthcare. The store temperature was regulated. The premises were kept secure from unauthorised access.

A clean, signposted consultation room was available. The room allowed for conversations to be held inside which would not be overheard. The room was accessible from behind the door leading into the pharmacy and access was controlled by the team. Paperwork and records with people’s private information was held in the room in a locked cabinet.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides its services safely, and people can easily access them. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy was easily accessible. There was step-free access into the store with power-assisted doors and there was a hearing loop available. The table in the consultation room could be folded to create more space. The team was able to produce large print labels and some medicine boxes had braille, which team members would ensure was not covered. People were signposted to other services where appropriate and team members were able to email GP surgeries if they were referring people. Services were advertised to people using leaflets and posters. Most team members were multilingual and if needed colleagues from the store team could be used to translate. A local hotel was being used by the government to house asylum seekers and refugees most of who did not speak any English. The team used translation applications to translate. As some people were also unable to write the voice recognition was widely used.

The pharmacy manager felt that the flu vaccination service had the most impact locally as many people in the area worked and so it was more convenient for them to walk in when it suited and as the pharmacy was open long hours they could come in after work. The pharmacy also provided the meningitis ACWY vaccination, the pharmacist explained that there was a large population locally who travelled to Saudi Arabia for the Hajj and Umrah pilgrimages. And as these vaccinations were not provided by the GP, they were able to come into the pharmacy when it was suitable for them. The pharmacy had also provided the covid vaccination and the pharmacy manager felt that this enabled the team to play its part in helping during the pandemic.

The pharmacy had an established workflow in place. Most prescriptions were received electronically. These were printed out and dispensed if stock was available. Prescriptions were dispensed by the dispensers and left in an allocated area to be checked by the RP. In the event that stock was not available, it was ordered, and the prescription and labels filed. The pharmacy did not part-dispense prescriptions. Dispensed and checked by boxes were available on the labels; these were initialled by team members to help maintain an audit trail. The pharmacist completing the clinical check also annotated the prescription as did the team member who carried out a third check when handing out the prescription. The pharmacy team also used baskets for prescriptions to ensure that people's prescriptions were separated and to reduce the risk of errors. Colour-coded baskets were used for walk-in prescriptions to ensure these were prioritised. When handing out a prescription the dispenser physically removed all the medicines from the bag and carried out a double check. If a dispenser was not available, the check was done by the pharmacist.

The pharmacist was aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). The RP verbally counselled people to ensure they were presented with all the information as she felt there was a chance someone had not read all the

information provided to them. Team members confirmed that additional warning labels and cards were available if they weren't able to dispense the medicine in its original container. Additional checks were carried out when people collected medicines which required ongoing monitoring. For medicines such as methotrexate the prescription was annotated which prompted team members of the checks they were required to complete. When supplying warfarin, people's INR levels were checked, and these were recorded on their electronic record.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. Individual record sheets were available for each person. Any changes or missing items were queried with the surgery and recorded on the sheets. People using the service were allocated to specific dispensers. The local hospitals informed the pharmacy when someone was admitted into hospital and discharge summaries which were sent to people's GPs were also sent to the pharmacy. There were no assembled multi-compartment compliance packs available. The RP described the backing sheets used and explained these had product details and mandatory warnings, and there was an audit trail in place to show who had dispensed and checked the packs. Information leaflets were supplied monthly.

Medicines were obtained from licensed wholesalers and stored appropriately. This included medicines requiring special consideration such as CDs. Fridge temperatures were monitored daily and recorded using the hand-held device. The pharmacist was unsure as to how to bring up the report for previous temperature records. She confirmed that the fridge temperature had always been in the required range for the storage of medicines. The fridge temperature was within the required range at the time of the inspection. CDs were kept securely.

Date checking was done on a quarterly basis. No date-expired medicines were observed on the shelves checked. A date-checking matrix was available. Short-dated stock expiring within a year was marked and a record was also made. Out-of-date and other waste medicines were segregated and then collected by licensed waste collectors. Drug recalls were received electronically from head office, printed, actioned, and filed. The pharmacy manager also received alerts independently to her personal email.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean.

Inspector's evidence

The pharmacy had glass, crown stamped measures, and tablet counting equipment. Equipment was clean and ready for use. The pharmacy had a medical grade fridge and a legally compliant CD cabinet. Up-to-date reference sources were available including access to the internet. A blood pressure monitor was available. This was replaced by the head office team at regular intervals. The cholesterol monitor was calibrated by the team on a weekly basis, and the blood glucose monitor was calibrated each time a new pack of test strips were opened. Records were kept for when the calibration had been completed. Computers were all password protected and screens faced away from people using the pharmacy.

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.