

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, Western Avenue,  
CARDIFF, South Glamorgan, CF14 3AT

**Pharmacy reference:** 1043754

**Type of pharmacy:** Community

**Date of inspection:** 16/04/2019

## Pharmacy context

This is a pharmacy set inside a large supermarket just outside Cardiff city centre. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. Most people who use the pharmacy do so for convenience while they are shopping at the supermarket. But some people from the local area also use it as a community pharmacy. The pharmacy provides a range of services including health checks such as blood pressure and cholesterol measurement, treatment for minor ailments, a meningitis vaccination service and a seasonal flu vaccination service for NHS and private patients. Substance misuse treatment services are also available.

## 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     | 4.1                          | Good practice    | The pharmacy works closely with local healthcare providers to ensure its services are accessible to patients and the public. |
| <b>5. Equipment and facilities</b>                 | Standards met     | N/A                          | N/A              | N/A  |

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has written procedures for preparing medicines to help make sure the team works safely. Its team members usually record their mistakes. And they take action to help stop the same sorts of mistakes from happening again. But they do not regularly review all mistakes. So it is possible that some chances to learn from them might be missed. The pharmacy's team members keep the records they need to by law. The pharmacy 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 of dispensing errors and near misses. However, one recent labelling error had not been recorded and near miss records were sporadic at best, with only six entries made in 2019. Staff said that near misses were discussed at the time of the occurrence.

The pharmacist could demonstrate action that had been taken to reduce risk: for example, different strengths of many products such as ramipril, sertraline, atenolol and amlodipine were proactively separated on dispensary shelves to reduce the risk of picking errors. A range of written standard operating procedures (SOPs) underpinned the services provided; these were regularly reviewed.

The pharmacy received regular customer feedback from annual patient satisfaction surveys; the results of the most recent survey displayed in the dispensary showed that this was mostly positive. 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. A poster displayed at the medicines counter advertised details of the NHS complaints procedure 'Putting Things Right'.

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

However, emergency supply records were not always made in line with the legal requirements necessary to provide a clear audit trail in the event of queries or errors as they did not include the nature of the emergency. 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 to access the pharmacy software system. A poster at the medicines counter directed customers to the company website for information on how personal data was managed and used.

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 he would report concerns via the appropriate channels where necessary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members complete regular training and have a good understanding of 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 and their absences were covered by locum pharmacists. There were enough suitably qualified and skilled staff present to comfortably manage the workload during the inspection and the staffing level appeared adequate for the services provided. Most staff members had the necessary training and qualifications for their roles; trainees worked under the pharmacist's supervision. Targets were set for MURs but these were managed appropriately and did not affect the pharmacist's 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, store manager or regional manager but some were unsure how to raise concerns outside the organisation. A poster advertising a whistleblowing policy was displayed on the dispensary noticeboard, but this only gave details of how to raise concerns internally. On discussion, staff understood that they could report concerns to the GPhC and one member of staff said that a confidential number for reporting concerns was displayed in the staff bathroom in the main store.

Members of staff working on the medicines counter were 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 a range of topics such as operational procedures and services and new products. The pharmacist said that the team received regular training bulletins from the superintendent's office that all staff read; the most recent bulletin dealt with the change to schedule 3 CD status for pregabalin and gabapentin. The pharmacy technician said that she understood the revalidation process and based her continuing professional development (CPD) entries on situations she came across in her day-to-day working environment. 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 and tidy. It is generally well-maintained. There is enough space to allow safe working and the pharmacy layout protects people's privacy.

### Inspector's evidence

The pharmacy was clean, tidy and well-organised, with sufficient space to allow safe working. A wire on the dispensary floor had been taped down in places but was quite loose in the area near the stock room and was a potential trip hazard.

The lighting and temperature in the pharmacy were appropriate. The sinks had hot and cold running water and soap and cleaning materials were available. A consultation room was available for private consultations and counselling and its availability was clearly advertised.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy promotes the services it provides so that people know about them and can access them easily. If the pharmacy can't provide a service it directs people to somewhere that can help. The pharmacy's working practices are safe and it generally manages medicines well. It has good systems in place for checking prescriptions. But different types of medicines are sometimes stored very closely together. So there is a risk that the pharmacy's team members might pick the wrong medicine by mistake.

### Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. A signposting file provided by the Local Health Board was available in the dispensary and staff said they would signpost customers requiring services they could not provide to nearby pharmacies or other providers such as local GP surgeries or sexual health clinics. Some health promotional material was displayed in the retail area.

The pharmacist explained that he had recently visited two local surgeries to discuss and promote services as part of a health board-funded collaborative working initiative. He had worked with one local GP practice to provide 300 influenza vaccinations on their behalf following a shortage of vaccines in the community.

The pharmacy typically dispensed around 5,500 items per month. Dispensing staff used a basket system to ensure that medicines did not get mixed up during dispensing. Dispensing labels were initialled by the dispenser and checker to provide an audit trail and the pharmacist performed a third check on all prescription items at the handout stage. This third check alerted the pharmacist to any schedule 3 and 4 CDs awaiting collection and ensured that these were not supplied to the patient or their representative more than 28 days after the date on the prescription. During the inspection, one prescription for lorazepam was found to have expired; the pharmacist removed it from the prescription collection area and dealt with it appropriately.

The pharmacist said that the third check also allowed him to identify patients prescribed high-risk medicines such as warfarin, lithium and methotrexate for counselling and to record information about blood tests and dosage changes on their patient medication record (PMR), although no evidence was seen during the inspection. The pharmacy had one regular patient prescribed valproate who met the eligibility criteria for risk; the pharmacist said that her representatives had been counselled and provided with patient information that was available in the dispensary. Prescriptions awaiting collection were marked to alert staff to the fact that a CD or fridge item was outstanding.

Supplies had recently been made against three NHS prescriptions that had not been signed by the prescriber. The pharmacist said that this was an oversight and arranged to return them to the prescriber to be signed.

Disposable multi-compartment compliance aids were used to supply medicines to four patients who had compliance difficulties. The pharmacist said that the devices were labelled with descriptions and that patient information leaflets were routinely supplied. However, there was no evidence available to reinforce this at the time of the inspection.

The pharmacist said that there had not yet been any uptake of the Choose Pharmacy minor ailments service.

Medicines were obtained from licensed wholesalers and generally stored appropriately, although one dispensary storage drawer contained different types and strengths of inhalers that were stored very closely together. Medicines requiring cold storage were stored in a large fridge that was very full; different products and different strengths of the same product were stored very closely together. Maximum and minimum temperatures were recorded daily and were consistently within the required range. CDs were stored appropriately in three tidy, well-organised CD cabinets. 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. The pharmacist described how he had dealt with a recent drug recall for valsartan by returning quarantined stock to the relevant supplier. Evidence showed that drug recalls were printed, filed and signed to show that they had been actioned where appropriate. The pharmacy had the necessary hardware to work in accordance with the Falsified Medicines Directive but the software had not yet been installed, so the pharmacy was unable 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 its services safely. The pharmacy's team members use equipment and facilities in ways that protect people's privacy.

### Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. The pharmacist said that a 10ml conical measure had recently broken and an oral syringe was being used to measure volumes below 10ml; he ordered a new 10ml measure during the inspection. Separate measures were used for CDs.

Triangles and a tablet counter were used to count tablets and a separate triangle was available for use with loose cytotoxics. The triangles were quite dusty and staff said that they would wash these before their next use. The pharmacy had a range of up-to-date reference sources.

Most equipment was in good working order and appropriately managed; evidence showed that electrical equipment had recently been tested. However, the 2D scanner was not working well; staff said that it was very slow and it failed to scan some prescription barcodes during the inspection which meant that information had to be entered manually, increasing the risk of errors. The pharmacist said that this had been reported.

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.

### 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.  |