

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, Tesco Superstore, Milton of Inshes, INVERNESS, Inverness-Shire, IV2 3TW

**Pharmacy reference:** 1042155

**Type of pharmacy:** Community

**Date of inspection:** 17/05/2023

## Pharmacy context

This is a community pharmacy in a superstore in Inverness. It dispenses NHS and private prescriptions including supplying medicines in multi-compartment compliance packs. Pharmacy team members advise on minor ailments and medicines use. And they supply over-the-counter medicines and prescription only medicines via 'patient group directions' (PGDs).

## 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	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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

Team members recognise and appropriately respond to safeguarding concerns. They suitably protect people's private information and keep the records they need to by law. The pharmacy has standard operating procedures to identify and manage risks. But team members follow safe working practices. But the pharmacy cannot show it has trained its team members to follow its procedures. Team members do not always record and discuss the mistakes they make. This means they may miss opportunities to learn from them and improve.

### Inspector's evidence

The pharmacy used 'standard operating procedures' (SOPs) to define its working practices. Team members produced hard copies of the procedures that showed the superintendent pharmacist had last reviewed and updated them in May 2020. But following the inspection the regional pharmacist manager confirmed the company had introduced electronic SOPs a few years previously. At the time of the inspection team members were seen to be following safe working practices and confirmed they had read and followed the hard copy SOPs. But they could not evidence when they had done so and they could not provide any records or annotations. The regional pharmacist manager confirmed they had arranged for the electronic SOPs to be introduced. Dispensers signed medicine labels to show who had 'dispensed' and who had 'checked' prescriptions. This meant the pharmacist was able to help individuals learn from their dispensing mistakes. Team members knew to record their own near miss errors. But records showed they had only documented two near misses since the start of 2023. This meant the pharmacy was unable to carry out near miss reviews. And it also meant they missed opportunities to identify and manage dispensing risks. Team members provided a few examples of change to manage risks. Such as when they selected medications for dispensing. This included separating quinine and quetiapine medications and leflunomide, lercanidipine and lisinopril. They also provided example of managing high risk medicines. And they kept methotrexate in a separate basket away from other items. They also used a register to record supplies. A Tesco non-pharmacy manager liaised with the regional pharmacist manager for the pharmacy. And team members knew to contact the Tesco manager to report dispensing mistakes identified following the supply of a medicine to a person. Team members were unable to recall any recent incidents.

The pharmacy trained its team members to handle complaints. And the company provided a SOP for them to refer to. Team members responded to feedback from people that used the pharmacy. And they had increased the waiting time for prescriptions when they were experiencing staffing shortages around the end of 2022. They had communicated the increases to manage people's expectations. Team members maintained the records they needed to by law. And the pharmacy had public liability and professional indemnity insurances in place. The pharmacist displayed a responsible pharmacist notice (RP) which was visible from the waiting area. And the RP record showed the name and registration details of the pharmacist in charge. Only pharmacists had been authorised to maintain and update the controlled drug (CD) registers. And the regular locum pharmacists evidenced they carried out balance checks every week. People returned CDs they no longer needed for safe disposal. And team members used a CD destruction register to document items which the pharmacist signed to confirm destructions had taken place. Team members filed prescriptions so they could easily retrieve them if needed. They kept records of supplies against private prescriptions and supplies of 'specials' that were up to date. The

pharmacy provided training so that team members understood data protection requirements and how to protect people's privacy. And they used a designated container to dispose of confidential waste. An approved provider collected the waste for off-site destruction. Team members knew to refer safeguarding concerns. And they knew to speak to the pharmacist whenever they had cause for concern. The pharmacy had contact details for local agencies, such as the local addictions teams. This helped team members access the information in a timely manner.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members have the necessary qualifications and skills for their roles and the services they provide. They learn to help keep their knowledge and skills up to date. And they feel empowered to raise concerns and suggest ways to improve services.

### Inspector's evidence

The company had conducted a risk assessment of its services at the end of 2022. This was due to a significant number of team members leaving their posts all at once. As a result, it had sought authorisation from the health board to reduce its opening hours to better manage its workload. The health board had approved the proposed new opening hours which continued to be in operation. This meant that team members could carry out tasks uninterrupted for part of the day when the pharmacy was closed to the public. The pharmacy had made some service changes and it had capped some of its services. And this had helped to optimise its existing staffing resources. The pharmacy had recently recruited two new team members to replace those that had left their posts. And the Tesco manager was about to arrange for the pharmacy technician to support induction and qualification training. The pharmacy employed five regular locum pharmacists to provide cover. And a nominated Tesco non-pharmacy manager liaised with a regional pharmacist manager to provide the necessary support on a day-to-day basis. This provided continuity of cover for the pharmacy team members.

The following team members worked at the pharmacy; one full-time pharmacist, one part-time pharmacist providing double cover, one part-time pharmacy technician, three part-time dispensers with two newly recruited team members about to start working at the pharmacy. Another team member that usually worked in the superstore was on duty. And the pharmacy was about to enrol them on qualification training. At the time of the inspection they were handing out prescriptions and obtained an accuracy check to confirm it was for the right person. Team members knew to submit annual leave requests in advance. And they also knew that only one team member at a time was authorised to take leave to maintain service continuity.

The locum pharmacists supported team members to learn and keep up to date. For example, they had recently discussed semaglutide as they were unfamiliar with the medication. The pharmacy provided some protected learning time in the workplace. And one of the dispensers was reading about pest control procedures at the time of the inspection. They had also completed UK GDPR training but were unable to remember or show when this had taken place. Pharmacy team members were proactive and made suggestions to improve their working arrangements. This included changing the way they managed serial prescription dispensing. And instead of dispensing prescriptions daily as they had previously done so, they dispensed them weekly to better manage the workload and this had been beneficial. Team members had also made changes to improve the retrieval of prescriptions at the time of handing them out. And they filed prescriptions using the first three letters of the alphabet instead of only one which had saved time. Team members knew about their obligations to raise whistleblowing concerns. And they knew to contact the Tesco manager or the regional pharmacist manager.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises support the safe delivery of its services. And it effectively manages the space for the storage of its medicines. The pharmacy has suitable arrangements for people to have private conversations with the team.

### Inspector's evidence

The pharmacy was at the rear of a Tesco superstore. It had a sound-proofed consultation room which included a sink with hot and cold running water. The room also provided a clinical environment for the delivery of services. And it provided a confidential environment where people could speak freely with the pharmacist and the other team members during private consultations. Team members cleaned and sanitised the pharmacy regularly. This ensured it remained hygienic for its services. Lighting provided good visibility throughout, and the ambient temperature provided a suitable environment from which to provide services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services which are accessible. And it promotes its opening hours to help people receive appropriate care. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. The team carries out checks to make sure medicines are in good condition and suitable to supply. And it has arrangements to identify and remove medicines that are no longer fit for purpose.

### Inspector's evidence

The pharmacy had reduced the hours it opened to the public due to staffing shortages. And the new opening hours were visible from the waiting area. A step-free entrance provided access to the pharmacy, and this helped people with mobility difficulties. The pharmacy purchased medicines and medical devices from recognised suppliers. And team members conducted monitoring activities to confirm that medicines were safe to supply. They checked expiry dates on a weekly basis and kept audit trails to evidence when checks were next due. This managed the risk of supplying short-dated stock in error. The pharmacy used a fridge to keep medicines at the manufacturers' recommended temperature. And team members monitored and recorded the temperature to provide assurance it was operating within the accepted range of two and eight degrees Celsius. The temperature was within the range at the time of the inspection. And the regional pharmacist manager confirmed that records also showed the maximum and minimum temperatures the fridge had reached over a 24-hour period.

Team members kept stock neat and tidy on a series of shelves. And they used secure controlled drug (CD) cabinets for some items and medicines were well-organised. The pharmacy had medical waste bins and CD denaturing kits available. This supported the team in managing pharmaceutical waste. The Tesco manager produced an audit trail of drug alerts. And the records evidenced that team members had checked for affected stock for removal and isolation. Team members knew about the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew about the warning labels on the valproate packs, and they knew to apply dispensing labels so as not to cover-up the warning messages. The pharmacy mostly supplied original packs which contained patient information leaflets and information cards. But they did not have spare information cards in the event they needed to supply split packs.

Team members used dispensing baskets to safely hold medicines and prescriptions during dispensing. And this helped to manage the risk of items becoming mixed-up. Team members obtained a third accuracy check at the time they handed prescriptions out. This helped to manage the risk of handing out medicines incorrectly to the wrong person. The pharmacy supplied medicines in multi-compartment compliance packs to some people to help them with their medication. And the pharmacy had capped the service to optimise its staffing resources. Team members used supplementary records that provided a list of each person's current medication and dose times which they kept up to date. And they checked new prescriptions against the records for accuracy. Team members provided descriptions of medicines. And they supplied patient information leaflets for people to refer to. The pharmacy dispensed a significant number of serial prescriptions for people that had registered with the 'medicines: care and review' service (MCR). And the pharmacy team members had improved their processes for managing dispensing so they could order items and dispense in advance more effectively. Most people collected their medication when it was due. And team members knew to refer people who

arrived either too early or too late so the pharmacist could check compliance and identify concerns. Only pharmacists had been authorised to dispense and supervise doses of some high-risk medicines. And they maintained the relevant registers which included checking and verifying the balances.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services. And it uses its facilities to suitably protect people's private information.

### Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF). Team members used crown-stamped measuring cylinders, and they used separate measures for methadone. They had highlighted the measures, so they were used exclusively for this purpose. The pharmacy stored prescriptions for collection out of view of the public waiting area. And it positioned the dispensary computers in a way to prevent disclosure of confidential information. Team members could carry out conversations in private if needed, using portable telephone handsets. The pharmacy used cleaning materials for hard surface and equipment cleaning. And the sink was clean and suitable for dispensing purposes.

### 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.