

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, Phoenix Way, Longford Road, COVENTRY, West Midlands, CV6 6EN

**Pharmacy reference:** 1090150

**Type of pharmacy:** Community

**Date of inspection:** 22/01/2020

## Pharmacy context

This is a community pharmacy located inside a large supermarket which is situated in a large retail park on the edge of Coventry in the West Midlands. The pharmacy dispenses NHS and private prescriptions. It has extended opening hours and serves a cross-section of the local population. The pharmacy offers Medicines Use Reviews (MURs), the New Medicine Service (NMS) and seasonal flu vaccinations. And it supplies multi-compartment compliance packs to some people if they find it difficult to take their medicines on time.

## 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
<b>1. Governance</b>	Standards met	1.2	Good practice	The pharmacy routinely monitors the safety and quality of its services. Staff regularly record, review and discuss incidents. This helps them to effectively learn from their mistakes.
<b>2. Staff</b>	Good practice	2.2	Good practice	The pharmacy's team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out. The team ensures that the pharmacy operates in accordance with its standard operating procedures and routine tasks are always completed. This has helped the pharmacy provide its services safely.
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. In addition to the company providing resources to ensure the team's knowledge is kept up to date, several members of the team have taken a lead in delivering the pharmacy's services.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, the pharmacy has safe working practices in place. Members of the pharmacy team record and learn from their mistakes. They understand the need to protect the welfare of vulnerable people. And, the pharmacy appropriately maintains most of its records in accordance with the law. But the pharmacy does not always record accurate detail for some records of private prescriptions. This could mean that team members may not have enough information available if problems or queries arise in the future.

### Inspector's evidence

The pharmacy was very well organised. It was clear of clutter. There were enough staff present to manage the workload and the team was up-to-date with the workload. The workflow involved staff processing and assembling walk-in prescriptions from the front bench in the dispensary, multi-compartment compliance packs were prepared from a segregated area and the responsible pharmacist (RP) also accuracy-checked prescriptions from a designated space. These areas in the dispensary were clearly labelled and helped reduce errors from distractions. In line with the company's requirements, a third accuracy check routinely took place to ensure the correct medicine(s) had been supplied. After prescriptions had been assembled, they were checked for accuracy by staff, the second check was by the pharmacist or by staff if the pharmacist had dispensed the medicine(s) and the third was prior to prescriptions being handed out. Dispensed prescriptions were opened, and items were re-checked against prescriptions by trained staff.

There was information on display to inform people about the pharmacy's complaints process. Pharmacists handled incidents and the RP's process was in line with the company's expectations. Documented details of previous incidents were seen. Staff routinely recorded their near misses and described their errors improving since the RP had started his employment at the pharmacy. The near misses were reviewed every week by the RP and a briefing was held on a one-to-one basis or in groups with the team to discuss the root cause, how the mistake(s) may have happened as well as any trends or patterns. The RP explained that by making staff aware and reducing distractions by creating different workspaces so that repeat prescriptions and compliance packs were now assembled from the back area, this had helped to minimise mistakes. Medicines that were similar in some way were separated and other stock had been placed in between them. Caution stickers identifying 'look-alike and sound-alike' medicines were placed in front of stock as an additional visual alert and marked that a triple check was required to ensure mistakes were not made with these medicines.

The team had been trained on data protection through resources provided by the company and this training was refreshed annually. The pharmacy held an up-to-date policy about its information governance processes. Staff described taking care of people's private information. They used the consultation room if people needed to discuss sensitive conversations. Confidential material was segregated before being disposed of through the company. There was no confidential information present in areas that were accessible to the public, and sensitive details on dispensed prescriptions awaiting collection, could not be seen from the front counter. The pharmacy had a notice on display to inform people about how it maintained their privacy. Summary Care Records had been accessed for queries, consent was obtained verbally with details recorded onto people's records. The RP stated that he was also keeping a rough audit trail of the access that had been made. However, there was one area of improvement required involving the delivery service (see Principle 4).

Staff had been trained to safeguard the welfare of vulnerable people. They referred to the RP in the first instance but there were no contact details readily available for the local safeguarding agencies. This could lead to a delay in escalating concerns and the pharmacy team were advised to implement this going forward. Both pharmacists and technicians were trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE).

The pharmacy held a range of standard operating procedures (SOPs) to support its services. They were dated from 2018. Members of the pharmacy team had read the SOPs, 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 company's 'safe and legal' record had been completed in full by the team. Records for the maximum and minimum temperatures of the pharmacy fridge, were kept every day to verify appropriate cold storage of medicines. The pharmacy had kept a complete record of controlled drugs (CDs) that had been returned by people and destroyed at the pharmacy. It also held appropriate professional indemnity insurance for the services that it provided.

The RP record, records of emergency supplies in general, a sample of registers checked for CD and records of unlicensed medicines were maintained in line with statutory requirements. 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 registers. Records of private prescriptions however, were seen to be recorded with incorrect details and incorrect types of prescribers within the electronic register.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough staff to manage its workload safely. Its team members are suitably trained. The company provides them with a range of resources as part of their ongoing training. This helps keep their skills and knowledge up to date. And they take an active role to ensure the pharmacy's services can be provided to people safely.

### Inspector's evidence

At the time of the inspection, the regular pharmacist, the delivery driver and two pharmacy technicians were present. A locum pharmacist arrived towards the middle of the inspection to overlap with the RP and another dispensing assistant arrived at the end. The pharmacy was sufficiently staffed to manage the current workload. The team's certificates of qualifications obtained were not seen. Staff covered each other as contingency for annual leave or absence and were seen to be wearing name badges. They also had the confidence to raise any concerns that they might have had.

Team members understood their roles and responsibilities and were enthusiastic about delivering services. Several of them had taken ownership for providing the pharmacy's services and this included the delivery driver (see Principle 4). A noticeboard was available to help communicate between them and team meetings were held every week as well as every month. The team felt supported by the RP. To assist with ongoing training needs, staff described the company providing e-Learning modules, they took instructions from pharmacists, read trade publications and completed modules through CPPE. Staff received formal appraisals annually to help monitor their progress. The RP described being close to completing the maximum number of Medicines Use Reviews (MURs) possible. This was described as manageable and there was no pressure being applied to complete them.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a professional environment for the delivery of its services. The pharmacy is clean, and it has enough space to safely provide the pharmacy's services.

### Inspector's evidence

The pharmacy was situated at the rear of the supermarket. There was enough space for the pharmacy's activities to take place safely as the premises consisted of a medium sized front medicines counter, a large, spacious dispensary and a signposted consultation room that was located at one end of the front counter. The room was used for confidential conversations and services, it was also spacious and of a suitable size for this purpose. The door was kept locked and this helped restrict access to confidential information. The pharmacy was bright, clean and suitably ventilated. It was professional in its appearance. Pharmacy (P) medicines were stored behind the front counter, there was gated access into this area and staff were always within the vicinity. This helped to restrict the self-selection of P medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy largely provides its services safely. Its team members are helpful and passionate about providing services. They can help people with different needs to easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources. It stores and manages its medicines well. Team members routinely identify people receiving higher-risk medicines. They make appropriate checks. But they don't always record relevant information. This makes it harder for them to show that people are provided with the right advice to take their medicines safely.

### Inspector's evidence

The pharmacy was open for long hours; its opening hours and details about its services were on display. There were plenty of parking spaces outside and three seats available for people waiting for prescriptions. People entered the supermarket at street level through automatic doors. The supermarket was made up of wide aisles and the area outside the pharmacy consisted of clear, open space. This helped people with wheelchairs to easily use the pharmacy's services. The pharmacy held a hearing aid loop to help communicate with people who were partially deaf, and staff described using written details if needed. They verbally explained details to people who were visually impaired and representatives as well as details on mobile phones were used for people whose first language was not English. Team members could also speak Urdu, Punjabi, Hindi, Mirpuri, Bengali, Pashto, Gujarati, Polish, Greek, Portuguese and Romanian if required.

One of the pharmacy technicians was responsible for the smoking cessation service. She had attended a two-day training event in order to provide this service and described achieving a 100% quit rate. The technician enjoyed the contact that this service provided with people; she was able to motivate users of this service, build people's trust and advise appropriately on products. All members of the team were trained to provide blood pressure and blood glucose checks as part of a private service offered by the company. This also included measuring people's weight and height. There were SOPs to provide guidance and staff described being trained through the British Heart Foundation. The pharmacy was Healthy Living accredited. Staff were passionate about providing advice and creating displays about healthier lifestyles for people. The other pharmacy technician had recently created a display about raising awareness of alcohol intake and described changing this every month. Leaflets about this had been taken according to the team and the staff could make referrals or signpost people to other local providers from the documented information that was present.

The RP described the New Medicine Service as being a beneficial service as it had enabled additional advice to be provided to people. According to him, the pharmacy's private service to administer the meningitis vaccination had also made the most impact for people using the pharmacy's services. The RP had contacted local travel agencies to inform them about the pharmacy's ability to provide this service so that people travelling for Hajj and Umrah could readily access this from the pharmacy.

The pharmacist was accredited and trained through company processes to administer influenza vaccinations. He worked to defined procedures and the SOP for the service was present. Informed consent was obtained before vaccinating people, a risk assessment was carried out and relevant equipment was available in the consultation room to help ensure that the vaccination service was provided safely. This included adrenaline in the event of a severe reaction to the vaccine and a sharps

bin. The RP explained that relevant paperwork under the Patient Group Directions (PGD) that authorised this, had been signed and retained at the other branch of the company where he had previously been based. He was advised to ensure that this was present in future. The pharmacy held service level agreements for the services that it provided and paperwork for the other PGDs that it provided. They had been signed by the authorised pharmacist(s) including the RP.

The pharmacy did not routinely order prescriptions on behalf of people or provide a repeat prescription managed service. However, it did collect repeat prescriptions for people on their behalf from the local surgeries and written consent was obtained from people to allow them to do this. The delivery driver kept track of this service. He described checking the electronic prescription service first to see if the prescriptions had been received at the pharmacy before checking at the local surgeries. If there were any discrepancies between the number of medicines ordered, this was highlighted, the information was relayed to the pharmacy and queries were chased up at the surgery. The pharmacy maintained appropriate records to verify this service.

Compliance packs were initiated once the pharmacist had carried out an assessment about the person's suitability for this. The pharmacy ordered prescriptions on behalf of people and staff cross-referenced details on prescriptions against individual records. This helped them to identify any changes or missing items and records were maintained to verify this. The team had also created individual records for every supply which provided a further audit trail such as the date of dispensing. Staff de-blistered all medicines into the compliance packs with none supplied within their outer packaging. The compliance packs were not left unsealed overnight. Descriptions of medicines were provided and patient information leaflets (PILs) were routinely supplied. Mid-cycle changes involved retrieving the old ones and supplying new compliance packs.

The pharmacy provided a delivery service and it retained audit trails for this. CDs and fridge items were highlighted. The driver obtained people's signatures when they were in receipt of their medicines although there was a risk of access to people's confidential information from the way details were laid out on the drop sheet. Implementing ways that this information could be better protected was discussed during the inspection. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended. The driver explained that when people contacted the pharmacy, the delivery was rearranged, and he also tried to re-deliver if he noticed that failed deliveries had been present for a few days at the pharmacy.

Staff were aware of the risks associated with valproates. These medicines were stored in a separate drawer with a shelf-edge label used to highlight the risks. The pharmacy had completed an audit to identify people at risk who may have been supplied this medicine and educational literature was available to provide upon supply. Staff routinely ensured that conversations were held with people prescribed higher-risk medicines. They asked about blood test results such as the International Normalised Ratio (INR) for people receiving warfarin. This included the delivery driver when he delivered higher-risk medicines to people. However, details were not being documented which could have helped to verify this.

During the dispensing process, staff used baskets to hold prescriptions and associated medicines. This helped to prevent any inadvertent transfer. A dispensing audit trail was used through a facility on generated labels to identify the team's involvement in these processes. Dispensed prescriptions were held within an alphabetical retrieval system prior to hand-out. The team could identify fridge items and CDs (Schedules 2 to 4) from stickers. Assembled CDs and medicines stored in the fridge were held within clear bags, this helped to assist with accuracy and identification when they were handed out to people.



The pharmacy obtained its medicines and medical devices through licensed wholesalers such as Alliance Healthcare and AAH. Unlicensed medicines were obtained through Lexon. Staff were informed about the process required under the European Falsified Medicines Directive (FMD), there was relevant equipment present but the pharmacy was not yet currently set up to comply with the decommissioning process. The team date-checked medicines for expiry every three months; staff had their own designated sections to check and they used lists to help keep track of this. There were no mixed batches or date-expired medicines seen. Short-dated medicines were identified by using elastic bands and liquid medicines were marked with the date upon which 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. Drug alerts and product recalls were received by email or through the company, staff checked stock and acted as necessary. A complete audit trail was present to verify the process.

Medicines returned for disposal were accepted and stored in designated containers. This included designated containers for hazardous or cytotoxic medicines and a list was available to assist the team in identifying them. Staff checked for CDs and sharps, they could accept sharps requiring disposal provided they were in sealed bins. Returned CDs were brought to the attention of the RP and stored appropriately before being destroyed.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. The pharmacy keeps its equipment clean. And, it maintains appropriate records to ensure they are fit for their intended purpose.

### Inspector's evidence

The pharmacy was equipped with current versions of reference sources and clean equipment. This included the sink used to reconstitute medicines, counting triangles and standardised conical measures for liquid medicines. There was hand wash by the sink and hot as well as cold running water available. The CD cabinets were secured in accordance with statutory requirements and the medical fridge was operating at the appropriate temperature. 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. There were cordless phones available to help private conversations to take place. The blood pressure machine was new. The team kept records to verify that the blood glucose meter had been regularly calibrated before use.

### 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.