

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Tesco Stores, Manor Road, ALTRINCHAM, Cheshire, WA15 9QT

Pharmacy reference: 1087792

Type of pharmacy: Community

Date of inspection: 28/11/2019

Pharmacy context

This pharmacy is situated in a supermarket in an urban residential area, serving the local population. It primarily supplies NHS prescription medicines and prepares some of them in weekly multi-compartment compliance packs to help make sure people take them safely. The pharmacy also provides other services such as flu vaccinations.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.8	Good practice	The pharmacy team effectively protects and supports vulnerable people.
2. Staff	Standards met	2.1	Good practice	Staff do not feel pressurised when working and complete tasks properly and effectively in advance of deadlines. And the pharmacy reviews its staffing levels so that they remain appropriate.
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 generally manages its risks well. It provides the pharmacy team with written instructions to help make sure it provides safe services. The team records and reviews its mistakes so that it can learn from them. Pharmacy team members receive training on protecting people's information. And they clearly understand the importance of their role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that had been issued in June 2018 and were due for review in June 2020. These covered safe dispensing of medicines including assembly of compliance packs, the responsible pharmacist (RP) regulations and controlled drugs (CD). Records indicated that all the staff had read and understood the procedures relevant to their role and responsibilities.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they supplied and assisted with investigating and managing mistakes. The pharmacy team discussed and recorded any mistakes it identified when dispensing medicines. It addressed each of these mistakes separately and reviewed records of them regularly. However, staff usually did not record the reason why they thought they had made each mistake, which meant they could miss additional opportunities to learn and mitigate risks in the dispensing process.

The pharmacy team received positive feedback from people across key areas in a satisfaction survey published in July 2019. And staff had completed the pharmacy's training on handling complaints, so it could effectively respond to them. However, the pharmacy did not have any publicly displayed information on how people could make a complaint.

The pharmacy had professional indemnity insurance for the services it provided. The RP, who was one of the resident pharmacists, displayed their RP notice so that people could identify them. The pharmacy maintained its records required by law for the RP, private prescriptions, and CD transactions. And it checked its CD running balances regularly on a weekly basis, so it could detect discrepancies at an early stage. The team made appropriate records for medicines that it supplied urgently without a prescription. However, the record reference number was not always recorded on each private prescription, which could make it less easy to retrieve a relevant prescription if needed. The pharmacy maintained its records for flu vaccinations and MURs. It also kept records of medicines manufactured under a specials licence that it had obtained and supplied, but occasionally did not include details of the people to who it supplied them, which could make it more difficult to explain what happened in the event of a query.

The pharmacy had policies and procedures on protecting people's private information which all staff had read. Staff securely stored and destroyed confidential material, and they used passwords to protect access to electronic patient data. Each staff member also used their own security card to access people's NHS electronic data.

The team obtained people's written consent to access their information in relation to the flu vaccination, Medicines Use Review (MUR) services. It obtained their verbal consent to acquire their information in relation to the electronic and prescription ordering services. Staff in effect obtained people's verbal consent to obtain their telephone numbers when they explained the prescription

medication reminder text messaging service and people agreed to it. The manager explained that these personal numbers would not be shared with any of the pharmacy owner's other departments. The team regularly completed a data protection audit, and the manager recalled areas of potential data breach which the team addressed. So, the pharmacy identified and addressed risks to protecting people's information.

The manager and RP had level two safeguarding accreditation, and staff had completed the pharmacy's safeguarding training, so they had a clear understanding of the signs to look for. The pharmacy had its own safeguarding procedures and access to the local safeguarding board's policies and procedures. It had assessed whether people using compliance packs should be supplied their medication either every seven or twenty-eight days and made records that supported their decisions. This helped these people to avoid becoming confused about their medication. Staff also kept a record of their care arrangements, including the next of kin details. So, the pharmacy had easy access to this information if needed urgently. The team had reported safeguarding concerns to the GP when people exhibited signs of confusion which, in some cases, led to supplying medication every seven days.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. The team members have the qualifications and experience needed for their roles and they work well together. They each have a performance review which helps to identify gaps in their skills and knowledge. They also complete regular ongoing training relevant to their roles.

Inspector's evidence

The staff present included the manager who was also a resident pharmacist, the RP and two dispensers. The other staff, who were not present, included a dispenser and a medicines counter assistant (MCA) who started employment around one month ago. A locum pharmacist was providing temporary cover while the pharmacy was recruiting another permanent pharmacist to fill a vacancy created around a month ago.

The pharmacy had enough staff to comfortably manage its workload. Staff promptly served the steady flow of people who presented a prescription, and they usually only waited between five to ten minutes for their medication. The team also prioritised these prescriptions if necessary. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services, which aided service efficiency. The majority of people taking repeat medication used the text messaging service, which helped the team to avoid sudden surges in service demand. A pharmacist and dispenser always staffed the pharmacy as a minimum at the beginning and end of the day which was enough for the low footfall at these times. The resident pharmacists overlapped working with each other for around nine hours each week, which allowed the manager time to effectively carry out their management duties. And the manager could spend an hour overlapping with the locum pharmacist if they needed support and training.

The pharmacy had an effective strategy for covering planned and unplanned leave. Only one team member could take their annual leave at any time. Store-based staff, who were MCA trained and occasionally worked in the pharmacy in order to maintain their skills, along with staff from other local Tesco pharmacies were available to provide cover when needed. The pharmacy could also obtain additional pharmacist cover at short notice.

Staff worked well both independently and collectively. They used their initiative to get on with their assigned roles and did not need constant management or supervision. This was reflected in the two experienced dispensers who efficiently covered the compliance pack service.

The MCA, who had previously worked at another pharmacy for two years, was completing the pharmacy's MCA training programme, as required by the pharmacy for all new staff. Their training was progressing well and would move onto the dispenser training programme once they completed the MCA course. Staff were up-to date with the pharmacy's training programme. However, team members did not have protected study time, so they had to find time during their working hours to complete their training. The pharmacists had an appraisal four times each year and all the other team members had them twice yearly. New staff received weekly performance reviews for the first three months, and the frequency was then reviewed depending on their progress.

The pharmacy had targets for the volume of some of the services it provided, which the manager said

were realistic and achievable because they were based on actual historic figures. The pharmacy's senior management team were supportive in helping staff achieve targets, and pharmacy team members felt they could manage the competing dispensing and non-dispensing service workloads.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has a private consultation room, so members of the public can have confidential conversations and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a purpose-built unit, which had retail and dispensary fittings that were suitably maintained and professional in appearance. The front counter could accommodate the number of people who usually presented at any one time. The open-plan dispensary and additional compliance pack area provided enough space for the volume and nature of the pharmacy's services. The consultation room, accessible from the retail area, could accommodate two people, but its availability was not prominently advertised, so people may not know about this facility. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are suitably effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and manages them effectively to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was open extended hours Monday to Saturday and normal Sunday trading hours. A step-free entrance with automatic doors and wide aisles lead to the pharmacy at the rear of the store. Both resident pharmacists were accredited to provide flu vaccinations, so was available across most of the week. And they followed appropriate written procedures, which helped to make sure the service was delivered safely.

The pharmacy had a written procedure for dispensing higher-risk medicines that covered anticoagulants, fentanyl, methotrexate, lithium, insulin and medicines for children under twelve years. The manager said all the staff had read this procedure.

The pharmacy regularly checked that people taking higher-risk medicines had a recent blood test and kept records that supported this. It also checked if they were experiencing any side effects or interactions when it dispensed each prescription, so that they got the information they needed.

The pharmacists had previously confirmed that the pharmacy did not have any people who were taking valproate and in the at-risk group. They were also completing an official valproate audit. The pharmacy had MHRA valproate advice booklets and cards to give people. However, these were the 2016 version which had been updated in 2018.

The team prompted people to confirm the repeat medications they required, which helped limit medication wastage and made sure people received their medication on time. It also made records of the medicines requests, so it could effectively resolve queries if needed.

The team scheduled when to order prescriptions for people who used compliance packs, which facilitated supplying their medication in good time. The team kept a record of these people's current medication that also stated the time of day they were to take them. This helped it effectively query differences between the record and prescriptions and reduced the risk of overlooking medication changes. The pharmacy also kept records of verbal communications about medication queries or changes for people using compliance packs. However, these were not recorded in a structured format, which could lead to important information being overlooked. The team did not always label compliance packs with a description of each medicine inside them, which could make it less easy for people to identify them.

The pharmacy team used baskets during the dispensing process so that it could organise its workload. And it marked part-used medication stock cartons, which helped make sure it gave people the right amount of medication.

The pharmacy obtained its medicines from licensed pharmaceutical wholesalers and stored them in an organised manner. The pharmacy was in the process of having its system installed to comply with the

Falsified Medicines Directive (FMD), which the manager understood would be in place by mid-September 2020.

The pharmacy team suitably secured its CDs and quarantined date-expired and patient-returned CDs. And the pharmacy had destruction kits for denaturing them. The team suitably monitored its medication refrigerator storage temperatures. Records indicated that it regularly checked stock expiry dates over the long term. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and kept corresponding records. It disposed of obsolete medicines in waste bins kept away from its medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The pharmacists checked the deadline date for supplying CDs each week and at the point they handed them out, so they made sure the pharmacy only supplied CDs when it had a valid prescription. The pharmacy team used an alpha-numeric system to store bags of dispensed medication, so staff could efficiently retrieve patient's medicines when needed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively. It suitably stores and maintains the equipment, and it has the facilities to secure people's information.

Inspector's evidence

The team kept the dispensary sink clean. It had hot and cold running water, an antibacterial hand sanitiser and a range of clean measures. So, the pharmacy had facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. Staff used the latest versions of the BNF and cBNF to check pharmaceutical information if needed.

The team had facilities that protected peoples' confidentiality. It viewed people's electronic information on screens not visible from public areas and regularly backed up people's data on its patient medication record (PMR) system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. And it had facilities to store people's medicines and their prescriptions away from public view.

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.