

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Park Street, HULL, North
Humberside, HU2 8RW

Pharmacy reference: 1092570

Type of pharmacy: Community

Date of inspection: 25/04/2019

Pharmacy context

This is a community pharmacy situated in within the supermarket store which is in a large town centre shopping centre. It opens extended hours over 7 days each week. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also supplies medicines in multi-compartmental compliance packs to people living in their own homes.

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 | 1.2 | Good practice | The pharmacy team members record and discuss mistakes and dispensing errors. They use this information to learn and make changes to their practice to improve the safety and quality of the services. |
| 2. Staff | Standards met | 2.1 | Good practice | The pharmacy has enough qualified staff to provide safe and effective services. The pharmacy gets suitable help when required and makes plans to ensure that it trains more support members. This provides a staffing resource for the future. |
| | | 2.4 | Good practice | The team works with openness and honesty to help support the safe and effective delivery of pharmacy services. |
| | | 2.5 | Good practice | The pharmacy team members can make suggestions and get involved in making improvements to services. |
| 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 systems in place to support and manage the risks when delivering its services. It keeps all the records it needs to by law to help evidence compliance with standards and procedures. It asks people for their views and deals with complaints. And uses feedback to improve the services. The pharmacy team members record and discuss mistakes and dispensing errors. They use this information to learn and make changes to their practice to improve the safety and quality of the services. They look after people's private information and explain 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 up to date standard operating procedures (SOPs) which the pharmacy team members have read and signed. These provided the team with information to perform tasks supporting delivery of service. They covered areas such prescription receipt, labelling and dispensing. These were subject to regular review. The team could advise of their roles and what tasks they could do. There were also several other corporate checks undertaken weekly to manage the running of the pharmacy.

The benches were clearly marked as areas for dispensing, assemble and checking. Repeat prescriptions and the compliance packs were carried out at the bank bench. The team utilised the space well. The team used baskets throughout the process to keep prescriptions and medicines together. These used red for waiters and blue for the repeats and electronic prescriptions. This helped plan workload.

The pharmacy recorded near misses found and corrected during the dispensing process. These were recorded on a specific template. Examples included pregabalin 75mg capsules, with the wrong dose. And note advised that the prescription had been misread with one daily, instead of two daily. Another example was estradiol 2mg and the team member had noted that they had not been familiar with the estrogen products, with Femoston selected. The team had separated some items such as strengths of amitriptyline and gabapentin and pregabalin had been highlighted in big letters to try to avoid picking errors. The records had good detail for discussion and learning with the team. The team completed the company process, Next Steps. And discussed aids to assist in the dispensing and checking process, such as HELP (how many, expiry, label and product). The team undertook the Team 5 review. One of the pharmacists recorded all the information on to the computer and had looked at trends over three months to see if patterns could be established as these were sometimes not obvious over on month. She had also looked over the last year. She had observed that quantity errors had decreased over the last year. It was thought that distractions had been the main contributing factor. They had also discussed the self-check process, with locums on their own on Sundays and instilled a gap in dispensing and checking by putting the time on the prescription, to try to focus on the independent check. All learning was accessible in a folder for the team, kept with the healthcare information. The team also read and signed the company newsletter which contained relevant learning from incidents. The team had discussed the Look Alike Sound Alike drugs.

The pharmacy had a practice leaflet which explained the complaints process. The team advised that complaints were generally dealt with initially by the customer services process and then came to the pharmacy. The team all knew how to handle complaints. The pharmacy gathered feedback through the annual patient satisfaction survey. On the last survey a few people had commented that they had been

unaware of the sure of the consultation room. The team members advised they offered this at any time they felt it was required.

There was a procedure to record and report dispensing errors and evidence was seen that this procedure was followed. An example included lisinopril with the wrong strength given. The team had placed an alert on the computer for this and had highlighted the shelf to raise awareness at the picking stage.

The pharmacy had current indemnity insurance in place. The pharmacy had the correct Responsible pharmacist (RP) notice. And the Responsible pharmacist records were completed as required.

A sample of the CD registers looked at were complete. The pharmacy maintained running balances and the register indicated regular and recent checks had been undertaken. Physical stock of an item selected at random agreed with the recorded balance. A record was kept of CDs which had been returned by patients and these were destroyed promptly.

The pharmacy kept records for private prescriptions electronically. There were a few emergency supply (ES) with reasons suitably recorded. They were careful with certain products. The team supplied a few people using the NHS Urgent Medicine Supply Advanced Service (NUMSAS).

Special records for unlicensed products were kept with the certificates of conformity completed. The pharmacy displayed information on the confidential data kept and how it complied with legislation. Notice about how information was looked after. This was displayed beside the RP notice. The team had read General Data Protection Regulation (GDPR) information which had been included in training.

The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And completed prescriptions stored away safely. And the team used the NHS Smart card system to access to people's records. Confidential waste was stored in separate bags which the team sealed before placing in a cage for offsite shredding.

Safeguarding information including contact numbers for local safeguarding were available for the team, clearly displayed on a notice board. The team had read and signed the Safeguarding SOP. And pharmacists had undertaken level 2 CPPE training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members are qualified and have the right skills for their roles and the services they provide. The pharmacy gets suitable help with staffing when required. And it has plans to ensure it trains more support members. This helps provide a staffing resource for the future. The pharmacy team members work together and help each other in their tasks. They undertake ongoing learning to develop their skills. And they complete practical training to improve their skills and the services for people. The pharmacy team members work with openness and honesty. And they make suggestions for improvements to help support the safe and effective delivery of pharmacy services.

Inspector's evidence

There were two pharmacists present for most of the inspection. This was usual, with there being overlap for part of the day. The overlap was normally for three to four hours each day, except weekends. The timing was planned by the pharmacist manager and it ensured the most suitable part of the day was covered to benefit the pharmacy and its smooth running. The two main pharmacists covered 44 hours each and the remainder of the time was covered by locums. The pharmacist worked on their own in the pharmacy for the first one and a half hours and the last two and a half hours each day. There was generally very little, if any dispensing during these times. The pharmacist explained the self-checking process for these occasions. They would put the time the prescription was handed in on the prescription. Then the time of the check. And finally, they would record the time of the second self-check. This provided a mental break in the process to reinforce a separate check.

The pharmacy had two dispensers who worked 36 hours and 18 $\frac{3}{4}$ hours. And two medicines counter assistants (MCA) who worked 24 $\frac{1}{2}$ and 19 hours. One of the counter assistants was undertaking the counter assistant course (known as Bronze and Silver training) and the other had just completed the counter course and was commencing the dispensing course which was the Gold training. The pharmacy manager advised that there had been some changes in staffing but now they had a stable team. Rotas were planned in advance to ensure any gaps in staffing were addressed in a timely way. He was in the process of getting some of the store staff to become "multi-skillers" so they could assist in the pharmacy if required. This had been discussed with the store manager as part of resource planning. Extra hours had been given to accommodate this.

The team members had access to training modules and their training records were completed. The team were given time for training to be undertaken. And encouraged to complete this. Training was provided through the company and in relation to pharmacy related topics and legal and safety requirements.

Team members further described how they read through magazines and leaflets from suppliers and other third parties. The team were keen to learn more about products. Training had been done for services such as flu and meningitis, for these services to be provided.

The team received performance reviews which gave the chance to receive feedback and discuss development needs. All team members had a personal development plan included in their "My Role" pack. One of the pharmacists advised that she had some training to complete but was then going on to undertake management training. The pharmacist manager fully supported and encouraged this. Both

pharmacists had been relatively new to this pharmacy, having both started last year. They advised that they had made improvements to the running of the pharmacy. The manager advised of simple charts and trackers the other pharmacist had developed to aid recording for locums as required. One chart used was for logging the substance misuse supplies. And a tracker for completing the compliance packs with an auditable record.

The MCA followed the sales of medicines protocol when making over-the-counter (OTC) recommendations and referred to the pharmacist when necessary.

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 pharmacist. The pharmacists advised that they could approach the area manager for any issues or advice.

There was a whistleblowing policy with details and telephone numbers in the staff areas so, the team members could easily and confidentially raise any concerns outside the pharmacy if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is safe and clean, and suitable for the pharmacy services provided. 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. The team took people to the relevant sections for health care products and assisted them as required. Pharmacy only medicines could not be reached by customers. The team used an app on the phone which informed them where products were located within the store

The sinks, benches and shelves were all clean and a cleaning rota was available to ensure this was maintained. An instore cleaner attended for floor washing and general cleaning every day.

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 which the team used. 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 at the counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy has a range of services that are available to people using the pharmacy. And it displays information about its services to promote them. It provides its services using a range of safe working practices, including the use of baskets to keep items together. And it uses dispensed by and checked by signatures to provide an audit trail to help deliver services safely. The pharmacy team members supply medicines in packs to help people to take their medicines at the right time. They provide information with the pack to show what each medicine looks like. And they supply Patient Information leaflets (PILs) each cycle with these medicines. The pharmacy sources, stores and manages medicines appropriately. It responds well to safety alerts. So, it stops the supply of medicines, to people, which are no longer fit for purpose.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was an automatic entrance at the front of the supermarket store. There was some customers seating. And a working hearing loop in place. The team wore name badges with their role.

The pharmacy displayed its services at the counter, round the top of the walls. There were company leaflets available explaining the services offered within the pharmacy. The opening hours were displayed. A Practice leaflet was available for people to take away. There were some posters and leaflets for people which promoted some health-related topics. The team signposted to other healthcare services and referred to other pharmacies for services they did not offer.

The pharmacy carried out Medicine Use Reviews (MURs). The team looked out for opportunities to review the use of inhalers. And advise people how and when best to take their medication. The pharmacy undertook the New Medicines service (NMS) and used trackers to ensure they followed up people as required. On one occasion they had referred a patient to Accident and Emergency for immediate attention.

The pharmacy undertook flu vaccinations in the season. These were undertaken with a mixture of walk-ins and appointments. Appointments were planned when there were two pharmacists present. The team undertook about 30 to 40 Emergency Hormonal Contraception (EHC) consultations each month. As there was no computer in the consultation room the paperwork had to be completed then entered later, on to the computer. This was similar with recording for MURs. It was discussed that time would be saved by having a computer in the consultation room. Both for entering and checking information.

The pharmacy had a Patient Group Directives (PGDs) for meningitis but had had no requests to date. The pharmacy team provided blood pressure readings, glucose tests and cholesterol checks. It provided a smoking cessation service using the voucher scheme.

The pharmacy provided medicines through the Minor Ailments Scheme which was predominately for paracetamol for children and head lice treatments.

The pharmacy supplied medicines in multi-compartmental compliance packs to a small number of people. This helped them take their medicines at the correct time. The pharmacy kept a folder with the information for the people who received packs. At the start of the folder it detailed the process as a reminder and this was cross referenced to the relevant SOPs. Each patient had a wallet with their details. Most patients received their packs monthly. One of the dispensers made up the packs and these were undertaken when both dispensers were working as this avoided interruptions. There was a separate audit sheet showing who had been involved in the preparation of the packs and when the Patient information leaflets (PILs) had been supplied. Descriptions of medicines were included on the packs. The pharmacy recorded any changes on the record sheets for each patient.

The pharmacy supplied a substance misuse service and the pharmacy had a separate recording sheet to assist as a record confirming who had been in for their 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. They marked prescriptions with who had checked the prescriptions at the time and which pharmacist had checked at the hand out, the extra check.

The team used appropriate containers to supply medicines. And used clear bags for dispensed CDs and fridge lines so the contents could be checked again, at the point of hand-out. There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included warfarin, which ensured patients received additional counselling.

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.

When the product or quantity prescribed could not be provided in full patients received an owing slip. And one was kept 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 owings box was checked daily to monitor the availability of products.

The pharmacy team were aware of the Pregnancy Prevention Programme for valproate. The team could explain the information they were expected to provide to the “at-risk” group. They had access to the alert stickers, patient guide & pack and supplied as required.

The pharmacy provided a managed repeat prescription collection service. They kept a track of items orders to identify any missing items. And some patients ordered their own. When the team received prescriptions, they made them up as far as possible and ordered any outstanding stock in. They kept these part-filled prescripts in an area and these were completed when the order came in. This meant that they had items ready for people.

Medicines were stored in an organised way, within the original manufacturers packaging and at an appropriate temperature. The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. The team marked short dated items, and these were taken off the shelf prior to the expiry date. The team marked liquid medication was marked with the date of opening to ensure the contents were fit for use.

The team were aware of the Falsified Medicines Directive (FMD). But had little information from the

company. They were not sure when this would be implemented. The pharmacy used recognised wholesalers such as AAH, Oakwood 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. The actioned and kept records of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the pharmacy services it provides. And it uses these to keep people's information safe.

Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs).

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. They cleaned triangles after use. The blood pressure machine was checked as required. The team had access to disposable gloves and alcohol hand washing gel.

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 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. |