

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Woodhall Business Park,
Springlands Way, SUDBURY, Suffolk, CO10 1GY

Pharmacy reference: 1092498

Type of pharmacy: Community

Date of inspection: 29/05/2024

Pharmacy context

This pharmacy is located inside a large Tesco supermarket in the town of Sudbury in Suffolk. It provides a variety of services including dispensing NHS prescriptions, the New Medicine Service (NMS) and the Pharmacy First service under Patient Group Directions (PGD's).

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

Overall, the pharmacy generally manages the risks associated with its services. And its team members record and regularly review any dispensing mistakes. The pharmacy generally keeps the records its needs to by law. And people can provide feedback about its services.

Inspector's evidence

The correct responsible pharmacist (RP) notice was on display in the pharmacy. There was a range of standard operating procedures (SOPs) that had been issued by the pharmacy's head office. These were available electronically and had been read by all team members who each had their own account to access the SOPs. The SOPs were reviewed and updated regularly by the pharmacy's head office. Team members were able to explain their roles and responsibilities within the pharmacy. Near misses (dispensing mistakes which were spotted before a medicine left the pharmacy) were recorded on paper sheets in the dispensary and discussed with the team member involved. Dispensing errors (mistakes which had reached a person) would be recorded electronically and in more detail and would be investigated and reviewed by the regional manager.

Complaints and feedback were usually submitted online. Team members said that any complaints or feedback about the pharmacy could also be given in person or via a phone call and would be actioned in the same way. Complaints were usually resolved in store but could be escalated to head office if necessary.

Confidential material was disposed of in a dedicated confidential waste bin. When full, the waste was bagged up and taken away by an external company for safe disposal. No confidential waste was found in the general waste bin. And confidential information could be seen from outside the dispensary. There was also a privacy notice on display explaining how the pharmacy used people's personal information. The RP confirmed that he had completed level three safeguarding training with e-learning for healthcare (elfh). And the other team members had completed safeguarding training relevant to their roles. The team knew what to do if a vulnerable person presented in the pharmacy and the RP was informed about the NHS safeguarding app which could be used to find details of local safeguarding contacts.

The pharmacy had current indemnity insurance. Balance checks were carried out regularly for controlled drugs (CDs), and records seen in the CD register were made in accordance with the law. A random check of a CD showed that the quantity in stock matched the running balance in the register. Records seen about private prescriptions dispensed were not complete, with several entries missing the name and address of the prescriber. This could make it harder for the team to contact the prescriber if they had an issue. The RP said this information would be included in future. The RP record was complete with all entries seen having a start and finish time. The pharmacy did not regularly do emergency supplies of medicines and would usually refer to people to their surgery or the NHS 111 service.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just enough team members to manage its workload. And team members do the right training for their roles. Team members have a regular formal review of their progress. And they do regular ongoing training to keep their knowledge and skills up to date. Team members feel comfortable about raising any concerns that they have.

Inspector's evidence

The pharmacy team consisted of two full-time pharmacists who worked at the pharmacy during the week and two other pharmacists who worked one day each at the weekend. The pharmacy also had four dispensers and two counter assistants. The pharmacy was quite busy with a regular queue of people, but team members worked well together to provide an efficient service. The team were a few days behind with dispensing, a team member said that this was due to previous issues with low staffing and sickness. All team members had completed the appropriate training for their role or were currently enrolled on a course with an accredited training provider. Team members were provided with ongoing training from head office, and team members had a yearly formal review of their progress with the pharmacy manager. Team members knew what they could and could not do in the absence of an RP. And they had no concerns about raising any issues and would usually go to the RP or pharmacy manager first or to head office if necessary. The pharmacy team was set some targets in relation to the Pharmacy First service, but team members stated that the targets did not affect their ability to provide a safe and efficient pharmacy service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy and provides a safe and appropriate environment for people to access its services. People can have a conversation with a team member in a private area. And the pharmacy is kept secure from unauthorised access.

Inspector's evidence

The front fascia of the pharmacy was in a good state of repair. The shop floor was generally clean and professionally presented. Pharmacy only (P) medicines were stored securely behind the counter. The dispensary area was generally clean and tidy and had just enough floor and desktop space for the team to work in. It had a small sink for preparing liquid medicines which was kept clean. The temperature and lighting of the pharmacy were adequate. Staff toilets were available in the general staff area of the store with access to hot and cold running water and handwash, and there was a breakroom for team members available there. The pharmacy had a consultation room for people who wished to have a conversation in private. It allowed for a conversation at a normal level of volume to be had without being heard from the outside. The room was a good size, was kept clean and was locked when not in use. The pharmacy was kept secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely. And it can cater to people with different needs. And it responds to safety alerts and recalls to help make sure that people receive medicines and medical devices that are fit for purpose.

Inspector's evidence

The store had step-free access from the main entrance via an automatic door. The pharmacy was able to cater for people with different needs, for example by printing large-print labels for people with sight issues. There was enough space for people with wheelchairs and pushchairs to access the dispensary counter. The dispensary had separate areas for dispensing and checking medicines, and baskets were used to separate prescriptions and reduce the chance of prescriptions getting mixed up. Checked medicines seen contained the initials of the dispenser and checker and this provided an audit trail.

The pharmacy obtained medicines from licensed wholesalers and invoices were seen confirming this. CDs requiring safe custody were stored securely and medicines requiring refrigeration were stored appropriately. Fridge temperatures were checked and recorded daily, and then submitted electronically to head office for review. All records seen were all in the required range and the fridge temperatures on the day of the inspection were all within the required range. Team members also explained what they would do if the fridge temperature went out of range.

Some of the pharmacy shelves were filled with an excessive number of medicines which made it harder to pick medicines and increased the risk of picking errors. The team explained that this was due to recent overordering of stock. Team members explained now that medicine was only ordered when the pharmacy had low stock of it. The pharmacy also implemented a third check which occurred just before a medicine was given to a person to reduce the chance of dispensing mistakes reaching a person. Expiry-date checks were done weekly on a rota basis with a different section being checked each time. Stickers were added to dispensary shelves to highlighted when they were last checked. A random check of medicines on the shelves revealed one medicine which had expired in March 2024 which was removed when highlighted. Team members also recorded the opening dates of some liquid medicines, so they knew when these were no longer fit for use. However, not all liquid medicines were marked with the date of opening, so there was a risk of these being used after they had expired. Team members stated that in future the opening date would be recorded on all liquid medicines. Safety alerts and recalls were received electronically, the team was required to record the action taken electronically and send this to head office.

Team members were aware of the risks of sodium valproate, and the RP knew what to do if a person in the at-risk category presented their prescription at the pharmacy. Team members were shown where to apply a dispensing label to a box of sodium valproate so as not to cover any important safety information. And the team was aware of the recent guidance changes for supplying sodium valproate in the original packaging. The pharmacy had access to the appropriate in-date PGDs for the Pharmacy First service, however, these had not been signed by all the pharmacists working at the pharmacy who were providing the service. Team members said they would get the relevant pharmacists to sign the PGD's when they were in the pharmacy next.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment it needs to provide safe and effective services. And it uses its equipment to protect people's privacy.

Inspector's evidence

The pharmacy's computers had access to the internet allowing team members to access any online resources they needed. Computers were password protected and faced away from public view to protect people's privacy. Team members were observed using their own NHS smartcards. The pharmacy had a wireless phone so conversations could be had in private. The team confirmed that the electrical equipment had been safety tested earlier in the year. The pharmacy had a blood pressure monitor in the consultation room. The team confirmed that it was relatively new and did not currently require replacement or recalibration. There was also an otoscope available in the consultation room for provision of the Pharmacy First service. The pharmacy had the appropriate calibrated glass measures for measuring liquid medicines. It also had tablet triangles for counting medicines and a separate one for counting cytotoxic medicines such as methotrexate to prevent cross-contamination.

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.