

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, High Street, Cradley Heath, DUDLEY, West Midlands, B64 5HE

Pharmacy reference: 1092665

Type of pharmacy: Community

Date of inspection: 08/06/2023

Pharmacy context

This is a community pharmacy located within a large Tesco supermarket in Cradley Heath, West Midlands. The pharmacy is open extended hours over seven days. The pharmacy dispenses prescriptions and sells a range of over-the-counter (OTC) medicines. It also provides a range of services including seasonal flu vaccinations and the NHS Community Pharmacy Consultation Service (CPCS).

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 manages the risks associated with its services to make sure people receive appropriate care. It keeps the records it needs to by law. Members of the pharmacy team follow written procedures to make sure they work safely. The pharmacy team keeps people's information safe and team members understand their role in supporting vulnerable people.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs were issued by head office, and they were marked with the date they were due for their next review. The SOPs that were being used by the pharmacy team were marked as being due for review in May 2022. The team were unaware of any other or newer SOPs being issued. Pharmacy staff had read and signed the SOPs relevant to their job role. Roles and responsibilities of staff members were highlighted within the SOPs.

Near miss logs were in place and the dispenser involved was responsible for correcting their own error to support ongoing learning. The error was discussed with the dispenser at the time of the incident to see if there were any learning points from the incident and this was recorded on the near miss log to aid the review process. A weekly review of the near miss log was carried out by the pharmacy manager and documented. The number of near misses recorded appeared low compared to the number of items that the pharmacy team dispensed which suggested that they were not always recorded. This meant that learning opportunities could be missed. Various LASA (look alike, sound alike) medicines were highlighted or separated to reduce the risk of them being selected in error. A dispensing assistant explained the process for responding to dispensing incidents in the absence of the pharmacy manager, and how the pharmacy manager would formally record the error and undertake the investigation. A newsletter with patient safety information was sent out regularly by head office for the pharmacy team to read.

Safe and legal checks were carried out daily and recorded electronically. These were usually carried out by the pharmacy manager. A dispensing assistant demonstrated the checks she had carried out on the morning of the inspection as the pharmacy manager was absent. Some checks had been marked as completed even though the dispensing assistant was not always confident that she knew what they meant. This meant daily checks might not always provide accurate information about the pharmacy. The pharmacy team carried out clinical audits in accordance with the NHS Pharmacy Quality Scheme requirements.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A newer member of the team answered hypothetical questions related to requests for over-the-counter high-risk medicines, such as co-codamol or sleeping aids correctly. Pharmacy staff were wearing uniforms and name badges. The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions.

A complaints procedure was in place. A dispensing assistant explained the process for handling a complaint or concern. She said that she would speak to the person first and would try to resolve the

issue, and would refer to the pharmacy manager, duty manager, customer services desk or provide contact details for head office if the complaint was unresolved. A customer leaflet was available which explained the complaints process.

The pharmacy had professional indemnity insurance arrangements in place. The Responsible Pharmacist (RP) notice was clearly displayed, and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A regular CD balance check took place and was documented in the CD register. A random balance check matched the balance recorded in the register. The balance check for methadone was done every few weeks and the manufacturer's overage was added to the running balance. A patient returned CD register was in place. Private prescriptions were recorded electronically, and records were in order. Specials records were maintained with an audit trail from source to supply.

The branch had an information governance (IG) policy and various training and policy documents had been read and signed by pharmacy staff. The pharmacy team were required to do annual training on information governance as part of their compliance training. Confidential waste was stored separately from general waste and sent off site to be destroyed securely. The pharmacy team had completed training on safeguarding and gave some examples to demonstrate that they understood what safeguarding meant. A dispensing assistant gave examples of types of concerns that she may come across, and what action that she would take.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so they always have enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacy manager (pharmacist), four dispensing assistants and a trainee medicine counter assistant. Holidays were booked with the pharmacy manager and cover was provided by other staff members as required. An additional trainee medicines counter assistant had recently been recruited as the pharmacy had become busier and the overtime was available to the rest of the team. The store manager said that he was aware of the recent increase to the pharmacy's workload and that the pharmacy manager was authorised to use as much overtime as she felt was necessary. The team explained that they thought that the increase was due to two local pharmacies closing and they expected this to continue to increase. The team were unsure of the long-term plan or whether any further recruitment was planned. The pharmacy had an extended hours NHS contract and locum pharmacists worked when the pharmacy manager was off.

Pharmacy team members completed ongoing training and training needs were identified to align with new services, seasonal events, annual compliance training and the NHS Pharmacy Quality Scheme (PQS). The team had on-the-job feedback and were unsure when their next appraisal was due as there may have been some changes to the process due to the pandemic.

Due to the extended opening hours and different shift patterns, written communication and small group briefings ensured that all members of staff were informed, and staff members signed written communications, such as the newsletter from head office, as evidence they had read it. The pharmacy team had a WhatsApp group where they also passed on messages. There was a company whistleblowing policy in place and the pharmacy staff could raise any concerns with the pharmacy manager, store management team or a confidential whistleblowing helpline.

The locum pharmacist did not have any formal targets set. He said there was a reasonable expectation that he would offer professional services, such as the GP CPCS and hypertension service, if a suitable patient was identified.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the maintenance department in store. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter. A secure area of the stockroom was available for the pharmacy team to use as additional storage space.

The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. The team were attempting to make the best use of the space that was available to them, although the dispensary was reaching capacity. Additional tote boxes were being used to store completed prescriptions as the shelves were full. Dispensing and checking activities took place on separate areas of the worktops. There was a private soundproof consultation room which was used by the pharmacist during the inspection. The consultation room was professional in appearance. The door to the consultation room remained locked when not in use.

The dispensary was clean and tidy and there were some boxes on the floor in the dispensary which could have been a trip hazard. The pharmacy was cleaned by pharmacy staff and an in-store cleaner. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap were available. The store had an air conditioning system which heated and cooled the store, and the pharmacy had additional radiators and portable heaters. Lighting was adequate for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy had step-free access from a large free car park. Any people requesting a home delivery service or multi-compartment compliance packs were referred to other pharmacies in the area. The pharmacy opened for longer hours than many other pharmacies in the area, including late nights, and Saturday and Sunday. The range of services provided was displayed and pharmacy leaflets explaining each of the services were available for customers. The pharmacy staff used local knowledge and the internet to refer patients to other providers for services the pharmacy did not offer. The pharmacy team members felt that they had high numbers of NHS CPCS referrals due to their extended opening hours and easy access. One of the first tasks they completed in the day was reviewing the email referrals and contacting people about them.

Prescriptions were printed and labelled after they had been downloaded from the NHS spine and stored in an A-Z filing system awaiting assembly. There were two A-Z boxes so that prescription forms could be quickly and easily found based on the date that they had been labelled and the person's surname. The pharmacy team members explained they were dispensing prescriptions that had been received two days prior to the inspection, so they were a little behind, as they would ideally be dispensing the prescriptions from the previous day.

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Stickers or notes were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding. The pharmacy team was aware of the additional counselling required for certain people prescribed valproate and stickers, leaflets and information were available to support counselling. The team were also aware of the additional counselling required for high-risk medicines, such as warfarin and methotrexate. Methotrexate was stored in a separate basket to remind the team of the additional checks that they should make when dispensing it. Substance misuse prescriptions were dispensed before the patient was due to collect them and stored securely in the controlled drug (CD) cabinet.

No out-of-date stock was seen during the inspection. The dispensary was date checked every three to four months and recorded. Medicines were obtained from a range of licenced wholesalers and stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once opened were marked with a date of

opening. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received emailed MHRA drug alerts from head office, and these were usually managed by the pharmacy manager. A dispensing assistant was uncertain how the team would access drug recalls when the pharmacy manager was on annual leave but presumed the admin office would inform the pharmacy team.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day and overnight were in place. There was a fridge used to store stock medicines and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°C.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and uses it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available. Screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.