

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Pinchington Lane,
NEWBURY, Berkshire, RG14 7HB

Pharmacy reference: 1093164

Type of pharmacy: Community

Date of inspection: 22/01/2020

Pharmacy context

A pharmacy located in a large Tesco supermarket in Newbury. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), New Medicines Service (NMS), multi-compartment compliance aids for patients in their own homes and flu vaccinations.

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's working practices are safe and effective. It keeps all the records that it needs to by law and it keeps people's information safe. Team members understand their role in helping to protect vulnerable people. They record and review their mistakes, but they don't always include enough detail in their records. So they might miss opportunities to spot patterns and trends which could help to reduce the chances of the same mistakes happening again.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) in place which included the roles and responsibilities of the staff. The SOPs were reviewed every two years and were next due to be reviewed in July 2020. On questioning, the team members were all clear on their roles and responsibilities and explained that they would refer to the pharmacist if they were unsure of something. Each member of the pharmacy team had a training matrix showing they had read and signed the SOPs to say they worked according to the procedures set out. A valid certificate of public liability and professional indemnity insurance from the NPA was displayed in the dispensary.

The pharmacy team recorded near misses and reviewed them each week. However, not all entries in the near miss log included comments to show why the error had occurred and the action taken to prevent a recurrence. The team had highlighted 'Look Alike Sound Alike' (LASA) drugs in the dispensary and had separated them to help prevent picking errors. The team received a regular 'Safety Starts Here' newsletter from their head office team which included information about incidents which had occurred across the company as well as any professional changes they needed to be aware of. This month's newsletter focussed on methotrexate as a high-risk drug and what the team must do to ensure that it is supplied safely. The pharmacist explained that they would ensure everyone read it during the month, including any locums. There was an established workflow in the pharmacy where labelling, dispensing and checking were all carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed drugs to prevent mixing up different prescriptions. An audit trail was observed being used by the members of the pharmacy team where they signed different areas of the prescription to identify who initially checked a prescription and who checked it again prior to handing it out. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription. There was a complaints procedure in place, and this was detailed in the practice leaflet displayed in the retail area of the pharmacy. The leaflet also had the contact details for the company's head office, Patient Advice and Liaison Service and the Independent Complaint Advocacy Service. The results of last year's Community Pharmacy Patient Questionnaire (CPPQ) were displayed on the nhs.uk website and were seen to be positive.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of MST 5mg tablets was checked for record accuracy and was seen to be correct. The CD stock was balance checked every week by the pharmacist. The responsible pharmacist record was seen to be complete and the correct responsible pharmacist notice was displayed where patients could see it. The maximum and minimum fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. The private prescription and emergency supply records were seen to be completed electronically with all the required information recorded. The specials records were all seen to be complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. The consultation room was locked when not in use and inaccessible to the public. There were cordless telephones available for use and confidential waste paper was collected in red confidential waste bins which were removed by the company for destruction. Information governance (IG) practice was reviewed annually in the pharmacy against the requirements and the pharmacy had completed the Data Security and Protection (DSP) toolkit. The pharmacists had completed the level 2 Centre for Postgraduate Pharmacy Education (CPPE) learning module on safeguarding children and vulnerable adults. There was a safeguarding children and vulnerable adults e-learning program on the company training website which all the members of staff had completed, and this was recorded on their training cards. The team members were also all Dementia Friends and had completed this training online. The team explained that they were all confident of signs to look out for which may indicate safeguarding issues in both children and adults.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. It makes sure that its team members have access to sufficient training materials to ensure that they have the skills they need. Pharmacy team members can make decisions and use their professional judgement to help people. Team members can share information and raise concerns to keep the pharmacy safe.

Inspector's evidence

During the inspection, there were two pharmacists, one NVQ Level 3 technician and one locum dispenser. They were all seen to be working well together. The staff completed training run by the company and complete a series of 'bronze', 'silver' and 'gold' programmes. The staff were assessed on this electronically to ensure they meet the standards required. In addition, they had regular training updates where they were kept up to date with relevant healthcare information and had dedicated time to complete this training. Recently, the team had been updated on health and safety training and safeguarding training. The pharmacist also explained he used his discretion to direct people to complete more training when there was a quiet moment in the pharmacy.

Team members explained that they were aware of how to raise concerns and to whom. There was a whistleblowing policy in place, and this was also detailed in the staff induction handbook. The team also completed a staff satisfaction survey every six months where they were able to provide feedback about their day-to-day roles, the company and any areas of improvement they'd like to see. The team also explained that they had a meeting every week where they could discuss how the week had been, what their aims were and what they expected the challenges to be. The team members all said they felt listened-to and the pharmacy management team would take on board any ideas, concerns or suggestions they had. There were targets in place for services, but the pharmacist explained that the team did not feel any pressure to deliver these targets and would never compromise their professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and well maintained. The pharmacy has a private consultation room which is used regularly. The pharmacy is secure when it is closed.

Inspector's evidence

The pharmacy was based in a large supermarket and was signposted from the front door so that people could find it easily. It included a medicines counter, consultation room, and dispensary. The pharmacy was well presented.

The pharmacy was clean and tidy, and a cleaner cleaned the floors and emptied the bins daily. The rest of the cleaning was completed by the pharmacy staff. The consultation room allowed for confidential conversations, was locked when not in use and included a table, seating, a clean sink and storage. There was also a sink available in the dispensary with hot and cold running water to allow for hand washing and preparation of medicines, and alcohol hand gel was available.

Medicines were stored on the shelves in a generic and alphabetical manner, and the shelves were cleaned when the date checking was carried out. The ambient temperature was suitable for the storage of medicines and this was regulated by an air conditioning system. The lighting throughout the pharmacy was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. Team members identify people supplied with high-risk medicines so that they can be given extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

Pharmacy services were displayed in the practice leaflet and on posters around the pharmacy area. There was step-free access into the pharmacy via an electrically assisted door and seating for patients or customers waiting for services. There was also an induction loop available should anyone require its use. The pharmacy had Healthy Living status and the team had a health promotion area which they updated to reflect national health promotion campaigns. Current information on the health promotion board in the pharmacy included information about alcohol consumption.

The pharmacy used a detailed system to prepare multicompartment compliance aids for domiciliary patients and logged the relevant activities. The compliance aids were prepared with descriptions of the medicines inside and the patient information leaflets (PILs) were supplied with them each month. Each patient had a file where the team recorded their medicines, when they were taken, any known allergies, any discharge information from the hospitals and contact details. People taking warfarin had a laminated warfarin label attached to their prescriptions to highlight the need for the team to ask them for INR levels, blood test dates and warfarin dosage. However, this was not recorded on patient records. The pharmacy team had an awareness of the strengthened warnings and measures to avoid valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing for all patients in the at-risk group. The team had completed a valproate audit to highlight patients who were on valproates and demonstrated how they had the appropriate counselling conversations with these patients. All PGDs in the pharmacy were seen to be in-date and valid.

The pharmacy obtained medicinal stock from Oakwood, AAH and Alliance. Specials were ordered from Lexxon Specials and invoices were seen to verify this. There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of returned medicine. There was also a separate bin for the disposal of hazardous waste and a list of hazardous waste medicines which need to be disposed of in these bins. Date checking was carried out in a manner which meant that the whole pharmacy was date checked four times in a year and records of this were maintained. The team used stickers to highlight short-dated medicines. Opened stock bottles examined during the inspection were seen to include the date of opening on them and the fridges were in good working order and the stock inside was stored in an orderly manner.

The pharmacy team was aware of the European Falsified Medicines Directive (FMD), but they were not currently compliant. Tesco head office was currently in the process of rolling out software to their pharmacies. MHRA alerts came to the pharmacy electronically and they were actioned appropriately. Recently, the team had dealt with a recall for Zapain 30mg/500mg capsules. All the recall notices were

seen to have been signed and dated appropriately to indicate who had actioned them and when. The team kept an audit trail of all the recall notices they had received.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment to ensure it works and is accurate.

Inspector's evidence

There were several crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were counting triangles available as well as capsule counters. Electrical equipment appeared to be in good working order and was PAT checked annually.

Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

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.