

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Emscote Road, WARWICK,
Warwickshire, CV34 5QJ

Pharmacy reference: 1079754

Type of pharmacy: Community

Date of inspection: 27/01/2020

Pharmacy context

This is a community pharmacy inside a large supermarket in the market town of Warwick in Warwickshire. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu and travel vaccinations. And it supplies multi-compartment compliance packs to people if they find it difficult to manage their medicines.

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	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

Overall, the pharmacy manages risks associated with its services well. Members of the pharmacy team understand how to protect the welfare of vulnerable people. They protect people's confidential information well. The safety of the pharmacy's services is routinely monitored; team members record their mistakes and learn from them. And the pharmacy largely maintains the records that it needs to. But the pharmacy is not always recording enough detail for some of its records. This means that the team may not have all the information needed if problems or queries arise.

Inspector's evidence

The pharmacy was identifying and managing risks associated with its services. It held a range of standard operating procedures (SOPs) as guidance. Members of the pharmacy team had read the SOPs and staff were clear on their roles and responsibilities. They knew when to refer to the responsible pharmacist (RP) and which activities were permissible in the absence of the RP. The correct RP notice was on display and this provided details about the pharmacist in charge of operational activities on the day.

The RP used a designated section of the dispensing bench to carry out the final accuracy check. The workflow involved prescriptions being processed by one member of staff and assembled by another. Staff highlighted the time for walk-in prescriptions and the number of prescriptions for each person. The pharmacy's workspaces were kept clear and tidy. Team members routinely recorded their near misses which were reviewed every week. The team was then informed about trends or patterns through a WhatsApp group. Staff described looking at the times that near misses had happened, highlighting errors with quantities, different strengths and forms as well as being given guidance on how to improve for future. There were also details of the 'HELP' mnemonic on display as a prompt to help the team during their accuracy-checking process. A third accuracy-check for dispensed prescriptions also took place upon hand-out as trained staff opened the bag and the contents were re-checked against prescriptions. This helped minimise the chance of mistakes happening.

Information was on display to inform people about the pharmacy's complaints process and the RP's process was in line with the company's expectations. Documented details about previous incidents were present to verify the process. To prevent similar mistakes, internal processes were discussed and amended. This included highlighting prescriptions when dispensing.

To protect people's private information, staff ensured that confidential material was contained within the dispensary and disposed of confidential waste appropriately through the company. They were trained on data protection and the company's information governance policy was available to provide guidance. Sensitive details present on dispensed prescriptions awaiting collection could not be seen from the front counter. The pharmacy also informed people about how it maintained their privacy. Summary Care Records had been accessed for emergency supplies and consent was obtained from people verbally for this. The team had been trained to safeguard the welfare of vulnerable people. This included the pharmacists who were trained to level two via the company and through the Centre for Pharmacy Postgraduate Education. The pharmacy held local contact details for the safeguarding agencies and policy information to help guide the team.

The pharmacy maintained most of its records in accordance with statutory requirements. This included records of unlicensed medicines. Balances for CDs were checked and documented every week. On selecting random CDs held in the CD cabinet, their quantities corresponded to the balance stated in the registers. However, some records of emergency supplies did not always include the nature of the emergency. The RP record was largely complete although there were occasional missing details or entries; some pharmacists had not entered the time that their responsibility ceased and occasional crossed out entries were seen. Although a sample of CD registers seen were generally compliant with the Regulations, there were some headers seen with missing details. This was discussed at the time. Records for the maximum and minimum temperatures of the pharmacy fridge, were kept every day to verify that medicines were stored appropriately here. The pharmacy largely held a complete audit trail for controlled drugs (CDs) that had been destroyed by the team although there were occasional missing entries within this. The company's 'safe and legal' record had been completed in full. The pharmacy's professional indemnity insurance was in date and through the National Pharmacy Association.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Its team members are competent in their roles. They are suitably trained or are undertaking the appropriate training. Staff understand their responsibilities. And the company provides members of the pharmacy team with resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection the pharmacy was sufficiently staffed and there were rota's in place to help manage the pharmacy's workload. Staff present included two pharmacists, three trained dispensing assistants and a 'multi-skinner'. The latter was from the store and helped in the pharmacy when required. They had been enrolled onto the appropriate training in line with their role and were currently covering the front cover. One of the pharmacists was a locum and the other was from another of the company's pharmacies who was providing cover for the day. One of the dispensing assistants had trained to NVQ3. The team's certificates of qualifications obtained were not seen but their competence was demonstrated during the inspection. Staff present were wearing name badges. Contingency arrangements for absence or annual leave involved team members covering one another.

Staff, including the 'multi-skinner' asked a range of relevant questions before selling over-the-counter (OTC) medicines and referred to the RP as needed. They were being supervised appropriately. Team members in training completed their course material at home and at work with protected time provided for the latter. The team's progress was monitored annually, and staff could access a range of training material through the company's online platform. To help communicate between them, there were various noticeboards available, staff discussed details verbally and used WhatsApp. The pharmacists explained that they did not feel pressured to complete services and that doing so was manageable.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for the delivery of its services. The pharmacy is clean, and it has a separate space for private conversations and services to take place.

Inspector's evidence

The pharmacy was situated at the back of the supermarket. Its premises consisted of a small sized retail space and front counter, a medium sized dispensary which extended to one side and a signposted consultation room. The latter was located at one end of the front counter. The room was used for confidential conversations and services. It was of a suitable size for this purpose. The room was kept locked and there was no confidential information present or accessible from inside this area. The pharmacy was bright, suitably ventilated and presented. All areas were clean. Pharmacy only (P) medicines were displayed behind the front counter. There was a gate into this area which assisted in restricting these medicines from being self-selected as well as access into the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services in a safe manner. The team ensures that everyone can access the pharmacy's services. The pharmacy delivers medicines to people safely. It obtains its medicines from reputable sources. And it stores and largely manages them appropriately. The pharmacy's team members make relevant checks when people receive higher-risk medicines. But they don't always record any information about this. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

People could enter the supermarket at street level from automatic doors. The supermarket was made up of wide aisles and the area outside the pharmacy consisted of clear, open space. This enabled people with wheelchairs to easily use the pharmacy's services. Staff used written communication to assist people who were partially deaf, they spoke clearly so that people could lip-read, and a hearing aid loop was also available. People who were visually impaired were physically assisted. Members of the pharmacy team spoke Spanish and French. They also described using Google translate if required for people whose first language was not English. The pharmacy's opening hours were on display. There were ample car parking spaces outside and two seats available for people waiting for prescriptions. The team could signpost people to other local organisations from their own knowledge and from the documented information that was present.

The pharmacy held a range of educational material to supply to people prescribed higher-risk medicines. This included valproates and the team was aware of the risks associated with this medicine. According to staff, they had not seen any prescriptions for people at risk. Some higher-risk medicines such as methotrexate were stored separately. Staff routinely identified prescriptions for people prescribed higher-risk medicines and described always asking about blood test results or relevant parameters. This included the International Normalised Ratio (INR) level for people receiving warfarin. However, there were no recent documented details seen about this.

Multi-compartment compliance packs were supplied to people after their GP assessed suitability for this. Once set up, staff ordered prescriptions and when received, they cross-referenced details against individual records to help identify any changes or missing items. They checked queries with the prescriber and maintained records to verify this. The team also maintained records of when compliance packs had been dispensed, checked, collected and by whom if a representative arrived as well as the number of items within a pack. This helped staff to monitor the service. Compliance packs were not left unsealed overnight. Descriptions of the medicines within them were provided and all medicines were de-blistered into the compliance packs with none left within their outer packaging. Patient information leaflets (PILs) were routinely supplied. People prescribed warfarin who received compliance packs were provided this medicine separately. Mid-cycle changes involved retrieving the compliance packs and supplying people with new ones.

The pharmacy provided a delivery service and staff delivered medicines. Audit trails about this service had been maintained. CDs and fridge items were identified. Signatures were obtained from recipients when medicines were delivered and staff explained that people's sensitive details were covered during this process. The process for failed deliveries involved leaving a note to inform people about the

attempt made and bringing the dispensed medicine(s) back to the pharmacy. Medicines were not left unattended.

During the dispensing process, staff used baskets to hold prescriptions and associated medicines. This helped to prevent any inadvertent transfer. The team used a dispensing audit trail through a facility on generated labels and on prescriptions to identify their involvement in processes. Prescriptions when assembled were held within an alphabetical retrieval system. Fridge items and CDs (Schedules 2-3) were identified. Staff described removing uncollected items every three months but checked through the retrieval system every month. Schedule 4 CDs were not routinely identified and although the team had been checking dispensed prescriptions every month, staff in training may not have recognised prescriptions for these medicines or their 28-day prescription expiry. Routinely identifying all CDs as best practice was discussed during the inspection.

The pharmacy obtained its medicines and medical devices through licensed wholesalers such as Alliance Healthcare and AAH. Unlicensed medicines were obtained through Lexon. The team was informed about the process required under the European Falsified Medicines Directive (FMD), but the pharmacy was not yet currently complying with the decommissioning process. The pharmacy's stock holding was organised. The team date-checked medicines for expiry every three months and used a schedule to help verify this. There were some gaps however, seen within this. There were no date-expired medicines or mixed batches seen. Short-dated medicines were identified, and liquid medicines were marked with the date that they were opened. CDs were stored under safe custody and the key to the cabinet was maintained in a manner that prevented unauthorised access during the day as well as overnight.

Medicines brought back by the public for disposal were accepted and stored within designated containers. There was a list available to identify hazardous and cytotoxic medicines. Staff checked for CDs and sharps. The latter were accepted provided they were in sealed bins. Returned CDs were brought to the attention of the RP and relevant details were noted. Drug alerts and product recalls were received through the company system, staff checked stock and acted as necessary. A complete audit trail was present to verify the process.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is used in a way to help protect people's privacy.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and its equipment was clean. The blood pressure machine had been replaced in 2019 and the fridge stored medicines at appropriate temperatures. There were standardised conical measures available for liquid medicines and designated ones to use for methadone. The team could also use counting triangles. The sink in the dispensary for reconstituting medicines was clean. There was hand wash as well as hot and cold running water available. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Staff used their own individual NHS smart cards when accessing electronic prescriptions and took them home overnight. Cordless phones were available to maintain conversations in private if required.

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.