

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Tesco Superstore,
Culverhouse Cross, CARDIFF, South Glamorgan, CF5 6XQ

Pharmacy reference: 1043693

Type of pharmacy: Community

Date of inspection: 29/05/2019

Pharmacy context

This is a pharmacy set inside a large supermarket in an out-of-town retail park. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. Most people who use the pharmacy do so while they are shopping in the supermarket. The pharmacy provides a wide range of services including emergency hormonal contraception, smoking cessation, treatment for minor ailments, a meningitis vaccination service and a seasonal flu vaccination service for NHS and private patients. Substance misuse services are also available. The pharmacy is usually open until 8pm. It closes at 4pm on Sundays.

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	Good practice	2.2	Good practice	Staff have the appropriate skills, qualifications and competence for their role and are supported to address their learning and development needs
		2.4	Good practice	A culture of continuous improvement through learning exists within the team
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 has written procedures to help make sure the team works safely. Its team members record and review their mistakes so they can learn from them. And they take action to help stop the same sorts of mistakes from happening again. The pharmacy keeps the records it needs to by law. It asks people to give their views about the services it provides. And it keeps people's private information safe. The pharmacy's team members understand how to recognise and report concerns about vulnerable people to help keep them safe.

Inspector's evidence

The pharmacy had systems in place to identify and manage risk, including the recording and analysis of dispensing errors and near misses. Staff demonstrated that action had been taken to reduce risk: amitriptyline and amlodipine tablets had been separated following a recent dispensing error. Caution stickers had been used to highlight the risks of picking errors with gabapentin and pregabalin. The accuracy checking technician (ACT) said that a trainee dispensing assistant had recently been given extra training on the different forms of aspirin after a near miss.

A range of written standard operating procedures (SOPs) underpinned the services provided; these were regularly reviewed. A member of staff who had recently returned from a prolonged absence was in the process of reading and signing new versions of SOPs relevant to her role. A list of activities that could or could not be carried out in the absence of the responsible pharmacist was displayed on the dispensary noticeboard for reference. The ACT said that she could perform an accuracy check on any prescriptions that had been clinically checked by a pharmacist. She explained that the pharmacists would initial a prescription twice to show that it had been clinically checked.

The pharmacy received regular customer feedback from annual patient satisfaction surveys; the ACT said that the results of the most recent survey were mostly positive, although some customers had made negative comments about waiting times. A formal complaints procedure was in place and information about how to make complaints was included in the practice leaflet displayed in the retail area.

Evidence of current professional indemnity insurance was available. All necessary records were kept and properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, specials procurement and controlled drug (CD) records. CD running balances were typically checked weekly.

Staff received annual training on the information governance policy and had signed confidentiality agreements as part of this training. They were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately. Individual staff members had unique passwords that the system prompted them to change at regular intervals.

The pharmacists had undertaken formal safeguarding training and had access to guidance and local contact details that were displayed in the dispensary. Staff had received in-house training and were able to identify different types of safeguarding concerns; they said that they would refer these to the pharmacist, who confirmed that she would report concerns via the appropriate channels where

necessary.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough staff to manage the workload safely. Pharmacy team members complete regular training and have a good understanding about their roles and responsibilities. They can speak up about the way the pharmacy works.

Inspector's evidence

Two pharmacists oversaw all professional activities as part of a job-share. Their shifts overlapped for a few hours on weekdays. A locum pharmacist was covering the regular pharmacist's role on the morning of the inspection. There were enough suitably qualified and skilled staff present to manage the workload during the inspection. The pharmacy was quiet but the two staff members present were advising people that prescriptions would take 40 minutes to dispense and one person decided not to wait. The pharmacist explained that she had arrived late, which had caused a backlog of work to build up. More staff arrived as the morning went on and the backlog was cleared, reducing waiting times.

The staffing level appeared adequate for the services provided. Staff members had the necessary training and qualifications for their roles. Four trainee dispensing assistants and a trainee pharmacy technician worked under the supervision of the pharmacists and ACT.

Targets were set for MURs but these were managed appropriately and the ACT said that they did not affect the pharmacists' professional judgement or patient care.

Staff worked well together. They said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacists. The ACT said that each staff member had a copy of the staff handbook which included a confidential helpline for reporting concerns outside the organisation.

The member of staff working on the medicines counter was competent and professional. She was observed to use appropriate questions when selling over-the-counter medicines to patients and referred to the pharmacist on several occasions for further advice on how to deal with a transaction.

Staff undertook online training provided by the organisation on new products, clinical topics, operational procedures and services. Some staff had recently received training on colds and 'flu and travel health as part of their formal dispensing assistant training course.

The ACT said that she understood the revalidation process and based her continuing professional development (CPD) entries on training she had completed. She said that she had recently completed an external first aid training course. All staff were subject to twice-yearly performance and development reviews and could discuss issues informally with the pharmacists whenever the need arose.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working and its layout protects people's privacy.

Inspector's evidence

The pharmacy was clean, tidy and well-organised, with enough space to allow safe working, although some stock was temporarily stored on the floor. The sinks had hot and cold running water and soap and cleaning materials were available. A cleaner attended during working hours every two days to clean the floor. A lockable consultation room was available for private consultations and counselling and its availability was clearly advertised. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can access easily. If it can't provide a service it directs people to somewhere that can help. The pharmacy's working practices are generally safe and effective. And it generally manages medicines well.

Inspector's evidence

There was wheelchair access to the pharmacy and consultation room. The pharmacy offered a range of services that were appropriately advertised. Staff said that they would signpost patients requesting services they could not provide to other nearby pharmacies. Some health promotional material was on display near the medicines counter. A machine positioned near the waiting area measured customers' weight, height, BMI and body fat for a small charge.

Dispensing staff used a colour-coded basket system to ensure that medicines did not get mixed up during dispensing and to differentiate between different prescriptions. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. A dispensary communications book was used to ensure continuity of service when shifts changed.

Three prescriptions that were no longer valid were found in the retrieval area: two were for controlled drugs and another was a prescription for an oral contraceptive pill. The pharmacist removed these as soon as they were pointed out and dealt with them appropriately. The ACT said that she or the pharmacist performed a third check on all prescriptions awaiting collection at the handout stage and initialled the top of the prescription to provide an audit trail. She explained that the third check alerted the pharmacist or ACT to any schedule 3 or 4 CDs awaiting collection and ensured these were not supplied to the patient or their representative more than 28 days after the date on the prescription. It also allowed them to identify patients prescribed high-risk medicines such as warfarin, lithium and methotrexate so they could be counselled. Staff said that they recorded relevant information about blood tests and dosage changes for these patients on their patient medication record (PMR) but there was no evidence available to reinforce this.

The pharmacy team was aware of the risks of valproate use during pregnancy. The ACT said that the pharmacy did not currently have any patients prescribed valproate who met the risk criteria. She explained that any such patients would be counselled appropriately and provided with relevant information, which was stored next to valproate stock.

Stickers were used on prescriptions awaiting collection to identify patients eligible for an MUR and to alert staff to the fact that a fridge item was outstanding. Controlled drugs (CDs) were not dispensed until the patient or their representative came to collect them. An owing note was attached to the prescriptions to alert staff to the fact that a CD item was outstanding. A text service was available: patients were sent a message to let them know that their medicines were ready for collection.

Disposable multi-compartment compliance aids were used to supply medicines to a number of patients. The ACT said that compliance aids were always labelled with descriptions to enable identification of individual medicines and that patient information leaflets were routinely supplied. However, there were no compliance aids available for inspection to reinforce this. Each patient had a section in a

dedicated file that included their personal and medication details as well as details of any messages or queries.

Medicines were obtained from licensed wholesalers and generally stored appropriately, including those requiring cold storage. However, some different products were jumbled together in baskets in the drug refrigerator, increasing the risk of errors. Some medicines that had been removed from their original packaging were not adequately labelled as either stock or named-patient medication. This increased the risk of errors and did not comply with legislative requirements. CDs were stored appropriately in a fairly tidy, well-organised CD cabinet. Some different products and different strengths of the same product were stored very closely together, increasing the risk of errors. Obsolete CDs were segregated from usable stock.

Stock was regularly checked and date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. A scheme run in association with GSK allowed the pharmacy to recycle returned inhalers. The pharmacy received drug alerts and recalls via its NHS email account which staff said was usually checked at the beginning and end of each day by the regular pharmacists. However, it had not been checked that morning as the locum pharmacist said she was not able to access the account and staff present were not sure how to check it. They said that it would be checked by one of the regular pharmacists who was due to arrive at lunchtime. There was a concern that failure to receive drug alerts or recalls promptly might delay any action required to reduce risk to patients. The ACT was able to describe how she would deal with medicines or medical devices that had been recalled as unfit for purpose by quarantining affected stock and returning it to the relevant supplier. Drug recalls were printed, filed and signed to show that they had been actioned. The pharmacy had the necessary hardware to work in accordance with the Falsified Medicines Directive but the software had not been installed and so the pharmacy was not yet in a position to comply with legal requirements.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services. It makes sure these are always safe and suitable for use. The pharmacy's team members use equipment and facilities in a way that protects people's privacy.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Separate measures were used for CDs. Triangles were used to count tablets and a separate triangle was available for use with loose cytotoxics. The pharmacy had a range of up-to-date reference sources. Most equipment was in good working order, clean and appropriately managed; evidence showed that electrical equipment had recently been tested. However, the springs had broken on several of the pharmacy's dispensary storage drawers, making them difficult to use. The ACT said the problem had been reported to Head Office.

Equipment and facilities were used to protect the privacy and dignity of patients and the public: for example, the computer was password-protected and the consultation room was used for private consultations and counselling. Dispensed prescriptions could be seen from the retail area but no confidential information was visible.

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.