

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Holmbush Centre, Upper Shoreham Road, SHOREHAM-BY-SEA, West Sussex, BN43 6TD

Pharmacy reference: 1092087

Type of pharmacy: Community

Date of inspection: 14/02/2024

Pharmacy context

This is a pharmacy situated within a Tesco Extra supermarket on the outskirts of Shoreham-by-Sea. It serves a wide population including many people from outlying villages who come to shop at the store. The pharmacy provides the Pharmacy First scheme as well as a seasonal flu vaccination program.

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

The pharmacy manages its risks appropriately. It has written instructions to help its team members work safely. It keeps the records it needs to by law and it has the insurance it needs to protect people if things do go wrong. People who work in the pharmacy talk to each other about the mistakes they make to try to stop the same sort of things happening again. They can explain what they do, what they are responsible for and when they might seek help. They keep people's private information safe. And they understand their role in protecting vulnerable people.

Inspector's evidence

Pharmacy services were supported by written standard operating procedures (SOPs) issued by head office and these were reviewed regularly. The pharmacy's team members said they had read the SOPs and there was a record to show this.

Prescription labels were initialled at the dispensing and checking stages to create an audit trail showing who had been involved in these tasks. Designated areas of the pharmacy were used for separate tasks such as dispensing and checking prescriptions to reduce the risk of distractions. There was also a separate check when medicines were handed out to people.

Team members recorded dispensing mistakes they made that were spotted before the medicines were handed out (referred to as near misses). The team members explained how some medicines with similar names had been more clearly separated to prevent picking errors, such as amlodipine and amitriptyline. Staff had also separated and taking great care when selecting the form of a medicine, as they had encountered mistakes in selecting tablets instead of capsules. The company had a procedure for recording, reporting, and reviewing dispensing mistakes that reached people and staff were aware of this.

The team members knew what they could and couldn't do if a pharmacist was not present. They also knew the types of medicines that could be liable to abuse and under what circumstances they needed to refuse to supply or refer requests for these medicines to the pharmacist for further advice. The pharmacy did not sell codeine linctus or Phenergan mixture over the counter.

The team wore uniforms so could be readily identified by members of the public. The pharmacy had a complaints procedure and team members explained that they tried to resolve complaints in-store and would refer people to the pharmacist or to customer service where needed.

There were written procedures and staff training about protecting confidentiality. The staff had completed training about the General Data Protection Regulation. Sensitive information was stored out of the reach and sight of the public and confidential waste was disposed of securely. The IT system was password protected. Staff used their own NHS smartcards and passwords to access electronic prescriptions and did not disclose passwords to each other.

The team members had completed training about safeguarding relevant to their roles and had an understanding of what to do if they had concerns about the wellbeing of a vulnerable person. There was a chaperone policy for using the consultation room. The pharmacy had current professional liability

and public indemnity insurance in place.

Appropriate Records about controlled drugs (CDs) were kept and complied with legal requirements; running balances were kept and checked for accuracy regularly. The pharmacy had a separate register for patient-returned CDs. Records about the responsible pharmacist (RP) were kept and the correct RP notice was displayed where members of the public could see it. Private prescriptions were recorded electronically.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient trained team members to provide its services safely and effectively. Members of the pharmacy team work well together and have a work culture of openness, honesty and learning. They know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets. The pharmacy provides its team members with the training and support they need. It actively encourages them to improve their skills.

Inspector's evidence

At the time of the inspection there was a responsible pharmacist who was also the pharmacy manager and three dispensers-counter assistants on duty. The team members were coping with the workload during the inspection, and they worked closely and well together ensuring that tasks were completed and patient safety prioritised. Members of the pharmacy team are friendly and helpful.

The team had all either completed training courses appropriate to their roles or were in the process of completing these. Ongoing training resources were provided and the team was provided with time to complete training. The team had recently completed training in relation to the new Pharmacy First scheme.

Team members described how information was shared amongst the team using various group chat applications. They used this facility to share incidents and learnings and to try to make sure other members of the team received useful handover information. Team members could also make suggestions to each other to improve how the pharmacy worked.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment to deliver its services from. Its premises are clean and tidy. And people can receive services in private when they need to.

Inspector's evidence

The premises were large enough for the activities currently undertaken. And the pharmacy had enough clear bench space to help with safe dispensing routines. The dispensary was clearly separated from the shop area and access by the public was suitably restricted.

Room temperatures in the premises were controllable, and levels of ventilation and lighting were appropriate for the activities undertaken. The pharmacy had a consultation room to one side of the main area and people could have a private conversation about their healthcare in this room.

The pharmacy team members had access to staff facilities in-store including rest areas and toilets. The premises could be secured outside of opening hours and were accessible to people with mobility issues or those with prams or wheelchairs.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that people can access easily. Its working practices are safe and effective. The pharmacy gets its medicines from reputable sources. And it stores them appropriately and securely. They dispose of people's unwanted medicines properly. And they carry out checks to make sure the pharmacy's medicines are safe and fit for purpose.

Inspector's evidence

The pharmacy's opening hours were displayed at the entrance. The main entrance door to the store was power assisted and level with the pavement and the supermarket had onsite parking for people.

There was a small range of leaflets and posters about healthcare advice displayed near the pharmacy. Dispensing was observed being carried out in an orderly way. All dispensed items were checked by the RP and the dispensed medicines were subject to a further check by a member of staff just before handing out. Baskets were used to keep prescriptions for different people separate.

The staff had a range of warning stickers which were seen attached to prescriptions which needed greater care or additional checks when handed out to people. When asked, the team members knew how long prescriptions for CDs were valid for. And most of the CD prescriptions found had been highlighted using the warning stickers or other means so staff could make sure they weren't supplied when the prescription was no longer valid.

Medicines were obtained from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out.

Medicines were stored in dispensary drawers/ shelves in an orderly way. Certain medicines, including those which contained valproate, had been stored separately to reduce risks when dispensing. The team members had a good understanding of the guidance around prescriptions for valproate and the need for additional care and precautions when supplying to people who might become pregnant. The stock packs available had the warning cards and alert stickers attached. And there were spare cards and information to give to people if needed.

The pharmacy had just recently started offering the Pharmacy First scheme. All staff including the pharmacist had received and completed appropriate training about the service.

Date checking was carried out on a regular cycle and recorded. Medicines were kept in appropriately labelled containers and there were no date- expired medicines found amongst dispensing stock when a sample of items was checked at random. Out-of-date medicines and patient-returned medicines were transferred to designated bins and stored separately from dispensing stock. Appropriate arrangements were in place for storing CDs securely. Medicines requiring refrigeration were stored appropriately.

The pharmacy had a process to receive and act on drug recalls and safety alerts. It was notified of these by its head office and there was a system in place to make sure these were responded to promptly.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's personal information is kept secure. And its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had measuring equipment of a suitable standard. These were kept clean. The pharmacy had access to online reference sources to assist with clinical checks and other services. It also had the right equipment to assist the safe disposal of medicines and sharps waste and kept these out of reach of the public. All portable electrical equipment appeared to be in good working order and testing of this was arranged by head office.

The pharmacy had suitable and new equipment for the Pharmacy First service as well as for measuring a person's blood pressure. And this equipment appeared to be well maintained. The pharmacy's patient medication records and computer screens in the pharmacy could not be viewed from the shop floor.

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.