

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Penhros Industrial Estate,
Penhros, HOLYHEAD, Gwynedd, LL65 2UH

Pharmacy reference: 1072933

Type of pharmacy: Community

Date of inspection: 30/05/2019

Pharmacy context

The pharmacy is located inside a supermarket, on the outskirts of Holyhead, in North Wales. The pharmacy premises are easily accessible for people, with wide aisles in the retail area and the supermarket having automated entrance doors. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions.

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	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
2. Staff	Standards met	N/A	N/A	N/A
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 manages the risks associated with its services and protects peoples' information. It asks people for their views and uses this feedback to improve its services. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them and they act to help stop the same sort of mistakes from happening again. The team members complete training so they know how to protect vulnerable people.

Inspector's evidence

There were up-to-date Standard Operating Procedures (SOPs) for the services provided, with training records showing that members of staff had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A trainee dispenser was seen to be following the SOPs that were relevant to her role and she was able to clearly describe her duties.

Dispensing incidents were reported on the computer system and learning points were included. Near misses were reported on a near miss log. The near misses were discussed with the pharmacy team member at the time. The pharmacist reviewed the near miss log each month to identify learning points, which were then shared with staff. Some near miss errors had been made with allopurinol and amitriptyline, this had been discussed with the pharmacy team and the stock had been separated.

The correct responsible pharmacist (RP) notice was displayed prominently in the pharmacy. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose, although he referred the customer to the regional manager or superintendent's office if they felt it was unresolved or he felt it was necessary.

A customer satisfaction survey was carried out annually, with the results of the latest survey during 2018 / 2019 provided. The pharmacist explained that some customers had highlighted that they wanted somewhere available where they could speak without being overheard. In response, the staff were now actively signposting patients to the consultation room, which had previously been out of use due to a leak through the ceiling.

The company had professional indemnity insurance in place. The private prescription record, emergency supply record, unlicensed specials record, responsible pharmacist (RP) record and the CD registers were in order. Patient returned CDs were recorded and disposed of appropriately.

Confidential waste was being collected in a designated bin to be collected by an authorised carrier. Confidential information was kept out of sight of the public. The staff had completed confidentiality training as part of their mandatory information governance training, which was completed annually. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored on shelves in the dispensary in a manner that protected patient information.

Staff had completed safeguarding training. The contact numbers for raising safeguarding concerns were

displayed in the pharmacy. The pharmacist had completed both the in-house safeguarding training and level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members work effectively together. And they are comfortable about providing feedback to their manager. The pharmacy enables its team members to act on their own initiative and use their professional judgement, to the benefit of people who use the pharmacy's services.

Inspector's evidence

There was a pharmacist who was the duty pharmacy manager, two dispensers and three trainee dispensers on duty. Between 8am and 10am the pharmacist worked with two trainee dispensers, with the other staff commencing their roles at 10am.

The staff were kept busy providing pharmacy services but appeared to manage the workload adequately. The pharmacist was observed dispensing and accuracy checking some walk-in prescriptions, allowing a short mental break between the dispensing and accuracy checking processes. Staff members spoken to said on occasions there were not enough trained staff working to be able to manage the workload effectively, but they said this was going to improve once the three trainee dispensers had completed their training.

Staff completed "e-learning" to keep their knowledge up to date. A trainee dispenser said they were expected to complete training when the workload permitted. There was a risk that the lack of allocated time to complete training might restrict the ability of some staff to keep up to date.

The staff in the dispensary said the pharmacists were supportive with learning and they were happy to answer any questions. The staff were aware of a whistle blowing policy in place and would be comfortable reporting about a member of staff if needed. Details outlining the policy were available in the pharmacy for staff to refer to. Staff had performance reviews with the pharmacist manager and said that they had found these useful. Staff were regularly given feedback. e.g. about near miss errors or any outstanding training.

A trainee dispenser was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as co-codamol. i.e. she would refer the patient to the pharmacist for advice and support.

The pharmacist explained that there were performance targets in the pharmacy and said he had felt under pressure to achieve these at times. He said he felt fully supported by the regional manager and he was not aware of any consequences to not hitting pharmacy performance targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare.

Inspector's evidence

The pharmacy's retail area was clean and tidy. The retail area was free from obstructions and had a waiting area. A dispenser said that dispensary benches, the sink and floors were cleaned regularly. The temperature in the pharmacy was controlled by air conditioning units. Lighting was adequate.

The pharmacy premises were maintained and in an adequate state of repair. Staff facilities included a kettle. A staff room and separate ladies and gents' WC with wash hand basins and antibacterial hand wash were available in the supermarket staff area.

There was a consultation room available which was uncluttered and clean in appearance. This was kept locked until access was required.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access, and they are generally well managed. The pharmacy sources and stores medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a hearing loop in the pharmacy. There was a selection of healthcare leaflets in the retail area. Staff were clear about what services were offered and where to signpost to a service if this was not provided. e.g. travel vaccinations. The opening hours were displayed near the entrance to the pharmacy. A list of services provided was displayed inside the pharmacy.

A trainee dispenser explained that schedule 2, 3 and 4 CDs awaiting collection were highlighted on the prescription. She explained that this was to ensure that it was not handed out after 28 days of the prescription date. An example of this was present for a schedule 2 CD stored in a CD cabinet, however, an assembled prescription for pregabalin that was awaiting collection had not been highlighted, which meant there was a risk that it could be supplied after the prescription had expired.

The pharmacist explained that prescriptions containing high risk medicines such as warfarin, methotrexate and lithium were supposed to be highlighted prior to collection. Assembled prescriptions awaiting collection for warfarin and methotrexate had not been highlighted and the pharmacist said that it depended on which pharmacist had accuracy checked the prescription, as to whether the prescriptions were highlighted. So, the pharmacy team may not be aware when they were being handed out, in order to check that the supply was suitable for the patient.

A dispenser demonstrated the process for dispensing prescriptions, which was in accordance with the SOPs. The prescriptions were labelled, medication was selected, and the labels were attached to the medication boxes. Once the dispenser had checked the prescription against the medication label and the medication, they added their initials to the dispensed by box on the medication label and placed the prescription in the designated area for prescriptions awaiting an accuracy check.

The pharmacy had patient information resources for the supply of valproate, including, patient cards, patient information leaflets and warning stickers. The pharmacy had carried out a clinical audit for patients prescribed valproate and had identified two female patients who may become pregnant. Both patients were provided with necessary information from a pharmacist, and one of the patients had a pregnancy prevention plan (PPP) in place.

The work flow in the pharmacy was organised into separate areas – dispensing bench space and a designated checking area for the pharmacist. Work bench space was very limited, with a number of prescriptions in the process of being dispensed, a number of prescriptions awaiting an accuracy check and a wholesaler delivery to put away. This meant there was little clear bench space available for dispensing and checking, which may increase the possibility of errors occurring.

Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used to separate prescriptions during dispensing to reduce the risk of medicines becoming mixed up. Patient returned CDs were destroyed using denaturing kits and records were made in a designated book. A balance check for duogesic 75mcg patches was carried out and found to be correct.

The pharmacist said he was aware of the Falsified Medicines Directive (FMD). He said currently they had no FMD SOP in place, no FMD computer software or scanning equipment. The pharmacist explained that two FMD pilots were being carried out across different branches and he had been informed that the pharmacy should be FMD compliant by the end of 2019. Therefore, the pharmacy was not yet complying with legal requirements.

Date checking was carried out regularly and documented. Short dated medicines were highlighted. No out of date stock medicines were seen from a number that were sampled. The date of opening for liquid medicines with limited shelf life was seen added to the medicine bottles. Drug alerts and recalls etc. were received via email. These were acted on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide the service safely.

Inspector's evidence

The up to date BNFC was available. The staff used the internet to access websites for up to date information. e.g. BNF, medicines complete.

There was a clean fridge for medicines equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and the record was complete. Any problems with equipment were reported to the head office maintenance department. All electrical equipment appeared to be in working order. According to the PAT test stickers attached, the electrical equipment had been safety tested in December 2018.

There was a selection of liquid measures with British Standard and Crown marks. Designated measures were used for methadone. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles and a capsule counter. Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless telephone was available in the pharmacy and the staff said they used this to hold private conversations with patients when needed.

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.