

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Durham Road,
STOCKTON-ON-TEES, Cleveland, TS21 3LU

Pharmacy reference: 1092148

Type of pharmacy: Community

Date of inspection: 18/06/2024

Pharmacy context

This is a pharmacy within a supermarket located in Stockton-on-Tees. Its main activity is dispensing NHS prescriptions and selling over-the-counter medicines. It also provides a range of NHS services including Pharmacy First and seasonal flu vaccinations.

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 suitably identifies and manages risks with its services. It has the written procedures it needs relevant to its services and team members follow these to help them provide services safely. Pharmacy team members keep people's confidential information secure. And they know how to identify situations where vulnerable people need help. They keep the records required by law.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) to help pharmacy team members manage risk with providing services. These SOPs clearly defined individual responsibilities for particular activities according to different roles within the team. Team members accessed SOPs via an electronic platform. This held a record of which SOPs the team member had read and when, as well as highlighting any that were outstanding. This showed that the majority of the team was up to date with reading the SOPs, with only a newly employed pharmacist manager having a small number still to read. To supplement the SOPs, the pharmacy also had a 'Pharmacy Guide.' This was a head-office produced resource which the team used to refer to for more detailed information relating to the pharmacy's procedures and administrative tasks.

Pharmacy team members identified errors at different stages of the dispensing process. Where these were identified before people received their medicines, they were known as near miss errors. Team members used a log for recording such errors. The information recorded was reviewed weekly and used to inform 'next steps' of actions that the team should take to avoid repeating the near miss. Team members were responsible for recording their own near miss errors. This meant that they could self-reflect on the factors that had contributed to the near miss so that it was learned from. The team had made changes following near miss errors, which included assigning certain medicines to their own separate shelves or drawers, away from other medicines that looked alike or names that sounded similar. The pharmacy completed incident reports for mistakes that were identified after a person had received their medicine, known as dispensing errors. These were recorded online and shared with the company's head office. The Responsible pharmacist (RP) during the inspection discussed the most recent dispensing error and highlighted the changes that the pharmacy team had made to avoid it happening again. The pharmacy proactively kept running balances of quantities for some non-Schedule 2 medicines, such as methotrexate, to provide an audit trail and help resolve any errors should they occur.

The pharmacy had a procedure for dealing with complaints. The team aimed to resolve any complaints or concerns locally in the first instance. If they were unable to resolve the complaint, they escalated it to the regional manager. The RP provided examples of previous years' annual complaints reports that the pharmacy produced. People could also submit complaints or concerns directly to the company's customer care team. The pharmacy learnt about these so that they could improve their services, if needed.

The pharmacy had current professional indemnity insurance. The RP clearly displayed their notice, so people knew details of the accountable pharmacist on duty. Team members knew what activities could and could not take place in the absence of the RP. The team included a pharmacy technician who was qualified to complete the final accuracy check of assembled medicines. This accuracy checking

technician (ACT) had many years of experience and felt confident and competent to check any items that had been clinically checked by a pharmacist. The pharmacy team understood and worked to a standard procedure to allow this to be done safely. This procedure dictated that a prescription was marked by the pharmacist to indicate when they had completed their clinical check. The procedure allowed discretion to be exercised between the ACT and the pharmacist in instances where they decided that the pharmacist would complete the full check, such as some handwritten private prescriptions. The ACT was comfortable highlighting to other members of the team when they had identified a near miss error, and they supported them to make a record in the log.

A sample of legally required records were checked, which included the RP log. Entries in this generally met legal requirements. But during the inspection, some instances were highlighted to the team where RP sign-out times were occasionally omitted. The pharmacy kept appropriate records of the private prescriptions it had dispensed, electronically within the dispensing system. A sample of the controlled drug (CD) registers checked met legal requirements. The team completed weekly checks of the running balance in the register against the physical stock. A random balance check against the quantity of stock during the inspection was correct. The pharmacy kept a register of CDs returned by people, and there were records and evidence of recent returns being appropriately denatured for destruction.

Pharmacy team members received annual training about information governance and the General Data Protection Regulation. The pharmacy segregated confidential waste. This was stored securely in the supermarket storeroom before being collected by a third party for destruction. Team members received formal training about safeguarding every two years. They gave examples of signs that would raise concerns about the welfare of vulnerable people. A team member discussed an example where they had gradually become concerned about a person known to the pharmacy through using its services, and the actions they had taken to act on their concerns. Key safeguarding contact information was available for the team to refer to in a designated file.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with an appropriate range of experience and skills to safely provide its services. Team members work well together, and they support each other in their day-to-day work. Pharmacy team members feel comfortable raising concerns and discussing ways to improve how they work. They have opportunities to complete training so they can develop their knowledge.

Inspector's evidence

At the time of the inspection, the RP was a pharmacist who worked regularly at the pharmacy. Another pharmacist was also present, providing cover as a locum. The pharmacists were supported by a team that consisted of a pharmacy technician and two qualified dispensers. Other team members that were not present during the inspection included the newly appointed pharmacy manager. Also three qualified dispensers, as well as one trainee dispenser and two trainee medicines counter assistants worked at the pharmacy but were not present. The two resident pharmacists covered the majority of the pharmacy's extended opening hours, often overlapping in the middle of the day to ensure they continued to provide services uninterrupted by breaks. Team members worked overtime to cover periods of absence within the team. During the inspection, the pharmacy was busy, but the team were observed to be calmly managing the workload. The skill mix of the team appeared appropriate for the nature of the business and the services provided.

Both resident pharmacists were trained to deliver all the services the pharmacy provided. And they had signed the patient group directions to enable them to deliver the NHS Pharmacy First service. The RP explained how they were receiving leadership development through company-provided workshop-based training. Pharmacy team members received training via an online company portal, with modules relating to working in the pharmacy as well as modules about working in the store generally. Those team members enrolled on accredited qualification training courses received supervisory support from the resident pharmacists, as well as protected time each week to focus on their training materials. Team members had annual reviews, where any learning and development needs were discussed. These were completed by a combination of the duty pharmacist and the overall store manager, during the period prior to the pharmacist manager being appointed.

Team members felt comfortable to openly discuss feedback and suggestions about the pharmacy and the services provided. They shared an example of support raising a request to increase the overall staffing hours, which was acknowledged and accepted. Team members worked well together. And they communicated effectively to plan and handover key tasks at the beginning and end of their shifts. Pharmacy team members asked appropriate questions when selling medicines over the counter. They gave examples of when they would involve other team members to help and at what point they would refer to the RP. The team had some performance related targets to achieve, and the RP was comfortable discussing these targets with their manager if they were challenging. Team members knew how to raise concerns if necessary. The pharmacy had a whistleblowing policy and details, including how to report concerns, were displayed in the staff area.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, secure and provide a suitable environment for the services provided. And the pharmacy has a consultation room to meet the needs of people requiring privacy when using its services.

Inspector's evidence

The pharmacy was located at the back of the supermarket. It had a medicines counter and a side door which functioned as a barrier to stop unauthorised access to the dispensary. The dispensary was small but was generally tidy and organised. During the inspection, the pharmacy had a large number of full pharmaceutical waste containers awaiting collection. The team had acted to stack these as safely and tidily as possible away from the busiest area of the dispensary. The RP advised that collection was due soon. The pharmacy team kept the work surfaces in the dispensary tidy and clear of unnecessary clutter. There was sufficient storage space for stock, assembled medicines and medical devices.

There was a clean, well-maintained sink with hot and cold water. Pharmacy team members shared cleaning tasks among themselves to keep the pharmacy clean. These were usually completed at the beginning and end of the day. And the pharmacy benefitted from a weekly visit by the store cleaners. Any maintenance issues were dealt with by the in-store technician. Team members knew how to raise a ticket for the technician's attention to ensure jobs were given the appropriate priority level to ensure the safe running of the pharmacy. The pharmacy kept its heating and lighting to acceptable levels. The layout of the premises allowed effective supervision of staff and pharmacy activities.

The pharmacy had a soundproof consultation room that allowed the team to have private conversations with people and provide services. It was a good size and had a desk, two chairs and a sink. The door to the consultation room was locked when not in use. There was also a waiting area with three seats outside of the consultation room, and to the side of the medicines counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources its medicines from recognised suppliers. And it stores and manages them appropriately. Pharmacy team members complete regular checks to ensure medicines are suitable for supply. And they respond appropriately when they receive alerts about the safety of medicines. Team members appropriately manage the delivery of services safely and effectively.

Inspector's evidence

The supermarket had automatic doors and level access from the car park to allow people with mobility issues to enter safely. There was a section of the medicines counter at a lower level to support people using a wheelchair with activities such as completing prescription exemption declarations. And there was a hearing loop positioned on the medicines counter to allow pharmacy team members to communicate with people who may require such assistance.

The pharmacy team dispensed prescriptions to a procedure that used baskets. These dispensing baskets kept prescriptions and their corresponding stock separate from others. And using assorted colours of basket meant the team easily differentiated between urgency levels of prescriptions. Pharmacy team members signed dispensing labels during dispensing and checking. This maintained an audit trail of team members involved in the process.

The pharmacy team used stickers to highlight if a prescription contained a fridge item, to ensure correct storage temperatures were maintained. And they attached prompts to completed bags of medicines that contained higher-risk medicines, to ensure that people received these safely, with appropriate questioning and advice. The RP counselled people receiving prescriptions for valproate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They checked if people were on a pregnancy prevention programme and taking regular effective contraception. They did not routinely keep records of these conversations, so there were no audit trails in case of queries. Team members were aware of the requirements to dispense valproate in the manufacturer's original packs.

The pharmacy obtained medicines from licensed wholesalers and specials manufacturers. It had a documented procedure for managing the checking of expiry dates of medicines. Team members highlighted short-dated medicines when they conducted date-checking tasks. And they kept records of when these medicines were removed from stock as part of a monthly clear-down. A random sample of stock was checked during the inspection and no expired medicines were found. The pharmacy held medicines requiring cold storage in a medical fridge equipped with a thermometer. Team members consistently monitored and recorded the temperature of the fridge. These records showed cold chain medicines were stored at appropriate temperatures. A check of the thermometer during the inspection showed temperature within the permitted range.

The pharmacy had disposal facilities available for unwanted medicines, including CDs. When the pharmacy could not entirely fulfil a prescription first time, team members created an electronic record of what was owed on the patient medication system. And they gave people a note detailing what was owed. This meant the team had a record of what was outstanding to people and what stock was needed. The team checked outstanding owings as a daily task, and the pharmacy appeared to be

managing these well. The pharmacy had a documented procedure for responding to drug safety alerts and manufacturer's recalls. It received these via email from the company's head office as well as in-store electronic communications. The team was required to confirm when the alerts had been actioned on the system. The RP demonstrated recent examples of alerts that had been received and actioned in this way.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use the equipment in a way that protects people's private information.

Inspector's evidence

Pharmacy team members had a range of hard-copy and electronic reference materials available to them, via the internet. There was equipment available for the services provided which included an otoscope, a digital thermometer, and a blood pressure monitor. The pharmacy also had an ambulatory blood pressure monitor.

The pharmacy had a range of clean counting triangles and capsule counters. And it had CE marked measuring cylinders for liquid medicines preparation. The team used separate equipment when counting and measuring higher-risk medicines.

The pharmacy's computers were password protected and access to people's records was restricted by the NHS smart card system. The team used cordless telephones so that conversations could be kept private. The pharmacy stored completed prescriptions and assembled bags of medicines away from public reach in a restricted area. And these were purposely oriented in such a way to protect people's confidential information on the prescriptions and labels on the bags.

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.