

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Paton Street, GALASHIELS,
Selkirkshire, TD1 3AT

Pharmacy reference: 1042965

Type of pharmacy: Community

Date of inspection: 12/09/2022

Pharmacy context

The pharmacy is in a Tesco supermarket in the centre of Galashiels, Selkirkshire. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. It also provides advice and treatment for a range of minor illnesses through the NHS Pharmacy First service.

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	N/A	N/A	N/A
2. Staff	Standards met	2.5	Good practice	The pharmacy encourages feedback from its team members. And it actively uses their feedback to inform its service delivery.
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 effectively. It keeps people's private information secure. And it generally keeps the records it must by law. The pharmacy advertises how people can provide feedback about its services. And its team members understand how to act on any feedback provided. Pharmacy team members understand how to help safeguard potentially vulnerable people. They share learning following mistakes they make during the dispensing process. And they act with care to reduce the risk of similar mistakes occurring.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) to support its safe and effective running. These covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. It held SOPs electronically and there was evidence of SOPs being reviewed within the last two years. A sample of training records confirmed pharmacy team members had completed appropriate learning associated with the SOPs. But some training records had not been signed off as complete by a senior manager. This was due to completion emails prompting the sign-off process going to the previous pharmacy manager rather than the current manager. All team members were observed working in accordance with SOPs during the inspection. For example, dispensary team members completed and recorded a 'third check' of the contents of bags of assembled medicines against the prescription prior to the bag being handed out to people. The pharmacy team engaged in regular audits through the company's 'Safe and Legal' programme. These audits included daily, weekly, and periodic checks designed to support the team in maintaining a safe and secure working environment. Details checked included record keeping, patient safety and checks of equipment used to support the delivery of the pharmacy's services. Senior managers within the store monitored the completion of these audits. And a duty manager provided evidence of the ongoing audit checks taking place.

The pharmacy had clear processes for recording mistakes made during the dispensing process. This included the completion of dispensing incident reports submitted to the superintendent pharmacist's (SI's) office. The reports identified follow-up actions to help prevent a similar mistake occurring. For example, pharmacy team members had completed recent learning about ensuring the correct pack size of medicine was selected following a mistake involving a quantity error. The pharmacy manager had returned from leave on the day of inspection and had been notified of a CD discrepancy found over the weekend. The manager outlined their plan for investigating the discrepancy and was fully aware of reporting requirements to the pharmacy's head office and to the NHS CD accountable officer should the discrepancy not be rectified. The pharmacy had recently changed the way it recorded near misses made by team members during the dispensing process. Each team member had been using their own page in the near miss record to record mistakes. But a recent Safe and Legal audit had identified that this system may increase the gap between reviews and mean that there may be some missed shared learning opportunities. The team was adjusting well to recording and reviewing its near misses weekly. Team members demonstrated some actions they took to reduce risk following these reviews. For example, 'Select with Care' and warning labels on shelf edges prompted additional checks during the dispensing process. This helped to reduce the risk of mistakes involving 'look-alike' and 'sound-alike' (LASA) medicines.

The pharmacy had a complaints procedure and this was advertised. Pharmacy team members recognised how they would manage feedback and understood how to escalate a concern to either the pharmacy manager, a duty manager within the store or to the SI's office dependent upon the nature of the feedback. Pharmacy team members demonstrated a clear understanding of how to recognise and report a concern about a vulnerable adult or child. There was contact information and safeguarding protocols readily available for team members to refer to. All team members had completed learning about safeguarding vulnerable people. The pharmacy provided access to some medicines via daily and weekly dispensing regimens. And it kept audit trails to support it in providing medicines in this way. This allowed the team to monitor collections and raise concerns with other healthcare professionals should a person not attend to collect their medicines.

The pharmacy stored personal identifiable information in staff-only areas of the premises. It held confidential waste in designated bags. The team sealed these bags and held them securely prior to them being collected for safe disposal. The pharmacy had up-to-date indemnity insurance arrangements in place. A sample of pharmacy records examined confirmed the pharmacy generally kept the records required by law in good order. The pharmacy maintained running balances in the CD register and the team completed regular full balance checks of CD stock against the register, in accordance with SOPs. A random physical balance check of a CD conducted during the inspection complied with the running balance in the register. There were some minor improvements identified in private prescription records. This was because the date of prescribing and details of the prescriber recorded in the electronic register did not always match that of the prescription.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably skilled and knowledgeable people working to provide its services safely. It supports the learning needs of its team members through ongoing training and structured feedback. The pharmacy encourages feedback from its team members. And it actively uses their feedback to inform its service delivery. Pharmacy team members work together well. They are enthusiastic about their roles. And they engage in conversations designed to share learning and improve safety.

Inspector's evidence

The RP was the pharmacy manager and was supported during the inspection by two qualified dispensers, and two trainee dispensers. The pharmacy also employed a medicine counter assistant, another qualified dispenser, another trainee dispenser, and a pharmacy technician. The pharmacy technician was on planned long-term leave. Some members of the pharmacy team had increased their hours to help provide additional support during this time. A member of the supermarket team had also completed medicine counter assistant training and supported the team when staffing levels were particularly low. The pharmacy was actively recruiting for a vacant duty pharmacy manager post. It was currently reliant on some locum pharmacist cover, and there had been difficulty covering some shifts. This had resulted in the pharmacy recently reducing its opening hours to ensure access to pharmacy services during core hours. The pharmacy team reported that its dispensing workload had increased in recent months. And team members had recently felt the pressure of this during peak holiday season when staffing levels were lower than normal. Workload was up to date with managed work planned well.

Pharmacy team members worked enthusiastically and were knowledgeable when demonstrating tasks associated with their roles. They engaged in regular e-learning and team members that had joined the pharmacy team during the COVID-19 pandemic had progressed through their accredited learning in a timely manner. All pharmacy team members received regular feedback about their learning and development through a structured appraisal process. The pharmacy did have some targets associated with its services. The pharmacy manager expressed that there was a fair approach to setting these targets, based on the previous years' performance history. And they were clearly able to apply their professional judgment when providing pharmacy services.

Pharmacy team members engaged in continual conversations related to workload management and patient safety. The team documented the outcome of some of these conversations through tools such as the 'Team Five', a review process designed to share learning and manage risk. Team members regularly read newsletters and checked emails to ensure they kept themselves up to date with information designed to support them in their roles. The pharmacy had a whistleblowing policy in place. And pharmacy team members were aware of how to provide feedback and escalate a concern if required. Team members worked well together and were observed supporting each other. There was clear evidence of their ideas and feedback being used to inform the safe delivery of pharmacy services. For example, the pharmacy had implemented improvements to the file management of serial prescriptions following a suggestion from a team member. And the pharmacy had fitted a plastic screen to section off the area used by team members to complete the third check. It had taken this action in

response to a team member sharing their idea which worked effectively to provide protected space for this key safety task.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitably maintained. They provide an adequate space for the delivery of healthcare services. People using the pharmacy can speak with a member of the pharmacy team in a private consultation room.

Inspector's evidence

The pharmacy premises were secure and clean. The pharmacy was in an adequate state of repair. There was a process for reporting maintenance issues and health and safety concerns. Lighting was bright and ventilation was appropriate with air conditioning used to keep a suitable temperature. Pharmacy team members had access to hand washing facilities, including antibacterial hand wash and hand sanitiser. Robust plastic screens at the medicine counter reduced the risks associated with providing face-to-face pharmacy services during a pandemic.

The registered area consisted of the dispensary, the medicine counter, and the private consultation room. There was also a small waiting area directly outside of the consultation room. The consultation room was clean and clutter free. It provided a suitable space for holding private consultation services. The dispensary was an appropriate size for the level of activity taking place with clear designated areas for completing different stages of the dispensing process. A small room off the dispensary had been adapted to provide an extra workstation and bench space for completing higher risk tasks associated with the supply of medicines in multi-compartment compliance packs. The pharmacy team also had access to lockable storage in the warehouse of the supermarket. This area was accessed only by pharmacy team members who used the storage facility to secure items such as dispensary sundries and archived records.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. It obtains its medicines from reputable sources. And it stores its medicines safely and securely. Pharmacy team members engage people in conversations about their health and their medicines. And they document the outcome of these interventions to support ongoing care. But they do not always supply information leaflets when dispensing medicines in multi-compartment compliance packs. This may on occasion limit the information people have available to support them in taking their medicines safely.

Inspector's evidence

The pharmacy was on the back wall of the supermarket and was signposted clearly from the entrance. People accessed the supermarket by either stairs, an escalator, or lifts. The pharmacy advertised its opening times; this included a clear notice informing people that the pharmacy would be closed for a short period over lunch. It displayed some helpful information about its services at its medicine counter; further notices encouraged members of the public to treat team members with respect. Pharmacy team members understood how to signpost a person to another pharmacy or healthcare provider should they be unable to provide a pharmacy service.

The pharmacy actively supported people with long-term health conditions by promoting the NHS Medicines Care and Review (MCR) service. It used the patient section of the pharmacy care record (PCR) to record care plans associated with the service following reviews with the pharmacist. And it shared treatment summary information with people's own GPs. The pharmacy had a structured system for managing its serial prescriptions; it filed these in a calendar style organiser. This allowed team members enough time to request and check for amendments and helped to ensure people's medicines were ready for collection when they were due. The pharmacy ordered some repeat prescriptions at the request of people. It kept an audit trail of the orders and general communication with GP practices to support team members in answering any queries. The pharmacy had up-to-date information and patient group directions (PGDs) to support the provision of medicines through the Pharmacy First Service. And the RP recognised the benefits of being able to use the unscheduled care PGD to support access to medicines in an emergency.

The pharmacy dispensed some higher-risk medicines, including clozapine. Pharmacy team members had access to the clozapine patient monitoring service and explained that they would only dispense prescriptions if blood results were green. Amber and red results prompted referral to the prescriber and dispensing would not take place. The pharmacy held clear records indicating the dates the monitoring checks were required and it stored clozapine separately to other medicines to avoid the risk of a dispensing incident occurring. Pharmacy team members demonstrated a good awareness of the requirements of the valproate pregnancy prevention programme (PPP). And the pharmacy had resources associated with the PPP to hand. The RP demonstrated robust record keeping for the PPP counselling checks completed within the patient medication record (PMR).

The pharmacy protected Pharmacy (P) medicines from self-selection as it displayed them behind the medicine counter. Pharmacy team members discussed how repeat requests for higher-risk over-the-counter medicines would be referred to the RP. Pharmacy team members signed the 'dispensed by' and

'checked by' boxes on medicine labels when dispensing medicines. And they used coloured baskets to help manage individual prescriptions safely and to identify workload priority. The pharmacy used individual patient records to support the management of the multi-compartment compliance pack service. Changes to medication regimens were clearly recorded on these individual records. A sample of assembled packs contained descriptions of the medicines inside to help people identify them. And full dispensing audit trails were provided on each pack. The team reported that patient information leaflets were provided at the beginning of each cycle of packs. But the sample chosen for inspection did not contain these leaflets. These had been assembled and checked when the pharmacy manager was on leave.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. It stored medicines in an orderly manner, within their original packaging, on shelves throughout the dispensary. The team generally completed date checking tasks every two months to keep ahead of its three-monthly date-checking matrix. This supported it in managing workload should there be unplanned absences within the team. A random check of dispensary stock found no out-of-date medicines and short-dated medicines were clearly identifiable. The team highlighted liquid medicines with the date of opening to help inform safety checks at the point of dispensing. The pharmacy stored CDs in secure cabinets and storage within the cabinets was orderly. It held cold chain medicines in a large pharmaceutical refrigerator and completed daily temperature monitoring checks to ensure these medicines were stored between two and eight degrees Celsius. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It received medicine alerts from both the NHS and from its head office. It kept audit trails of these alerts showing any action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the required equipment for providing its services. It maintains the equipment to ensure it remains in safe working order. And pharmacy team members use the equipment in a way which protects people's privacy.

Inspector's evidence

The pharmacy had up-to-date written reference resources available including the British National Formulary (BNF). Pharmacy team members accessed password protected computers and the pharmacy suitably protected information on computer monitors from unauthorised view. It stored bags of assembled medicines on designated shelving to the side of the dispensary. This arrangement suitably protected information on bag labels and prescription forms. Pharmacy team members used appropriate counting and measuring equipment when dispensing medicines. The pharmacy had separate equipment available for counting and measuring higher risk medicines. This mitigated any risk of cross contamination when dispensing these medicines. Electrical equipment was checked at scheduled intervals to ensure it remained safe to use.

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.