

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Greenwell Road, NEWTON
AYCLIFFE, County Durham, DL5 4DH

Pharmacy reference: 1092270

Type of pharmacy: Community

Date of inspection: 01/05/2019

Pharmacy context

This pharmacy is situated within the supermarket store in the town centre. It is open 100 hours a week over seven days a week. The pharmacy dispenses NHS and private prescriptions. And offers advice on the management of minor illnesses and long-term conditions. It offers a range of services including supervised methadone consumption. And supplies medicines in multi-compartmental compliance packs to help people take their medicines.

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 has a set of written procedures, which the company reviews. But, since the last review, the pharmacy team members have not signed to say that they have read all the updated procedures. So, the pharmacy is not able to demonstrate that its team members are clear about any revised processes. But the team members have a clear understanding of the roles and tasks. And they work in a safe way to provide services to people using the pharmacy. The pharmacy team members discuss mistakes they make during the dispensing process responsibly. But they do not always record these. And the detail they record is sometimes limited. So, they may be missing out on some learning opportunities to prevent similar mistakes from occurring. The pharmacy asks people for their views and deals with complaints and uses feedback for learning to improve the services. It keeps all the records it needs to by law to help evidence compliance with standards and procedures. The pharmacy looks after people's private information and it explains how they will use it. And the pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs). These provided the team with information to perform tasks supporting delivery of service. They covered areas such as the dispensing prescriptions and controlled drugs (CD) management. The team had paper copies which they had signed in 2016, but more recent versions were able on the computer from June 2018. The pharmacy could not confirm where the team members had documented that they had read the most recent version.

The team advised of their roles and what tasks they could do. And following processes. There were also several other corporate checks undertaken weekly to manage the running of the pharmacy. The pharmacy team members documented these checks in the company, Safe and Legal folder. A recent internal audit had taken place, with the pharmacy scoring 100 per cent. This had not included a check on the reading and signing of SOPs.

The pharmacy workflow provided different sections for dispensing activities with benches for assembly and checking. The dispensary had limited bench space and the team prepared multi-compartmental compliance packs when it was quieter and benches clear. There was a large part of bench space used for items which were waiting for stock to come in to complete the prescription. The pharmacist advised the team checked these after each order and completed them as soon as possible. And there appeared more than usual at this time.

The team used baskets throughout the process to keep prescriptions and medicines together. They used different colours of baskets with blue for waiting and red for electronic to distinguish patients' prescriptions by degree of urgency and this helped plan workload.

The pharmacy team members recorded near misses found and corrected during the dispensing process on a specific template. The pharmacists had recorded on several sheets that there had been no near misses for the week. A recent example was Pulmicort inhaler with the wrong strength provided and a comment that it had been busy, and this had been misread, and lansoprazole, with the wrong strength. The team carried out weekly reviews and followed the company process, next steps as required. The pharmacist discussed actions taken such as a discussion on budesonide inhalers and the different types,

for learning. The pharmacist marked the task as completed once the actions had been undertaken. There was a discussion regarding the recording of all near misses and the pharmacist explained that on occasions not all the near misses were being recorded. So, they thought that perhaps team members could record their own which may focus on the recording. Also, the pharmacist could put up a note to remind all the team and locums to ensure any near misses were appropriately recorded.

The pharmacy had a leaflet displayed in the pharmacy which explained the complaints process. The pharmacy gathered feedback through the annual patient satisfaction survey. There had been little areas for improvement in the last survey except some comments about the seating provisions and time for waiting for prescriptions. The team advised they directed people to the seating which was outside the consultation room. And they told people how long their items would take.

The pharmacy had a procedure to record and report dispensing errors. But it had not recorded a recent error which it had been aware of. On this occasion, it seemed to be an oversight. And the pharmacist had acted, reviewing the process and placing alerts on the shelves at the wrongly selected item. And discussed with the pharmacy team. The complainant had informed the GPhC and subsequently the pharmacy logged the incident on their internal reporting system.

The team discussed the recording of errors and its importance, as the recent error could have been more suitably dealt with by the pharmacy at the time, if recorded. The pharmacy team further discussed the error when the GPhC notified them of the concern raised. The pharmacist took the opportunity to remind the team members and locums of the process and need to ensure they followed the company systems.

The pharmacy had current indemnity insurance in place. The pharmacy had the correct Responsible pharmacist (RP) notice. And Responsible pharmacists completed the records as required. A sample of the CD registers looked at were complete. The pharmacy kept running balances and the register indicated weekly checks had been undertaken. Physical stock of an item selected at random agreed with the recorded balance. The pharmacy kept a record of CDs which people had returned for destruction and it destroyed these promptly. The pharmacy kept records for private prescriptions electronically. It provided several emergency supplies, mostly in the evenings. It recorded these as required by law. The pharmacy kept special records for unlicensed products with the certificates of conformity completed.

The pharmacy displayed information on the confidential data kept and how it complied with legislation. It had a notice which explained how the pharmacy looked after information. The team had read General Data Protection Regulation (GDPR) information on the Tesco Academy.

The IT system was password protected. The computer stored patient medication records (PMRs) electronically. The team stored completed prescriptions away safely. And the team used the NHS smart card system to access to people's records. They kept patient sensitive information securely. The team put confidential waste in separate bags which they securely sealed and tied. And they put these in a locked cage until collected for secure disposal.

Safeguarding information including contact numbers for local safeguarding were available for the team. The pharmacists had undertaken level 2 CPPE training. The team had undertaken training on the Tesco Academy. The team advised what they would do if they had a concern but had no examples.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe and effective services. The pharmacy team members are competent and have the skills and qualifications they need for their role. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work.

Inspector's evidence

There were three pharmacists who worked at the pharmacy. One was the pharmacy manager who worked 44 hours and the other two were deputy managers and worked 36 and a half and 27 hours weekly. There were regular locums who covered the additional hours, 18 hours a week. On Monday to Friday there was an overlap of pharmacists for two hours each day.

There were six dispensing assistants who worked at the pharmacy. In total they worked 121 hours a week. The maximum worked by one was 36 and a half hours and the others worked less than 24 hours. The dispensers were all trained, with one having just completed the course. There were also four staff members who were 'multi-skillers' although they were not really used. They had completed some modules which allowed them to put medicine items through on the counter with consultation with the pharmacist. And they could also take in prescriptions. The pharmacist was not aware of any refresher training provided to keep their knowledge, if they had not worked much in the pharmacy.

Most days there were three pharmacy members working in the pharmacy at any one time. The pharmacist worked on their own for the first hour each day and three hours in the evening. The pharmacist explained that they had used heat maps which worked out the busier and quieter times in the pharmacy. This assisted in planning the staffing level. The pharmacist used a planner on a tablet and he planned rotas four to five weeks in advance. The pharmacy team members claimed overtime when covering all holiday cover and planned sickness. The pharmacy team covered any gaps and swapped shifts as required.

Certificates and qualifications were available for the team and kept in the main office. The team members had training records and training was undertaken online for topics such as Clinical Governance, Fire training and Health & Safety. The company provided training modules and the team members allocated time during the day for training to be undertaken. The team received performance reviews which gave the chance to receive feedback and discuss development needs. The pharmacist advised that he had discussed building up relationships in the store, raising awareness of the pharmacy and the role.

The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries.

The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacists or the area manager. There was a whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed.

The pharmacy team had targets for services such as MURs. These were achievable and done when they met the patient's needs.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for the pharmacy services it provides. People can have private conversations with a pharmacist or team member in the consultation room.

Inspector's evidence

The pharmacy was clean, tidy and hygienic. It was fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting collection.

The pharmacy had a defined professional area. Pharmacy only medicines could not be reached by customers. The team took people to sections for health-related items and provided them with advice as required.

The sinks, benches and shelves were all clean and a cleaning rota was available to ensure the pharmacy maintained this. A cleaner came in twice a week to wash the floors.

Floor spaces were generally kept clear to reduce the risk of trip hazards. The room temperature was comfortable and well lit.

The pharmacy had a good sized, signposted, sound proofed consultation room. The team kept this locked when not in use. There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. The pharmacy team kept the consultation room locked when not in use.

The team used cordless phones for private conversations.

Members of the public could not access the dispensary. The counter was clearly observed from the dispensary and the staff were aware of customers in the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices, including the use of baskets to keep items together. It supplies medicines in multi-compartmental compliance packs to assist people to take their medicines at the right time. The pharmacy gets its medicines from reputable suppliers. It generally adheres to storage requirements during the dispensing process. It takes the right action if it receives any alerts that a medicine is no longer safe to use. And takes the correct action to return it to the supplier.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. The pharmacy was accessed through the supermarket entrance which had automatic doors. The pharmacy was signposted within the store.

There was some customer seating adjacent to the consultation room. And there was a working hearing loop in place which was promoted on the counter to raise awareness. The team wore name badges with their role.

The pharmacy displayed its services on the walls at the back of the counter. And it displayed the hours of opening. There was a practice leaflet available with the services the pharmacy provided. The pharmacy had a range of leaflets and posters, with more in the consultation room. There was a table with a health promotion on 'Help Us Help You'.

The team signposted to other healthcare services such as Emergency Hormonal Contraception which the pharmacy could not always provide under the Patient Group Directive (PGD). The regular pharmacist had not been able to update his refresher training course as there had been no further dates available for this locally. But people purchased EHC at the pharmacy, if required or went to another pharmacy.

The pharmacy carried out Medicine Use Reviews (MURs) which were generally undertaken when there was an overlap of pharmacists. The New Medicines Service (NMS) was provided, with a few undertaken. The pharmacist followed these up and on occasions suggested changes to improve the taking of these medicines by people. The pharmacy carried out asthma reviews and referred a few patients back to their doctor. Recently the pharmacist had referred three people for steroid inhalers, for prevention, as they had been over-using their other inhaler. They also ensured children were using spacer devices correctly. The pharmacy has undertaken around 300 flu vaccinations during the last season. Most of the vaccinations had been through the NHS, with a few private ones. The pharmacy fulfilled the vouchers for the smoking cessation.

The pharmacy supplied a small number of people with multi-compartmental compliance packs to help them take medicines. One of the dispensers managed the process. She used trackers to monitor the progress to ensure that the pharmacy received prescriptions in time for the team to make supplies. The trackers served as an audit of when the pharmacy had ordered prescriptions, received these, packs

dispensed, checked and collected. Some of the packs observed had a label attached with only the patients name but no details of the medicines inside. The packs were clearly stored in a section for the patient. The pharmacist could not explain this, except he thought the dispenser had worked ahead using the first prescription of the batch and would then label, when the relevant prescription was available on the spine to pull down. He advised he would review the process with the dispenser due to the risk of unlabelled packs. The pharmacy supplied Patient information leaflets (PILs) once during each cycle.

The pharmacy provided a substance misuse service and made up the medication for methadone and buprenorphine daily, ready for the supply.

There was a clear audit trail of the dispensing process. The team completed the 'dispensed by' and 'checked by' boxes which showed who had performed these roles. And a sample of completed prescriptions looked at found compliance with this process.

The team used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items. The CD stickers recorded the last date for supply, to make sure it was within the 28-day legal limit. This prevented supplies when the prescription was no longer valid. Due to CD prescriptions now being electronic the team had started to highlight the CD prescription to raise awareness of these and their validity.

When the pharmacy could not supply a product or quantity prescribed in full patients received an owing slip. And the pharmacy kept one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative.

The pharmacy team were aware of the Pregnancy Prevention Programme for valproate. And had carried out an audit. The pharmacy team members could explain the information they required to provide to the 'at-risk' group of people. They had the pack with the alert stickers, patient guide and information which they provided as required.

The pharmacy provided a repeat prescription collection service. And checked with people that they still required the item they had ordered. They kept a track of items orders to identify any missing items. Some patients ordered their own medication. The pharmacy reminded people if they required to attend the doctors for a review before they could obtain any further prescriptions for supplies.

The pharmacy stored medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature.

The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range.

The pharmacy team checked expiry dates on products and noted in a book items which were short dated. They had a rota in place to ensure all sections were regularly checked. The team members marked short-dated items and they took these off the shelf prior to the expiry date. They marked liquid medication with the date of opening to allow them to check if it was still fit for use.

The pharmacy team were aware of the Falsified Medicines Directive (FMD) but there were no processes in place. And they were not sure when this would take place.

The pharmacy used recognised wholesalers such as Oakwood, AAH, Phoenix and Alliance. The team used appropriate medicinal waste bins for patient returned medication. These were uplifted regularly. The pharmacy had appropriate denaturing kits for the destruction of CDs.

The pharmacy had a process to receive drug safety alerts and recalls. They actioned these and kept records of the action taken on their system.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. There are provisions in place to maintain people's privacy.

Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). They had favourites set up on the computer for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs) and the NHS site.

The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. The team had access to disposable gloves and alcohol hand washing gel.

The blood pressure machine appeared in good working order and the team checked it as required. They checked the glucose monitor and cholesterol machine to make sure they provided accurate readings. Checks on these were included in the company's safe and legal audit.

The computer screens were out of view of the public. The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The team filed these in boxes in a retrieval system out of view, keeping details private.

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.