

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Coppetts Centre, North Circular Road, North Finchley, LONDON, N12 0SH

Pharmacy reference: 1040413

Type of pharmacy: Community

Date of inspection: 15/02/2023

Pharmacy context

This pharmacy is situated in a supermarket. As well as dispensing NHS prescriptions and administering flu vaccinations, the pharmacy dispenses private prescriptions. They sell medicines over the counter and dispense medicines in multi-compartment compliance packs to some people who need this support.

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 identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It protects people's personal information well and team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. Team members had signed to say that they had read them. SOPs were regularly reviewed and updated by the head office team. Any changes or updates were highlighted at the beginning of the SOPs and team members were also made aware of these. Team members were allocated SOPs depending on their job roles.

The pharmacy recorded 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 logged on a sheet displayed in the dispensary and discussed in the Team Five meetings each week. Head office had issued all branches with a list of medicines which sounded alike. The team added additional medicines to this list as they identified them during reviews. Warning labels were used on the shelves to highlight these medicines. Warning labels were also used to highlight medicines which had been picked incorrectly in the past. Dispensing errors were investigated and reported on the intranet to head office. The team also received a monthly patient safety newsletter from head office via email and a number of hard copies were also sent.

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 it displayed a notice informing people about the procedure.

Records about private prescriptions, emergency supplies, controlled drug (CD) registers and RP records were generally well maintained. Some prescriber details in private prescription records were not accurate. CDs that people had returned were recorded in a register as they were received. CD balance checks were carried out regularly.

Assembled prescriptions were stored behind the counter and people's private information was not visible to others using the pharmacy. The pharmacy had an information governance policy available. Relevant team members who accessed NHS systems had smartcards. Pharmacists had access to Summary Care Records (SCR); consent to access these was gained verbally. Confidential waste was kept in a designated bag and collected by a contractor for secure destruction. All team members had also completed online training about confidentiality.

Team members had completed safeguarding training. Details were available for the local safeguarding boards. The company also had a safeguarding officer at head office who team members could contact.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services it provides. And the pharmacy supports its team members by giving them time at work to do ongoing training to help keep their knowledge and skills up to date. They do the right training for their roles. And they work effectively together and are supportive of one another.

Inspector's evidence

At the time of the inspection, the pharmacy team comprised of a pharmacist locum and one trained dispenser. The pharmacist manager had recently been appointed but was on holiday. Team members worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. Team members counselled people about the use of over-the-counter medicines and asked appropriate questions before recommending treatment.

The staff said that they were able to make suggestions about how the pharmacy was run. Recently they had suggested changing the layout of the medicines in the pharmacy and this had reduced picking errors. Individual performance and development was monitored by the pharmacy manager. Appraisal meetings were held annually with an interim review. Team members were also given on-the-spot feedback. Team members had personal access to a training site which helped them keep up to date, which they were given time at work to complete. Online eLearning was also completed on the 'Tesco Academy' which had a range of mandatory modules (such as safeguarding and risk management) and other optional ones. Targets were in place for services provided although there was no pressure to meet these.

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 premises were modern, large, bright, clean, and organised. The dispensary was of adequate size and there was ample workspace which was generally clean and tidy. A sink was available for preparing medicines. The pharmacy counter was protected with a plastic screen. A consultation room was available, and it allowed a conversation at a normal level of volume to take place inside without being overheard. It was also clean and tidy. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely. 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. The team are not consistent in the way they hand out medicines that need greater care. So people may not always get the advice they need to take their medicines safely.

Inspector's evidence

Access to the pharmacy was through the supermarket. Services were advertised on the pharmacy screens, and there was good signage to indicate where the pharmacy was located in the store.

The pharmacy had an established workflow. Baskets were used as part of the dispensing process to separate prescriptions. Dispensed and checked-by boxes on labels were initialled by members of the team to create an audit trail for the dispensing and checking processes.

Warning stickers were attached to some of the prescriptions by the RP during the checking process. Stickers were used if a person needed to be counselled by a pharmacist or if there was a fridge line or CD dispensed. However, their use was not consistent, and some prescriptions which should have had applicable stickers on did not. When the prescription was appropriately stickered, additional checks were carried out when people collected medicines which required ongoing monitoring. The RP and team members were aware of the guidance for dispensing sodium valproate. Where possible, sodium valproate was dispensed in its original packaging. Placement of the dispensing label on the container so as not to obscure important information was discussed with the team.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. To help organise and manage the service people were allocated to different weeks. Each week was colour coded. Team members contacted the surgery with any queries if the GP had not informed them about prescription changes. Any notes or communication were also recorded on people's individual record. Clinical checks were completed by the pharmacist. A backing sheet was then prepared. Assembled packs were labelled with product descriptions and mandatory warnings. Patient information leaflets (PILs) were supplied, meaning that people could easily access the information provided by the manufacturer about their medicines.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; the records showed these were within the required range for storing temperature-sensitive medicines. CDs were held securely. Expiry date checks were carried out by one of the dispensers. Short-dated stock was highlighted with a sticker. A date-checking matrix was in place. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were separated from stock and then collected by licensed waste collectors.

Drug recalls were received on the company's intranet. The team printed these and checked against stock. If the affected batches were found these were quarantined and action was taken following instructions received from head office.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Equipment was mainly clean and ready for use. A separate tablet-counting triangle was used for cytotoxic medicines to avoid contamination. A fridge of adequate size was available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.