

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, 288 High Street, ENFIELD, Middlesex, EN3 4DP

**Pharmacy reference:** 1092687

**Type of pharmacy:** Community

**Date of inspection:** 05/09/2019

## Pharmacy context

The pharmacy is situated within a supermarket and it dispenses mainly to local residents. It provides medication in multi-compartment compliance trays for some people who need help managing their medicines. The pharmacy provides flu vaccinations when in season and travel vaccinations year-round.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Members of the pharmacy team work to professional standards and identify and manage risks effectively. They are clear about their own roles and responsibilities. They log mistakes they make during the pharmacy processes. They discuss and learn from these to avoid problems being repeated. The pharmacy manages and protects people's personal information well and it tells people how their private information will be used. The team members understand how they can help to protect the welfare of vulnerable people. The pharmacy keeps its records up to date to show that it is providing its services safely. But some of the records are not always accurate. This could make it harder for the pharmacy to show what had happened if there was a future query.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. Some SOPs were chosen at random and were found to have been reviewed within the last two years. They were signed by the pharmacy's team members to indicate they had been read.

The pharmacy recorded near misses on templates and the person's computer record. Records included the medicines involved and sometimes included contributing factors. The pharmacy team completed reviews of these near misses to keep track of trends. Monthly reviews were recorded and an action plan was made as part of these. Team members had access to the reviews and the action plan.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice when needed.

The pharmacy encouraged people to fill in an annual survey to capture feedback about the pharmacy. The results of the most recent survey were on the side of the dispensary. The results were very positive, although people were not always aware that there was a consultation room. Staff were heard to offer use of the consultation room, or a quiet area on the counter, and to give the person the choice of where they should have their conversation. The team members said that they would escalate complaints to the responsible pharmacist or pharmacy manager. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies on the computer, although this was not always accurately done. The date of the prescription and prescribers' details were often incorrect. The controlled drugs registers were up to date and legally compliant. Running balances were checked regularly. Where there had been no stock and no stock movement for 13 weeks the register would be sealed. Fridge temperatures were recorded daily and were within the recommended range. Records for unlicensed medicines were found to be kept and maintained adequately.

All pharmacy team members had completed information governance training. They did not share each other's NHS smart cards and used them to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS Code of Confidentiality was found in the pharmacy's practice leaflet. Confidential waste was separated by team members. They said that the waste was put into a roll cage and then removed and destroyed securely.

All staff had completed training about protecting vulnerable adults and children. The pharmacist had done some formal training and the rest had completed in-house training. They said that they would escalate any concerns they had to the responsible pharmacist. Contact details for local safeguarding organisations were available in the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to provide the pharmacy's services. The team members complete suitable qualifications and keep up-to-date with ongoing training. The pharmacy shares feedback with its team members so they can develop in their roles and make improvements to the pharmacy's services.

### Inspector's evidence

At the time of the inspection there was one pharmacist, one pharmacy technician and one trained dispenser present. The staffing level at the time of the inspection appeared adequate to comfortably manage the workload. The pharmacy manager had been in post since January and was making changes to the working practices to improve the way the pharmacy was run.

Team members said that discussions were used to share messages although this was challenging as the whole team were never all present at one time. They said that key messages were repeated to staff who were not present at the meeting and a written account was signed by all staff to say that they had read it.

The team completed ongoing training on the company's e-learning platform. The completion of this training was monitored to make sure that it had been completed by all team members. Team members got time set aside to complete training at work. The company provided clinical training booklets to the team. Team members said that these were provided every month and they were usually completed within the given time frame.

The team said that they had appraisals and that the manager was receptive to improvements and suggestions. They had made suggestions to help process waiting prescriptions more efficiently. There were several targets in place for the pharmacy team. Team members said that they felt that the targets were achievable. They said that they did not feel any undue pressure to achieve the targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy was clean and tidy throughout. The layout of the premises protected people's confidential information from the view of others. Workbenches were segregated for the use of specific tasks to make sure the pharmacy's workflow was efficient. But the shelf on runners with the printer on did not stay in the cupboard, meaning it had to be wedged with cardboard to prevent it from hitting the legs of the dispensing staff. This had been reported to maintenance but had yet to be dealt with.

A consultation room was available on the premises, and it was suitable for private consultations and counselling. But this was situated to one side of the dispensary away from the chemist counter, which could account for the comments on the customer survey about the lack of a confidential area to speak in. The room was clean, tidy and bright and it was suitable for the vaccination service.

There was adequate heating and lighting throughout the premises. Running hot and cold water was also available.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. It gets its medicines from reputable sources and it manages them well. Pharmacy team members are helpful and have robust processes to dispense multi-compartment compliance packs. The pharmacy takes the right action in response to safety alerts, to make sure that people get medicines and medical devices that are safe to use.

### Inspector's evidence

Access to the pharmacy was via the supermarket's step-free entrances which were suitable for people using wheelchairs. The pharmacy had practice leaflets which advertised its services. There was mention of the pharmacy on the supermarket's external signs.

The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Colour-coding of the baskets helped to identify the type of prescription so that priorities could be addressed. The pharmacy team said that most people ordered their prescriptions directly with the surgery.

Computer-generated dispensing labels included relevant warnings. Schedule 4 controlled drug prescriptions were not highlighted to staff who were to hand them out. This could make it harder for them to know if the prescription was still valid when handing the medicines out. People taking warfarin, lithium or methotrexate were not always asked about any recent blood tests or their current dose. So, the pharmacy could not show that it was monitoring the patients in accordance with good practice. The pharmacy had completed an audit to make sure sodium valproate was provided with the correct information about pregnancy prevention to people in the at-risk group. Team members had made notes on people's medication records to state that this information had been provided to people. Relevant booklets and treatment cards were available in the pharmacy to provide to people.

Some people were being supplied their medicines in multi-compartment compliance packs. These packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had medication descriptions to identify the individual medicines. There was a list of packs to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs.

The pharmacy did not have scanning equipment in place to meet the requirements of the Falsified Medicines Directive. The team said that the pharmacy's company was currently trialling the use of scanners in some of its stores.

CDs were stored and managed appropriately during the inspection. Expired CDs were segregated to prevent mixing up with in-date medicines. Dispensed CD or fridge items such as insulin were stored in clear plastic bags. This provided the opportunity for additional accuracy checks when they were collected by people.

The pharmacy had a regular process of date-checking and rotating stock to ensure medicines were still safe to use and fit for purpose. This process took place quarterly; records were maintained of this process which displayed the date of checking. A sample of medicines were chosen at random and were

found to be in date. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

### Inspector's evidence

The pharmacy's equipment appeared safe and fit for purpose. Its team members had access to a telephone number to escalate maintenance issues. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

The sinks provided hot and cold running water. Crown-marked measuring cylinders were available. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets.

Computers and labelling printers were used in the pharmacy. Information produced by this equipment was not visible to people in the retail area. Computers were password protected to prevent unauthorised access to confidential information. Other patient-identifiable information was kept securely away from the public view.

The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice.

### 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.