

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Cattle Market, Battlefield Road, SHREWSBURY, Shropshire, SY1 4AB

Pharmacy reference: 1092315

Type of pharmacy: Community

Date of inspection: 07/12/2022

Pharmacy context

The pharmacy is situated inside a supermarket, on the outskirts of the town of Shrewsbury. The pharmacy premises are easily accessible for people, with adequate space in the retail area. It has a consultation room available for private conversations. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. And it supplies medication in multi-compartment compliance aids for some people, to help them take the medicines at the right time.

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 generally manages the risks associated with its services and it protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record some things that go wrong, so that they can learn from them. But they do not always record or review all their mistakes, so they may miss some opportunities to improve.

Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided, with online sign off records showing that members of the pharmacy team had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. Dispensing errors were reported on the computer system and learning points were included. Near miss incidents were supposed to be recorded on a log and were discussed with the pharmacy team member at the time they occurred. The near miss records were mostly blank for the last six months, with two errors reported in August and two errors in September, but none since. Therefore, there was a missed opportunity for learning. The pharmacy team provided examples of how they had learnt from near miss incidents or dispensing errors. For example, amlodipine and amitriptyline tablets had been separated because of several near miss incidents with these medicines.

A complaints procedure was in place. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose, but he would refer to head office if necessary. The company had professional indemnity insurance in place. The correct responsible pharmacist notice was displayed conspicuously. The responsible pharmacist (RP) record, emergency supply record, private prescription record, unlicensed medicines (specials) record, and the CD register were in order. CD running balances were kept and audited regularly. A balance check of a random CD was carried out and was found to be correct. Patient returned CDs were recorded appropriately.

The pharmacy team placed confidential waste in a designated bin that was collected by an authorised carrier, and confidential information was kept out of sight of the public. The pharmacy team had completed information governance training when they commenced their employment. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. There was no privacy notice displayed. This meant that patients may not be aware how the pharmacy intended to use their personal data. The pharmacy team had read the safeguarding policy and completed in-house safeguarding training relevant to their roles. The locum pharmacist had completed level 2 safeguarding training. There were details of local safeguarding contacts available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy generally has enough staff to manage its workload safely. And the team members are comfortable about providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement. And the team has access to ongoing training.

Inspector's evidence

The pharmacy had no pharmacy manager or regular pharmacist. A dispenser explained that she felt supported by the supermarket management team. For example, the store manager had escalated an issue with some of the dispensary shelving being broken and this was due to be addressed by the maintenance team. There was a locum pharmacist and two dispensers on duty. The pharmacy had two part-time medicines counter assistants on long term sick leave and a third medicines counter assistant that was due to leave their employment. A dispenser explained that there were several occasions in the last year where she and a locum pharmacist were the only staff on duty. Therefore, there were times that the pharmacy operated with a minimum number of trained staff which may compromise effective service provision. Due to the workload at the medicines counter, a dispenser was observed continually dealing with patients. This meant there was additional workload for the other dispenser.

The pharmacy team participated in ongoing training using an e-learning platform. The team members had completed an online training module approximately two months ago. A dispenser explained that training was completed when the workload permitted. The pharmacy team were aware of a whistle blowing policy in place and knew how to report concerns about a member of the team if needed. Details outlining the policy were available for the team to refer to. A dispenser said that the pharmacist was approachable, supportive and they were more than happy to ask him questions when needed.

The dispenser who was covering the medicines counter was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as Nurofen Plus which she would refer to the pharmacist for advice. The pharmacist explained that there were no professional service targets in place in his role as a locum.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. It has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and tidy. It had a waiting area. The temperature in the pharmacy was controlled by the supermarket air conditioning units. Lighting was adequate. The pharmacy team cleaned the floor, dispensing benches and sinks regularly, and a record was kept.

The premises were maintained in an adequate state of repair. Maintenance problems were reported to head office. The pharmacy team had use of a staff room and WC with wash hand basin and antibacterial hand wash in the supermarkets staff area. The consultation room was uncluttered and clean in appearance. This was kept locked until access was required.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people, and they are managed, so people receive their medicines safely. But members of the pharmacy team do not always know when high-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. The pharmacy sources medicines safely and carries out some checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including people with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the retail area. The opening hours were displayed next to the medicines counter. The pharmacy had a prescription retrieval area where assembled prescriptions awaiting collection were stored tidily in containers. Schedule 2 CD prescriptions were highlighted with a CD sticker attached to the assembled prescription bag, to act as a prompt for team members to add the CD and to check the date on the prescription before handing out. A dispenser explained that Schedule 3 and 4 CDs were supposed to be highlighted on the prescription, but there were some examples present where this had not occurred. This meant there was a possibility of supplying a medicine on a prescription that had expired.

A dispenser explained that prescriptions for methotrexate, warfarin or lithium were not routinely highlighted. This meant there was a missed opportunity for counselling of these medicines upon collection. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. An audit of valproate had been carried out and no patients who met the risk criteria had been identified. The pharmacy had patient information resources to supply with valproate.

The workflow in the pharmacy was organised into separate areas with dispensing bench space and a designated checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing. Multi-compartment compliance aids included individual medicine descriptions and a dispensing audit trail. Patient information leaflets were provided with the initial supply and when changes to medication occurred. Therefore, patients may not always have access to the most up to date information about their treatment.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There was a clean medicines fridge, equipped with a thermometer. The minimum and maximum temperature was being recorded daily. Patient returned medicines were stored tidily in clinical DOOP bins.

The medication stock was date checked periodically and a record was kept. Short-dated medicines were highlighted. No out-of-date stock medicines were present from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles. Alerts and recalls were received via email from the NHS and head office. These were read, acted on by a member of the pharmacy team, but a record of these was not kept. This meant that there was no assurance previous alerts and recalls had been dealt with.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. It is used in a way that protects privacy. And the electrical equipment is regularly tested to make sure it is safe.

Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information. For example, Medicines Complete. Copies of the BNF and BNFc were present. Any problems with equipment were reported to the head office. All electrical equipment appeared to be in working order. The electrical equipment had been PAT tested.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. Computers were password protected and screens were positioned so that they weren't visible from the public areas. A cordless telephone was present, and it was used to hold private conversations with people when needed.

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.