

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, 55 Oldfields Road,  
SUTTON, Surrey, SM1 2NB

**Pharmacy reference:** 1091677

**Type of pharmacy:** Community

**Date of inspection:** 09/03/2020

## Pharmacy context

This pharmacy is inside a large Tesco Extra supermarket, located on a large retail park with plenty of parking, near Sutton in Surrey. The pharmacy is open from 8am until 10pm Monday to Saturday, and from 10am until 4pm on Sundays. The pharmacy dispenses NHS prescriptions, sells over-the-counter medicines and provides health advice to a wide range of people. It also offers seasonal Flu vaccinations in the autumn and winter.

## 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	1.2	Good practice	Records of near misses and errors are regularly reviewed and records are kept showing what has been learnt and what has been done. There are regular checks and audits to confirm that pharmacy procedures are being properly followed.
<b>2. Staff</b>	Standards met	2.2	Good practice	Planned learning and development is actively encouraged. Relevant and useful learning is arranged for staff to access. Records show that staff complete regular ongoing training relevant to their roles to help keep their skills and knowledge up to date.
<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

The pharmacy provides its services in line with clear, up-to-date processes and procedures which are being followed by its team members. They are clear about their roles and responsibilities. And they work to professional standards, identifying and managing risks effectively. The pharmacy keeps good records of the mistakes that happen during the dispensing process. The pharmacist regularly reviews them with members of the team so that they can learn from them and avoid problems being repeated. Team members understand their role in helping to protect the welfare of vulnerable people. And they know how to protect people's confidential information. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

### Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards and they were due for a review in July 2020. The SOPs were available online, and the pharmacy kept signature sheets for each member of staff in the training folder listing each SOP which had been signed to indicate that they had been read and understood. The pharmacy also had a business continuity plan in place to maintain its services in the event of a power failure or other major problem. The pharmacy was currently receiving weekly updates relating to coronavirus and actions to be taken. A copy of the most recent weekly update was available for staff to refer to if necessary, and there was an up-to-date 'Covid-19' poster on the noticeboard.

Errors and near misses were recorded using a paper register, showing what the error was, the members of staff involved, and the action taken. The near miss register was kept in a folder in the dispensary for easy access by all staff. The responsible pharmacist (RP) explained that each member of staff recorded their own mistakes as she wanted them to take responsibility for them. The possible causes were recorded and there was evidence of reflection and learning. The RP reviewed them regularly to identify any patterns or trends, and then shared them with the rest of the team. There were stickers on-shelf to highlight 'Look Alike Sound Alike' (LASA) medicines and some commonly confused medicines such as quinine and quetiapine, which had been separated to help minimise the risk of errors. Methotrexate was kept in a separate basket and only one strength was kept in stock. The checking area had been clearly marked out with a section for assembled prescription awaiting checking, the pharmacists checking area itself, and then a third section for those prescriptions that had been checked and were ready to be either put away or handed out. This area was highlighted as a 'quiet zone' to help minimise distractions. Errors that were not detected before handing out to patients were recorded online, collated by Head Office and then followed up by the Regional Manager.

A 'Safe & Legal' audit was carried out annually by an external company in addition to the completion of the daily record book. The pharmacy manager explained how the tasks in this book were now recorded online using a mobile phone app, but he still liked to keep the paper copy as a backup.

Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. They outlined their roles within the pharmacy and where responsibility lay for different activities. All dispensing labels were signed by two people to indicate who had dispensed the item and who had checked it. The responsible pharmacist notice was clearly displayed for patients to see and the paper-based RP log was complete and up to date.

Professional indemnity and public liability insurance cover was provided by the National Pharmacy Association (NPA).

Results of the Community Pharmacy Patient Questionnaire (CPPQ) were on display in the consultation room for patients to see. The results were positive overall and patient feedback included requests for more seating, and about the availability of somewhere quiet to speak. There were credit card style prompt cards available at the counter, encouraging patients to provide feedback online via Tesco.com. The pharmacy complaints procedure was set out in the practice leaflets, which were on display by the consulting room door.

Private prescription records were maintained electronically and were mostly complete and correct. There were some examples where the prescriber details were incorrect. Records of emergency supplies were complete, but several did not record the reason for supply in sufficient detail. When both of these were pointed out, the pharmacy manager and the RP agreed to ensure they would be correct in future. The controlled drug (CD) register was seen to be correctly maintained, with running balances checked weekly in accordance with the SOP. Records of CDs returned by patients were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed 'specials' were seen to be complete.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. They were able to provide examples of how they protect patient confidentiality, such as taking care not to be overheard when checking people's names and addresses or postcodes. Completed prescriptions in the prescription retrieval system were visible to patients waiting at the counter but were too far away for bag labels to be legible. Confidential waste was kept separate from general waste and shredded offsite.

There were safeguarding procedures in place and contact details of local referring agencies were kept in the signposting folder together with other signposting records. All staff had undergone Tesco internal safeguarding training and all registrants had been trained to level 2. All staff were dementia friends.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are well-trained and have a clear understanding of their roles and responsibilities. They work well together and can make suggestions to improve safety and workflows where appropriate

### Inspector's evidence

There was one medicines counter assistant (MCA), one accuracy checking technician (ACT) one registered pharmacy technician and one dispensing assistant in addition to the two pharmacists on duty at the time of the inspection. In the event of staff shortages, the pharmacy manager could ask part-time staff to come in, or to stay on after their shifts had finished. He could also call upon a pool of multiskilled staff from elsewhere in the supermarket. Training records were seen confirming that all staff had either completed or were undertaking the required training. All members of staff had attained either the Tesco bronze award or silver award.

The medicines counter assistant was seen to be asking appropriate questions when responding to requests or selling medicines. There were targets in place, but they were applied reasonably and the pharmacy manager confirmed that he was comfortable with making his own decisions and did not feel pressurised to compromise his professional judgement. Records of regular team meetings ('team five') were seen, and evidence of the actions agreed upon. Team members were involved in open discussions about their mistakes and learning from them. They felt that they could raise concerns and that there was a whistleblowing policy available for them if needed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a secure and professional environment for people to receive its services. The premises include a private room which the team uses for some of its services and for private conversations.

### Inspector's evidence

The pharmacy premises were clean and in a good state of repair. There was plenty of space to work safely and effectively, and the layout was suitable for the activities undertaken. The dispensary sink had hot and cold running water, with antibacterial wash for hand washing. The sink and surrounding area were clean and shiny with no limescale evident.

There was a spacious consultation room for confidential conversations, consultations and the provision of services. The door was kept locked and only opened when needed. There was a sink with hot and cold water and handwash. There was also a laptop which was not switched on at the time of the inspection. All of the cupboards containing paperwork and equipment relating to the pharmacy's services were kept closed and no confidential information was visible.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds well to drug alerts or product recalls to make sure that people only get medicines or devices which are safe for them to take. It identifies people supplied with high-risk medicines so that they can be given extra information they may need to take their medicines safely. But it only records some of the checks that it makes which may make it harder to show what had been done if a problem were to arise in the future.

### Inspector's evidence

The pharmacy provided a small range of services and had taken steps to ensure that they were accessible to a wide range of people. The entrance to the consultation room was wide and unobstructed, allowing wheelchair access. There was a hearing loop in place for those who have difficulty hearing.

Controls were seen to be in place to reduce the risk of picking errors, such as stickers on-shelf to highlight LASAs, and the use of baskets to keep individual prescriptions separate. Electronic Prescription service (EPS) tokens were initialled to show who had undertaken the clinical check and again to show who had made the final check, and labels were initialled to show who had dispensed and checked them. Bags were opened for another check before being handed out.

Owings tickets were in use when medicines could not be supplied in their entirety. Patients were asked for their mobile number, and for consent to call them, as part of signing up for the NHS electronic prescription service (EPS). The pharmacist would then send them a text message advising them when their medication would be ready. If any items were unobtainable, the pharmacist would offer to contact the GP for an alternative. Prescriptions in retrieval awaiting collection were clearly marked to indicate if they were CDs, including schedule 4s such as zopiclone to ensure that they were not handed out after their 28-day validity. There was a report online showing uncollected prescriptions over two months old which was used when the retrieval system was checked every week so that any prescriptions over two months old could be removed and an entry made in the PMR.

Staff were aware of the risks involved in dispensing valproates to women of childbearing age, and all such patients were counselled and provided with leaflets and cards highlighting the importance of having effective contraception. A small number of patients had been identified and contacted as a result of completing the valproate audit. Patients taking warfarin were routinely asked for their INR records. Lithium and methotrexate blood tests were also checked. Many of these interventions had been recorded as part of the recent PQS audit, but the pharmacy manager acknowledged that they did not routinely record all of them outside of the audit. Upon reflection, both he and the RP agreed that it would be good practice to continue recording them after the audit had finished. There were yellow books for INR records and warning cards for lithium, methotrexate and steroids all available for people who may need them.

Up-to-date, signed Patient Group Directions (PGDs) were seen to be in place for the private and NHS flu

vaccination services. They were valid until 31 March 2020. Signed PGDs were also present for the Tesco malarone service and the erectile dysfunction service, both of which were due to expire 30 April 2020.

Medicines were obtained from licensed wholesalers including AAH, Phoenix, and Alliance. Unlicensed 'specials' were obtained from Lexon. The pharmacy was not yet compliant with the Falsified Medicines Directive (FMD) but had received information from Head Office outlining their plans for implementation.

Routine date checks were seen to be in place, with each section of shelving numbered so that all of the stock was checked every three months. Any items with a shelf-life of less than three months were removed and details recorded. No packs of stock were found to contain mixed batches. Bottles of liquid medicines were suitably annotated with the date of opening. Fridge temperatures were recorded daily and seen to be within the 2 to 8 Celsius range.

Pharmacy medicines were displayed behind the medicines counter and unauthorised access to them was prevented by a locked door. Patient-returned medicines were checked to ensure that any CDs were separated and appropriately recorded, and that there were no sharps present. Hazardous returned medicines were segregated and disposed-of using separate hazardous waste containers. There was no list of hazardous medicines, so the RP printed one off during the course of the inspection. Patients with sharps were signposted to the local council for disposal. Denaturing containers were seen for the safe disposal of CDs. The pharmacy received drug alerts and recalls from the MHRA, which were annotated with any actions taken, the date and initials of those involved.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has satisfactory facilities and equipment for the services it provides. It makes sure that its equipment is properly maintained. It also ensures that people's private information is kept safe and secure.

### Inspector's evidence

The pharmacy equipment and facilities were seen to be appropriate for the services provided. The consultation room was clean and tidy, with blood pressure monitors, cholesterol monitors and blood glucose monitors kept in the cupboards. All the equipment in the consulting room was seen to be in good condition. The blood pressure monitor was replaced by Head Office every year. There were control solutions available to calibrate the cholesterol monitor, and the blood glucose monitor, and evidence of all recorded calibration checks.

The pharmacy had a set of clean crown-stamped conical measures, and suitable equipment for counting loose tablets and capsules. There was a separate triangle for cytotoxics kept in the methotrexate basket. The pharmacy had internet access and up-to-date reference sources such as the BNF. NHS smartcards were being used appropriately and passwords were not shared.

### 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.