

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Wallace Street, STIRLING,
Stirlingshire, FK8 1NP

Pharmacy reference: 1043030

Type of pharmacy: Community

Date of inspection: 28/08/2019

Pharmacy context

The pharmacy is in a Tesco's store on the edge of Stirling town centre. It has long opening hours and it dispenses NHS prescriptions and provides a range of extra services. The pharmacy collects prescriptions from local surgeries. And it supplies medicines in multi-compartmental compliance packs when people need extra help with their medicines. A consultation room is available, and people can be seen in private.

Overall inspection outcome

✓ Standards met

Required Action: Improvement Action Plan

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 not all met	1.2	Good practice	The pharmacy team members discuss near misses and dispensing errors to manage the risk of the same error happening again. And they are good at using the information to share the learning from these errors.
2. Staff	Standards met	2.4	Good practice	The pharmacy is good at listening to feedback and ideas from team members and people using the pharmacy. It makes improvements to its services. The pharmacy team members are enthusiastic about their roles and work well together. They openly discuss mistakes and how they can improve their learning from them.
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 not all met

Summary findings

The pharmacy team members work to professional standards. They keep good records when mistakes happen. And senior pharmacy team members carry out checks to make sure the pharmacy is running safely. The team members discuss the need for improved safety measures. And they are proactive at identifying risks and making service improvements. The pharmacy keeps the records it needs to by law. And it provides regular training for the team to keep confidential information safe. The team members understand their role in protecting vulnerable people. People using the pharmacy can raise concerns. And the pharmacy team members know to follow the company's complaints handling procedure. They listen to people and put things right when they can. And make service changes to improve people's experiences.

Inspector's evidence

The pharmacy used standard operating procedures (SOPs) to define the pharmacy processes and procedures. The team members had signed to confirm they followed the procedures. And to show they understood their roles and responsibilities. The pharmacy had displayed the responsible pharmacist notice. And it showed the name and registration number of the pharmacist in charge. The team members signed dispensing labels to show they had completed a dispensing task. And the pharmacist and the accuracy checking technician (ACT) used a basket to quarantine prescriptions when dispensers failed to identify their errors. The prescriptions were quarantined until team members were given feedback and the opportunity to reflect on their mistakes. And they recorded their own near-misses and the reason why they thought they had happened. The pharmacist regularly analysed the data on a Tuesday, and dispensers had been trained and authorised to carry out the review when she was absent. The team members discussed the findings and agreed on improvement action which they reviewed the following week to it had been effective. A sample of reports showed there had been continuous improvement in the pharmacy. For example;

1. A process map was used to highlight weakness. And team members knew that formulation errors accounted for a significant number of errors. The pharmacist had discussed the risks associated with supplying the wrong formulation at a team meeting. And this had been effective at reducing the number of errors.
2. The team members had been ticking and circling critical information on prescriptions. And this had reduced the number of quantity errors.
3. A trainee had agreed to re-read the dispensing SOP. And this had improved accuracy in dispensing.
4. Highlighting look-alike and sound-alike medications, such as amlodipine/amitriptyline.

The pharmacy used a safe and legal record to confirm that critical tasks were completed on time. For example, team members were required to check NHS mail and controlled drug records each day. The company used external auditors to carry out checks to highlight areas for improvement. And the pharmacist had been notified to check their own audit records to ensure compliance as an external audit was due. The pharmacists managed the incident reporting process. And the pharmacy team members knew when incidents happened and what the cause had been. For example, they knew that buprenorphine 2mg had been incorrectly supplied instead of 200mcg. The team members had discussed the error. And had agreed to add a caution label to the shelf and to take more care when selecting medications. The pharmacist had been authorised to order a new additional controlled drug

cabinet. And this was due to the cabinets being congested. The pharmacy used a complaints policy to ensure that team members handled complaints in a consistent manner. The pharmacy displayed a notice advising people how to complain. And issued cards to encourage people to provide feedback about the services they had received. The team members received good feedback about a new text service that informed people about their prescriptions. And they had been able to respond to requests for service improvement. For example, keeping stocks of Savlon preparations.

The pharmacy maintained the legal pharmacy records it needed to by law. And the pharmacist in charge kept the responsible pharmacist record up to date. The pharmacy team kept the controlled drug registers up to date. And checked and verified the balance of most of the controlled drugs on a weekly basis with methadone checked each morning. This ensured that stock overages were accounted for and discrepancies identified and investigated. The pharmacy team recorded controlled drugs that people returned for destruction. And the pharmacist and a team member recorded their name and signature against each destruction. A sample of private prescriptions were up to date and met legal requirements. And specials records were kept up to date with details of who had received each supply. The pharmacists had been accredited to use patient group directions to improve access to medicines and advice. And a sample trimethoprim patient group direction was valid until November 2019. The pharmacy had public liability and professional indemnity insurance in place and this was up to date.

The pharmacy displayed a 'fair data processing notice' which provided people with information about its data protection arrangements. The pharmacy trained team members on a regular basis to comply with data protection arrangements. And they knew how to safeguard personal information. The pharmacy disposed of confidential information in designated bags which were uplifted for off-site destruction. And it archived spent records for the standard retention period. The protecting vulnerable group (PVG) scheme was used to help protect children and vulnerable adults. And the company registered pharmacists onto the scheme. The pharmacy trained its team members to follow safeguarding arrangements. And provided information so they knew who to contact if they had a concern about a child or a vulnerable adult. The pharmacy team recognised the signs and symptoms of abuse and neglect. And knew when to refer to the pharmacist. For example, when someone had failed to collect their multi-compartmental compliance pack on more than one occasion and appeared unkempt.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy monitors its staffing levels. And ensures it has the right number of suitably qualified pharmacy team members throughout the week. The team members reflect on their performance. And identify and discuss their learning needs at regular review meetings to keep up to date in their roles. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work. And make suggestions for improvement to keep services safe and effective.

Inspector's evidence

The pharmacy had experienced a slight increase in the number of NHS prescription items it dispensed. And the pharmacist had carried out regular reviews to confirm the pharmacy team had the capacity and capability to provide its services. The team members were meeting their performance targets. For example, they had registered a significant number of suitable people with a new text service that informed them when prescriptions were ready for collection. The team members did not feel undue pressure to meet targets. Most of the dispensers had worked at the pharmacy for many years. And two new trainee dispensers were being supported to make progress with the course she had been enrolled onto.

The pharmacy kept the team's training certificates on-site. And the following team members were in post; one full-time pharmacist, three part-time pharmacists and one part time regular locum pharmacist. The pharmacists overlapped on Tuesdays and Thursdays for two hours and ensured they were up-to-date with management activities. One part-time accredited checking technician (ACT), four part-time dispensers and two part-time trainee dispensers. The pharmacy managed annual leave and absences. And team members were expected to submit their holiday requirements at the start of the year for the following year. The pharmacist authorised leave for a maximum of one team member at a time. And locum pharmacist cover had been organised up until the end of 2019. A locum guide was used to ensure compliance with company standards. For example, making sure they recorded near-misses and carrying out balance checks when dispensing controlled drugs. The pharmacist used separate rotas for the pharmacists and the rest of the pharmacy team. And this ensured enough team members were on duty at peak times to ensure service continuity. For example, the team members collected prescriptions from the local surgeries at mid-day. And dispensed them in the afternoon.

The pharmacy used an annual appraisal to identify areas for development. And the pharmacy team were supported to learn. For example, one of the dispensers had agreed to enrol onto the NVQ pharmacy services level three course. And once completed would be eligible to join the pharmacy technician register. The pharmacy technician had been trained and accredited to carry out final accuracy checks. And knew only to check prescriptions that had been annotated by a pharmacist and placed in a green basket. The pharmacy provided ongoing training. For example, the regular pharmacists had been trained and accredited to provide services such as flu vaccinations. And a second pharmacist was employed to provide dispensary cover when the service was being provided. The pharmacy kept training records. And a sample record showed that a dispenser was up-to-date with company requirements. For example, annual safeguarding training, information governance training

and age restricted sales protocols had been recently completed. The pharmacy team members felt empowered to raise concerns and provide suggestions for improvement. And a weekly conference call was used to highlight key messages in the safety bulletins that were later disseminated. For example, a recent bulletin had highlighted areas that needed improvement following GPhC inspections. And it reminded team members to check NHS mail each day. The pharmacy team members had provided feedback that there was restricted access to the consultation room for the services they provided and this was being looked into.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean. And provide a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

A well-kept waiting area presented a professional image to the public. And the pharmacy provided seating and healthcare information leaflets for self-selection. The pharmacy had allocated areas and benches for the different dispensing tasks. And the pharmacist supervised the medicines counter from the checking bench. The pharmacy had effective lighting. And the ambient temperature provided a comfortable environment from which to provide services. The pharmacy provided a consultation room which was professional in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy displays its opening times and healthcare information at the front of the pharmacy. And lets people know about its extended opening hours and what services are available to them. The pharmacy has up-to-date working instructions in place for its services. And these support the pharmacy team to work in a safe and effective way. The pharmacy dispenses multi-compartmental compliance packs. And supplies extra information to these people to support them to take their medicines. The pharmacy sources, stores and manages its medicines appropriately. And updates the pharmacy team about high-risk medicines. This means that team members know when to provide people taking these medicines with extra information.

Inspector's evidence

The pharmacy had step-free access at the entrance to the pharmacy. And an automatic door provided unrestricted access for people with mobility difficulties. The pharmacy displayed its opening hours at the counter. And displayed healthcare information leaflets at the waiting area and in the consultation room. The dispensing benches were organised. And the pharmacy team used dispensing baskets to keep prescriptions and medicines contained throughout the dispensing process.

The pharmacy dispensed multi-compartment compliance packs for around 18 people. And the team members had read and signed an up-to-date SOP to ensure dispensing was safe and effective. The pharmacy used a separate room for dispensing. And this kept distractions and interruptions to a minimum. The team members tracked prescriptions to ensure they managed dispensing activities. And this also ensured that people received their medicines on time. The team members isolated packs when they were notified about prescription changes. And they recorded the changes in people's medication records. The pharmacy supplied patient information leaflets and provided descriptions of medicines. And this supported people to take their medicines.

The pharmacy used a Methameasure machine to dispense methadone doses for around 27 people. The pharmacist carried out calibrations each morning to confirm the machine was measuring accurately. And the team members ensured the machine was cleaned to avoid contamination. The pharmacist had authorised the team members to dispense doses. And they presented the prescription and the dose for a final accuracy check. The pharmacist had authorised team members to process new prescriptions. And these were checked by the pharmacist at the time they were entered.

The pharmacy used clear bags instead of paper prescription bags for controlled drugs. And this allowed the pharmacist to easily carry out additional checks at the time of supply. The team members kept the pharmacy shelves neat and tidy. And they purchased medicines and medical devices from recognised suppliers. The team members kept controlled drugs in two organised cabinets to manage selection risks. For example, sugar-containing and sugar-free methadone was kept in separate cabinets. The pharmacy team carried out regular stock management activities. And highlighted short dated stock and part-packs during regular expiry date checks. The team members monitored and recorded the fridge temperature. And demonstrated that the temperature had remained between two and eight degrees Celsius.

The pharmacy accepted returned medicines from the public. And disposed of them in yellow containers that the health board collected. The pharmacy team acted on drug alerts and recalls. And recorded the outcome, and the date they checked for affected stock. For example, they had checked for aripiprazole solution in July 2019 with no stock found. The pharmacy team members had been briefed about the valproate pregnancy protection programme. And they knew where to find the safety leaflets and cards. The pharmacist monitored prescriptions for valproate. And checked that people had received counselling about the risks associated with taking valproate. The pharmacy had not implemented the Falsified Medicines Directive (FMD). The team members knew about the directive, but did not know about its implementation.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. The pharmacy team members keep the equipment clean. But they do not keep records to show when it has been calibrated.

Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. And the team members had highlighted the measures only to be used for methadone. The pharmacy used a blood pressure monitor. But the pharmacy team could not recall when it had last been renewed. The pharmacy kept monitors to measure blood glucose and cholesterol. But they weren't in use and had not been recently calibrated. The pharmacy provided cleaning materials for hard surface and equipment cleaning. And the pharmacy sink was clean and suitable for dispensing purposes. The pharmacy stored prescriptions for collection out of view of the waiting area. And it arranged computer screens, so they could only be seen by the pharmacy team. The pharmacy team members used a portable phone. And they took calls in private when necessary.

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.