

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Haugh Shaw Road,
HALIFAX, West Yorkshire, HX1 3TU

Pharmacy reference: 1093167

Type of pharmacy: Community

Date of inspection: 25/11/2019

Pharmacy context

The pharmacy is in a Tesco supermarket in the suburbs of Halifax. And, it is open over 100 hours per week. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including medicines use reviews (MURs) and the NHS New Medicines Service (NMS). And, the pharmacist provides various vaccinations, including seasonal flu vaccinations and meningitis vaccinations for people travelling abroad. Pharmacy team members provide a stop smoking service. And, they supply medicines to people in multi-compartment compliance packs.

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 has procedures to identify and manage risks to its services. And, pharmacy team members follow them to complete the required tasks. The pharmacy protects people's confidential information. And, it generally keeps the records it must by law. Pharmacy team members know how to help safeguard the welfare of children and vulnerable adults. Pharmacy team members record and discuss mistakes that happen. They use this information to learn and reduce the risk of further errors. But, they don't always collect information about the causes of mistakes to help identify patterns and inform the changes they make. So, they may miss opportunities to improve.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help manage the pharmacy's risks. It had reviewed the sample of procedures seen in 2018. And had scheduled the next review of the procedures for 2020. Pharmacy team members had read and signed the SOPs since the last review in 2018 to confirm they understood them. And clear version control information was displayed. The pharmacy defined the roles of the pharmacy team members in each procedure. The procedures showed who was able to perform each task.

The pharmacist highlighted and recorded near miss errors made by the pharmacy team when dispensing. And, sometimes, pharmacy team members recorded their own mistakes. They discussed the errors made. And, they discussed the contributing factors. But, they did not record much detail about why a mistake had happened. They usually recorded that misreading the prescription had caused the error. Pharmacy team members used the information discussed to inform the changes they made to prevent the error happening again. One example of a recent change was attaching warning labels to all packs of Symbicort dry powder inhalers. And, this was to highlight to pharmacy team members the risks of mixing them up with different formulations of Symbicort inhalers when dispensing. The pharmacy had a clear process for dealing with dispensing errors that had been given out to people. It recorded incidents electronically and reported them to the superintendent pharmacist. But, during the inspection, the deputy pharmacy manager was not present. And, the other pharmacy team members did not know how to access the records that had been made. So, the inspector could not fully assess the quality of the pharmacy's response to dispensing errors.

Pharmacy team members said the most popular vaccination service currently was the flu vaccination service. But, in the absence of the deputy pharmacy manager, they could not provide the relevant patient group direction (PGD) documents, SOPs or training documents for the service.

The pharmacy team completed a Safe and Legal checklist each day. The checklist varied each day. And, it prompted the team to check various aspects of legal and operational compliance. For example, whether the controlled drugs (CD) cabinet was locked and the keys were being stored securely, whether confidential waste was being disposed of correctly and whether near miss errors were being recorded. The pharmacist signed-off the checklist each day. There were no findings for improvement in the sample of recent audits seen.

The pharmacy had a procedure to deal with complaints handling and reporting. But, it did not advertise its complaints procedure to people in the pharmacy's retail area. The pharmacy collected feedback

from people by using questionnaires. Pharmacy team members could not give any examples of any changes they had made in response to feedback to improve their services.

The pharmacy had up to date professional indemnity insurance in place. It kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And, these were audited against the physical stock quantity weekly, including methadone. It kept and maintained a register of CDs returned by people for destruction. And, this was complete and up to date. The pharmacy maintained a responsible pharmacist record on paper. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily. They kept private prescription records electronically. But some records did not accurately record the date on the prescription. They recorded emergency supplies of medicines electronically.

The pharmacy kept sensitive information and materials in restricted areas. It collected confidential waste in dedicated bags. The bags were sealed when they were full. And they were sent to the store cash office for secure destruction. Pharmacy team members had been trained to protect privacy and confidentiality. They completed mandatory training every year. And, they had completed training about the General Data Protection Regulations (GDPR) in 2018. Pharmacy team members did not know if the pharmacy had been assessed for GDPR compliance. But, some elements of GDPR and information security compliance were included in the Safe and Legal checks.

When asked about safeguarding, a dispenser some examples of symptoms that would raise her concerns in both children and vulnerable adults. She explained she would refer her concerns to the pharmacist. The pharmacist said she would assess the concern. And, would refer to local safeguarding teams for advice. The pharmacy had contact information for local safeguarding teams available. The pharmacist had completed training in 2018. And, other pharmacy team members had completed training in 2019.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are suitably qualified and have the right skills for their roles and the services they provide. The pharmacy provides access to training materials. And pharmacy team members complete training regularly to improve their knowledge and skills. They reflect on their own performance, sometimes discussing training needs with the pharmacist and other team members. And, they support each other to reach their learning goals. Pharmacy team members feel able to raise concerns and use their professional judgement.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a locum pharmacist and a dispenser. Pharmacy team members completed mandatory compliance training every six months to one year, depending on the topic. The training covered subjects such as health and safety, information governance and age restricted sales. The pharmacy received more pharmacy specific training approximately once a month. And, pharmacy team members said these tended to focus on seasonal health conditions, such as flu and winter health. They were given time during work to complete their training and to read pharmacy trade press materials they were interested in. The pharmacy had a yearly appraisal process. But the most recent appraisals had been delayed because the pharmacy did not currently have a pharmacy manager. A dispenser explained that during an appraisal, she was able to discuss where she was doing well and where she could improve. And, she could identify any learning needs she had. One of her objectives from her last appraisal was to complete her formal training program, which she had now completed. She had been supported to reach her goal by learning from the pharmacists and colleagues and by asking for feedback from people. She said currently, she would raise any learning needs with the deputy pharmacy manager, who would support her to reach her goals.

The dispenser explained that she would raise professional concerns with the pharmacist or general store manager. She felt comfortable raising a concern. And, confident that her concerns would be considered, and changes would be made where they were needed. The pharmacy had a whistleblowing policy. And, pharmacy team members knew how to use the policy if required.

Pharmacy team members communicated with an open working dialogue during the inspection. The dispenser explained a change they had made after they had identified areas for improvement. She explained that prior to the reclassification of gabapentin and pregabalin to schedule 3 controlled drugs (CDs), pharmacy team member did not highlight prescriptions to warn people about their 28-day expiry. They had discussed the risks. And, they had changed their process. So, they now highlighted the dates on all CD prescriptions to make sure they were not supplied after the prescriptions had expired.

The pharmacy asked the team to meet targets in areas such as prescription volume, over the counter sales and the number of medicine use review (MUR) and New Medicines Service (NMS) consultations delivered. Pharmacy team members did not feel under pressure to deliver targets. They did not know how targets were managed between the pharmacy managers and the area manager.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the health services provided. And the pharmacy has a room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. It kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room available. The pharmacy team used the room to have private conversations with people. The room was signposted by a sign on the door. And, it was locked when it was not being used.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a toilet elsewhere in the store, which provided a sink with hot and cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible to people, including people using wheelchairs. And the pharmacy provides a popular stop smoking service. The pharmacy has some systems in place to help provide its services safely and effectively. It stores, sources and manages its medicines appropriately. Pharmacy team members take steps to identify people taking high-risk medicines. And they provide these people with advice to help them take their medicines safely. They dispense medicines into devices to help people remember to take them correctly. They manage this service adequately. But, they don't regularly provide these people with printed medicines information leaflets. And, they don't always provide them with descriptions to help identify their medicines. So, people may not have all the information they need to help them take their medicines.

Inspector's evidence

The pharmacy had level access from the store car park through automatic doors. Pharmacy team members could provide large-print labels and instruction sheets to people with visual impairment. And, there was a hearing induction loop available for people with hearing impairment. The pharmacy provided a stop-smoking service to people. The pharmacy had a dedicated team member who was the stop-smoking advisor, and who managed the service. She explained that some people came to the pharmacy to request the service. And, pharmacy team members approached other people opportunistically if they noticed them browsing nicotine replacement products in the pharmacy's retail area. People using the service had a consultation with the advisor weekly or fortnightly to discuss their progress and to check their breath carbon monoxide levels. The advisor also explained that she specifically asked of people were happy with their choice of nicotine replacement therapy. She said that the wrong choice was often the difference between people quitting successfully and reverting to smoking. The pharmacy's program lasted for 12 weeks. But the advisor explained that she encouraged her clients to come back after 12 weeks for more help and advice if they were struggling to remain smoke-free. Other pharmacy team members said the advisor was very passionate about helping people to quit smoking. And, that people often came to the pharmacy to ask for the advisor by name to help them. They explained that the pharmacy had a 92% success rate for people quitting smoking long term.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. Pharmacy team members highlighted prescriptions containing controlled drugs (CDs) to make sure they didn't supply them after the prescription had expired. And, they highlighted prescriptions for children to alert the pharmacist to double check the dose prescribed. And to provide parents and carers with appropriate advice and counselling. The pharmacist counselled people receiving prescriptions for valproate if appropriate. And, she checked if the person was aware of the risks if they became pregnant while taking the medicine. She also checked if they were on a pregnancy prevention programme. The pharmacy had some printed information material to give to people and to help highlight the medicine during dispensing.

The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It attached labels to the packs, so people had written instructions of how to take the medicines. Pharmacy team members sometimes added the descriptions of what the medicines looked like, so they

could be identified in the pack. But, in the samples seen, they didn't do this every time. They provided people with patient information leaflets about their medicines. But, they did not do this regularly. Pharmacy team members documented any changes to medicines provided in packs on the patient's master records sheet. The information collected did not record the details of the prescriber requesting the changes, to help deal with future queries.

The pharmacy obtained medicines from three licensed wholesalers. It stored medicines tidily on shelves. And all stock was kept in restricted areas of the premises where necessary. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). Pharmacy team members kept the CD cabinet tidy and well organised. And, out of date and patient returned CDs were segregated. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct. Pharmacy team members were aware of the recent changes to the law under the Falsified Medicines Directive (FMD) to help identify counterfeit medicines. But, the pharmacy had not provided any equipment or software for the team to scan products. And, there were no procedures for the process and the team had not been trained. Pharmacy team members were aware that a system was due to be implemented. They did not know when this would be.

Pharmacy team members checked medicine expiry dates every 12 weeks. And records were seen. They highlighted any short-dated items with a sticker on the pack up to three months in advance of its expiry. And they recorded expiring items on a monthly stock expiry sheet, for removal during their month of expiry. The pharmacy responded to drug alerts and recalls. And, any affected stock found was quarantined for destruction or return to the wholesaler. It recorded any action taken. And, records included details of any affected products removed. Pharmacy team members kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits. Pharmacy team members checked the area used to store bags of dispensed medicines every three months. And, they removed any bags that had been there for three months waiting to be collected. They telephoned or sent text messages to people to remind them they hadn't collected their medicines. If they still did not receive a response, the medicines were returned to stock if suitable. And, a record was kept of the uncollected items and who they were for. Pharmacy team members informed the patient's GP of any uncollected prescriptions.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had a set of clean, well maintained measures available for medicines preparation. It positioned computer terminals away from public view. And, these were password protected. The pharmacy stored medicines waiting to be collected in the dispensary, also away from public view. It had a dispensary fridge that was in good working order. And, pharmacy team members used it to store medicines only. They restricted access to all equipment. And, they stored all items securely.

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.