

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Dukes Green Avenue,
FELTHAM, Middlesex, TW14 0LT

Pharmacy reference: 1092224

Type of pharmacy: Community

Date of inspection: 24/02/2020

Pharmacy context

This pharmacy is in a Tesco supermarket in Feltham. It dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), New Medicines Service (NMS), multi-compartment compliance aids for patients in their own homes and flu and meningitis 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 team identifies and manages risks in the pharmacy appropriately. Team members record their mistakes, but they do not include a lot of detail in their records and so may miss out on learning from all their mistakes. The team members are clear about their roles and responsibilities and work in a safe and professional way. The pharmacy keeps up-to-date records as required by the law. The pharmacy keeps people's private information safe and team members understand their role in protecting the safety of vulnerable people.

Inspector's evidence

The pharmacy has written standard operating procedures (SOPs) in place which include the roles and responsibilities of the staff. The SOPs had been created in June 2018 and were due to be reviewed in July 2020. The staff training matrices showed that the staff members had read and understood the SOPs. The team members were all clear on their roles and responsibilities and would refer to the pharmacist if they were unsure of something. A valid certificate of public liability and professional indemnity insurance was available at the pharmacy head office.

The pharmacy team recorded their near misses and reviewed them each week. However, not all entries in the near miss log included detailed comments to explain why the error had occurred and the action taken to prevent a recurrence. The team had highlighted the 'Look Alike Sound Alike' (LASA) drugs in the dispensary and had separated them to help prevent picking errors. The team gave an example of an error that had been made with sertraline so they had highlighted them on the shelf. However, the label was no longer next to the sertraline as the stock had since been moved around.

The team received a regular 'Pharmacy Healthcare news' newsletter from their head office team and the latest one included information about the Pharmacy Quality Scheme and CBD oil. They also received a 'Safety starts here' newsletter about incidents which had occurred across the company as well as any professional changes they needed to be aware of. The team explained they kept the newsletters in a file, but they were kept untidily, and it was not clear which newsletter was the most recent one they had read and actioned. There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent different prescriptions being mixed up. An audit trail was observed being used by the members of the pharmacy team where they signed the left- and right-hand side of the prescriptions to identify who had accuracy checked a prescription and who had checked it again prior to handing it out respectively. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. There was a complaints procedure in place, and the staff were aware of the processes to follow if they received a complaint. The results of the latest Community Pharmacy Patient Questionnaire (CPPQ), from August 2019, were displayed on the nhs.uk website and were positive.

Records of controlled drugs and patient returned controlled drugs were complete and accurate. A sample of OxyNorm 5mg capsules was checked for record accuracy and was seen to be correct. The CD stock was balance checked every week by the pharmacist. The responsible pharmacist record was complete, and the correct responsible pharmacist notice was displayed. However, the responsible

pharmacist notice was not very visible from the public view of the pharmacy. The maximum and minimum fridge temperatures were recorded twice daily and were always in the 2 to 8 degrees Celsius range. The private prescription and emergency supply records were completed electronically with all the required information recorded. The specials records had all the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. The consultation room was locked when not in use and inaccessible to the public. There were cordless telephones available for use and confidential waste paper was collected in red confidential waste bins which were removed by the company for destruction. The pharmacy had completed the Data Security and Protection (DSP) toolkit and had a GDPR policy in place. The pharmacist had completed the level 2 Centre for Postgraduate Pharmacy Education (CPPE) learning module on safeguarding children and vulnerable adults. There was a safeguarding children and vulnerable adults e-learning program on the company's training website which all the members of staff had completed, and this was recorded on their training cards. A list of the local safeguarding authorities was displayed in the pharmacy for the whole team to access if required. The team members were also all Dementia Friends and had completed this training online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. It makes sure that its team members are appropriately trained for the jobs they do. And they complete additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

Inspector's evidence

During the inspection, there was one pharmacist, one NVQ Level 3 technician and two NVQ Level 2 dispensers. The team had regular training updates where they were kept up to date with relevant healthcare information and had dedicated time to complete this training. Most recently in the training records, the team had completed training on lifting. The team were aware of their roles and the technician refused an over the counter sale when the pharmacist was temporarily not on the premises.

Staff were observed dealing with requests appropriately and one dispenser was observed asking a patient to fill in a form after they asked for a meningitis ACWY vaccination. The patient was dealt with professionally before the pharmacist took them into the consultation room to administer the vaccination.

Team members were aware of how to raise concerns and to whom. There was a whistleblowing policy in place which was also detailed in the staff handbook. The team completed a staff satisfaction survey twice a year where they were able to provide feedback about their day-to-day roles, the company and any areas of improvement they'd like to see. The team could also discuss how the week was going in their weekly meetings.

The team members explained they were listened-to and the pharmacy management team would take on board any ideas, concerns or suggestions they had. There were targets in place for services, but the pharmacist explained that the team did not feel any pressure to deliver these targets and would never compromise their professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and generally suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was based in a large supermarket and was signposted from the front door so that people could find it easily. It included a medicines counter, consultation room, and dispensary. A cleaner cleaned the floors and emptied the bins daily, but the rest of the cleaning was completed by the pharmacy staff. The pharmacy was well presented, clean and tidy. An area of the dispensary floor had come off to reveal the tiles underneath and so posed a trip hazard. The pharmacist explained that this had been raised and they were due to have the floor and the drawers of the pharmacy replaced in March.

The consultation room allowed for confidential conversations, was locked when not in use and included a table, seating, a clean sink and plenty of storage space. There was also a sink available in the dispensary with hot and cold running water to allow for hand washing and the preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical manner, and the shelves were cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines and this was regulated by an air conditioning system. The lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may need to take their medicines safely, but this is not always recorded. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

Pharmacy services were displayed on posters around the pharmacy area. There was step-free access into the pharmacy via an electrically assisted door and seating for patients or customers waiting for services. There was also an induction loop available should anyone require its use.

The pharmacy prepared some multi-compartment compliance aids for domiciliary patients and logged the relevant activities. Compliance aids were not available to view during the inspection, but the team explained they always included the descriptions of the medicines inside and patient information leaflets (PILs) were supplied with them each month. Each patient had a file where the team recorded their medicines, when they were taken, any known allergies, any discharge information from the hospitals and contact details.

People taking warfarin would sometimes be asked for their INR levels, blood test dates and warfarin dosage. However, this was not recorded on patient records. The pharmacy team members all had an awareness of the strengthened warnings and measures to avoid valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing for all patients in the at-risk group. The team had completed a valproate audit to highlight patients who were taking valproates and the pharmacist explained how she had the appropriate counselling conversations with those identified to be at risk. All PGDs in the pharmacy were seen to be in-date, complete and valid.

The pharmacy obtained medicinal stock from Oakwood, AAH and Alliance. Invoices were seen to verify this. There were denaturing kits available for the destruction of controlled drugs. Designated bins for the disposal of waste medicines were available and seen being used for the disposal of returned medicine. Date checking was carried out in a manner which meant that the whole pharmacy was date checked four times in a year and records of this were maintained. The team used stickers to highlight short-dated medicines. Opened stock bottles examined during the inspection were seen to have the date of opening written on them. The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinet was bolted to the floor of the pharmacy in accordance with regulations.

The pharmacy team was aware of the European Falsified Medicines Directive (FMD), but they were not currently compliant. Tesco head office was currently in the process of rolling out software to their pharmacies. MHRA alerts came to the pharmacy electronically and they were actioned appropriately. Recently, the team had dealt with a recall for Atrolak tablets. All the recall notices were seen to have been signed and dated appropriately to indicate who had actioned them and when. The team kept an audit trail of all the recall notices they had received and filed them in the dispensary.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml, 25ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were counting triangles available as well as capsule counters. Electrical equipment appeared to be in good working order and was PAT checked annually. The team calibrated their blood pressure monitor, glucose monitor, and cholesterol monitor every week and kept calibration records.

Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

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.