

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Brading Road, RYDE, Isle of Wight, PO33 1QS

Pharmacy reference: 1093395

Type of pharmacy: Community

Date of inspection: 29/04/2019

Pharmacy context

This is a pharmacy located within a large Tesco Extra supermarket on the outskirts of Ryde on the Isle of Wight. The pharmacy serves the local population as well as tourists. The pharmacy provides services including NHS dispensing and a small number of multi-compartment compliance aids to assist vulnerable patients living in their own homes to take their medicines. The pharmacy is an accredited Health Living Pharmacy.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met | 4.3 | Standard not met | Not all schedule 2 and 3 controlled drugs are currently stored in accordance with the Misuse of Drugs Safe Custody Regulations and this must be rectified. |
| 5. Equipment and facilities | Standards not all met | 5.2 | Standard not met | Appropriate documented calibration checks of blood testing equipment must be carried out to ensure that they are appropriate for use. In addition the broken liquid measuring cylinder must be replaced. |

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy generally provides services safely in line with its standard operating procedures. It records and reviews mistakes that occur during the dispensing process. But the records do not have a lot of detail. This could mean that patterns in mistakes are not always spotted and staff may not always understand how to prevent similar mistakes in future. Patients and members of the public are able to give feedback about pharmacy services and the pharmacy use this feedback to improve the service to patients. The pharmacy keeps the records it needs to by law. The pharmacy team members understand their role in protecting more vulnerable patients. They undertake regular training so that they know how to keep patient information safe.

Inspector's evidence

Procedures were in place to record, review, and learn from adverse events. The pharmacist demonstrated that dispensing incidents and near misses were recorded, reviewed, managed and feedback provided to staff. A recent review had led to the highlighting and separation on the dispensary shelves of different strengths of Gabapentin capsules, to help prevent the incorrect selection of such products. The pharmacy utilised the 'Safety starts here' process including regular team briefings to remind staff about incidents and ensure appropriate steps are taken to reduce risks by all staff including locums.

The pharmacy also completed daily safe and legal checks to ensure that company processes and procedures were being followed. Improvements could be made by ensuring a greater level of detail is recorded for the causation of, and learning gained from the analysis of near misses, to further improve patient safety.

Baskets were used in the dispensing process to separate prescriptions, manage the workload and reduce the likelihood of errors.

Standard operating procedures (SOPs) were in the place for the services provided SOPs were available on line and had been reviewed in June 2018, read and signed by staff.

The trainee medicines counter assistant (MCA) was clear on her role and responsibilities. On questioning, she explained that she would refer requests for pharmacist advice and certain P medicines (e.g. requests to purchase multiple packs of codeine containing preparations) to the pharmacist.

Patient satisfaction surveys were carried out regularly and the customer viewpoint system was also utilised for receiving feedback. Generally feedback was very positive. However, some feedback had in the past been received around the waiting area and waiting times. As a consequence, staff proactively signposted patients requiring seating to the area provided and the pharmacy utilised the texting service to try and ensure customer expectations around waiting times are met.

The pharmacist confirmed that up-to-date professional indemnity insurance arrangements were in

place for the pharmacy services provided via the NPA.

The responsible pharmacist sign was on display and RP records maintained. CD register, emergency supply, special records and the electronic private prescription records examined were in order. Running balances were checked and generally recorded weekly and those checked were in order. Records of patient returned controlled drugs were maintained.

The pharmacist explained that an up-to-date information governance procedure was in place and the staff had completed this training. Access to the pharmacy computer and the patient medication record (PMR) systems was restricted to authorised members of staff and password protected. A confidential waste bin was used to dispose of patient identifiable and confidential waste. The pharmacy also had a business continuity plan in place. The pharmacists had completed the Summary Care Record training.

Online training for child protection and safeguarding vulnerable persons had been carried out by staff members. However, improvements could be made by ensuring staff have access to the current safeguarding contacts for ease of reference and in case of an incident. On questioning, staff were able to explain what to do or, who they would make aware if they had concerns about the safety of a child or a vulnerable adult. The pharmacists and technician had completed the safeguarding CPPE level 2 training

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff for the services provided and provisions are in place to ensure adequate staffing levels are maintained. Pharmacy staff have the appropriate skills and qualifications for their roles or, are working towards obtaining these. They work effectively together in a supportive environment and are actively encouraged to undertake ongoing learning. The team work with openness and honesty to help support the safe and effective delivery of pharmacy services. They can make suggestions and get involved in making improvements to the systems used and services provided.

Inspector's evidence

The pharmacy dispensed approximately 6,500 items each month. A responsible pharmacist, together with one technician, one dispenser and one medicines counter assistant, were present at the time of the inspection. Staff were either trained or undergoing appropriate training. Staffing cover was planned using business planning data, to ensure appropriate staffing cover at all times. Staff wore name badges and were identifiable to patients.

The pharmacist explained that staff had regular appraisals where performance and development needs were discussed. Staff were encouraged to continue their own personal development by completing training courses via the Tesco Academy system and specific targeted training. Staff were provided with dedicated time for training.

The responsible pharmacist was observed supervising and overseeing the sales, supply and advice given by staff.

Staff were observed following the sales of medicines protocol when making OTC recommendations and referred patients to the pharmacist when necessary. Staff had received training on selling veterinary medicines and these were sold with appropriate advice.

Staff were aware of the whistleblowing policy in place and were able to discuss how they could raise a concern they had about the provision of a pharmacy service with the company. Regular team 5 staff meetings took place. The company also produce a regular newsletter which was circulated and read by all staff.

The pharmacist explained that targets were set for NMS and MURs. However, she did not feel that these impacted in any way on her professional decision making.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally secure and provides an adequate environment for the delivery of pharmacy services. But, the small size of the pharmacy could cause problems, if the level of business continues to grow. The pharmacy protects the privacy, dignity and confidentiality of people with suitable facilities which are used by the team to ensure confidentiality is protected.

Inspector's evidence

The pharmacy was limited in the space available. However, the pharmacist and the team were working hard to make the most of the space available. Some of the shelves were in need of tidying to help reduce the risk of selection errors.

The pharmacy was clean, well lit and fitted out to an adequate standard.

Hand washing facilities were available in the consultation room and dispensary. The sinks were clean.

A consultation room was available for use to ensure that patients could have confidential conversations with staff when necessary. The consultation room was checked during the inspection and no conversations could be overheard in the area next to it. The door to the consultation room was kept locked to ensure the security of the room and its contents when not in use.

The ambient temperature of the pharmacy was maintained at a steady temperature by the instore air conditioning units.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy generally provides its services safely and effectively. But not all schedule 2 and 3 controlled drugs are currently stored in accordance with the Misuse of Drugs Safe Custody Regulations and this must be rectified.

Inspector's evidence

The pharmacy provides a range of services tailored to the needs of the local population and to promote health and wellbeing. The pharmacy offered a popular NHS and private flu vaccinations service.

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties.

Staff were clear about what services were offered from the pharmacy and where to signpost patients to if a service was not provided, via NHS choices and the internet.

In accordance with the SOPs the dispensed by and checked by boxes of the dispensing labels on assembled medicines were initialled. In addition to checking prescriptions at the time of dispensing a further check was carried out at the time of handing out medicines. An additional confirmation check was also carried out in relation to child dosages of medicines and this was highlighted on prescriptions. Patient information leaflets were supplied with all medicines.

A system of utilising stickers was also in place to highlight issues relating to high risk medicines to the pharmacist to enable the pharmacist to target counselling and guidance appropriately. The pharmacy staff were aware of the valproate pregnancy protection programme (PPP) and had the appropriate counselling resources and information to ensure that patients who may become pregnant were given the information required to take their medicines safely.

Pharmaceutical stock requiring refrigeration was stored between 2 and 8 degrees Celsius and any occasions where the temperature fell outside this range temperatures were monitored closely and any necessary action taken. The pharmacist demonstrated that the maximum and minimum temperatures of the pharmacy refrigerator were recorded daily and stock was rotated and stored in an orderly manner in the fridge

The staff were aware of the recent requirements for ensuring compliance with the Falsified Medicines Directive (FMD), in relation to verification and decommissioning of medicines. At the time of the inspection the pharmacy was still awaiting the scanning equipment and software to enable them to comply with FMD requirements.

Medicines were stored generically in alphabetical order and in appropriate conditions, within their original manufacturer's packaging. However, stock could be stored in a more organised manner to help reduce the risk of errors. Pharmaceutical stock was subject to regular date checks and stock close to expiring was appropriately highlighted. Date expired CDs were appropriately marked and segregated awaiting disposal in the CD cabinet.

Waste medicines were stored in appropriate containers and disposed of via licensed contractors.

The pharmacist demonstrated that drug recalls and safety alerts were actioned at the pharmacy. The pharmacy held records of recalls received and recorded and documented and filed all actions taken.

Principle 5 - Equipment and facilities Standards not all met

Summary findings

The pharmacy generally has the appropriate equipment and facilities to provide the services offered. But, it doesn't always keep records when it carries out calibration checks of blood testing equipment. And this could make it harder to demonstrate that equipment was working correctly in the event of a future query. In addition one of the liquid measures was cracked and poses a risk to safety.

Inspector's evidence

A small range of crown stamped measures were available at the pharmacy although one measure was cracked and in need of replacement.

The pharmacy had equipment for counting loose tablets and these were clean at the time of inspection.

The pharmacy had up to date copies of BNF, BNF children and drug tariff as well as access to the internet and facility to access the NPA information service.

The pharmacist believed that the testing equipment used for health checks was either calibrated periodically or replaced. However, no documented records or evidence of this could be located, either during or after the inspection.

Medicine bottles were stored capped to reduce the risk of contamination by foreign objects.

The pharmacy computer terminals and PMR were password protected. The computer screens were out of view of the public. Staff were observed disposing of confidential waste in the special bins provided.

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. |