

# 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:** 10/03/2023

## 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 it sells over-the-counter medicines and provides health advice.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards not all met	2.1	Standard not met	There are insufficient suitably qualified and skilled staff available to ensure the continued safe and effective provision of pharmacy services
		2.2	Standard not met	Pharmacy team members carry out tasks that they have not all received appropriate training for.
<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

The pharmacy provides services in line with company processes and procedures which are being followed by staff. Team members generally record, review and learn from mistakes that occur during the dispensing process to prevent similar mistakes in future. The pharmacy has the appropriate insurance cover to protect people if things go wrong. The pharmacy team keeps the records it needs to by law. They protect patient information and understand their roles in protecting vulnerable people.

### Inspector's evidence

Procedures were in place to record and learn from adverse events. The locum pharmacist demonstrated that dispensing incidents and near misses were generally recorded and feedback provided to staff. Recent reviews had led to the highlighting and separation on the dispensary shelves of look-alike and sound-alike (LASA) drugs, to help prevent the incorrect selection of such products. However, on occasions there was limited information documented as to the causation and steps taken as a consequence of incidents and this means that there is limited opportunity to learn from mistakes and prevent them from happening again in the future. Standard Operating Procedures (SOPs) were in place for the services provided. SOPs were available online although staff present at the time of the inspection were unsure how to access these procedures. The pharmacy also completed daily safe and legal records electronically to ensure that company processes and procedures were being followed. Baskets were being used in the dispensing process to separate prescriptions, manage the workload and reduce the likelihood of errors. The staff were clear on their role and responsibilities. On questioning, they explained that they would refer requests for pharmacist advice and certain pharmacy medicines (e.g. requests to purchase multiple packs of codeine-containing preparations) to the pharmacist. The pharmacy had a procedure for gathering feedback and concerns and details were provided in the pharmacy leaflet displayed at the counter.

The locum pharmacist confirmed that up-to-date professional indemnity insurance arrangements were in place for the pharmacy services. The locum pharmacist on duty also had her own personal professional indemnity insurance cover. The Responsible Pharmacist (RP) sign was on display and RP records maintained. Controlled drug (CD) registers, emergency supply, specials records and the electronic private prescription records examined were in order. Running balances of controlled drugs were checked and recorded weekly and the balances noted during the inspection were in order. Records of patient-returned controlled drugs that had been received and destroyed were maintained appropriately. The pharmacy had a large amount of date-expired CD stock that required witnessed destruction.

Team members had completed information governance training and 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. Staff had completed online training in relation to child protection and safeguarding vulnerable persons and they were clear what steps they should take in the case of a concern and had access to the current local safeguarding contact details. The pharmacist had completed the CPPE safeguarding level 2 training

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy struggles to maintain sufficient staffing levels to manage its workload. However, the pharmacy now operates for reduced opening hours to help manage this risk. Not all staff have commenced the appropriate training courses relevant to their roles. The pharmacy currently provides them with very little ongoing pharmacy specific training in the absence of a pharmacy manager to ensure that team members keep their knowledge up to date.

### Inspector's evidence

The pharmacy was currently without a pharmacy manager and was running on locum pharmacist cover. The pharmacy had also lost three pharmacy technicians in the last year who had not been replaced. As a consequence of staffing issues, the pharmacy was now only open weekdays until 6pm and closed at weekends.

The pharmacy dispensed approximately 5,000 items each month. A locum responsible pharmacist, two trained dispensing assistants and one counter assistant were present at the time of the inspection. Staff had generally completed training appropriate to their roles. However, the counter assistant present had not been enrolled on a training course despite having worked at the pharmacy for over five months.

Staff wore name badges, uniforms and were identifiable to patients.

The staff were not currently receiving any performance and development reviews and ongoing training had ceased in the absence of a pharmacy manager. 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 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. Staff were concerned and worried about the lack of staff particularly given that one of the dispensers was about to leave and no replacement had been recruited.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, bright and maintained to an adequate standard. The pharmacy has a private consultation room which people can use if they want to speak privately with the pharmacist and the pharmacy is secure when it is closed

### Inspector's evidence

The pharmacy was located at the rear of the store. It consisted of a counter and dispensary area which had limited bench space available. However, the pharmacist and the team worked hard to make the most of the space they had. The pharmacy was clean, well-lit and fitted out to an adequate standard. Hand washing-sanitising facilities were available in the consultation room and dispensary. The sinks were clean. The pharmacy counter had protective screens in place and there were hand gels and personal protection equipment available for staff to use.

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 in-store air conditioning units.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally delivers its services in a safe manner. The pharmacy sources, stores and manages medicines appropriately and so makes sure that the medicines it supplies are fit for purpose. The team identify people supplied with high-risk medicines so that they can be given extra information they need to take their medicines safely.

### Inspector's evidence

Due to current staffing issues the pharmacy was currently providing a very limited range of services and had substantially reduced its opening hours to do this safely. At the time of the inspection the pharmacy was working about three days behind with processing prescriptions, although in previous weeks this delay had extended to a two week backlog in processing repeat prescriptions which had led to abuse and dissatisfaction from patients. The pharmacy does try and text patients to notify them when their prescriptions had been completed and were ready for collection.

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 knew where to signpost patients to if a service was not provided. Team members completed the dispensed by and checked by boxes on the dispensing labels on assembled medicines as part of the dispensing and checking procedures. In addition to checking prescriptions at the time of dispensing, a further check was normally 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 at-risk patients were given the information required to take their medicines safely. The pharmacy was in the process of completing an updated audit in relation to patients receiving valproate.

Pharmaceutical stock requiring refrigeration was stored between two and eight 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.

Medicines were stored generically in alphabetical order and in appropriate conditions, within their original manufacturer's packaging. In addition, the pharmacy stored the top 50 fast moving lines stored separately. Pharmaceutical stock was subject to regular date checks and stock close to expiring was appropriately highlighted. Waste medicines were stored in appropriate containers and disposed of via licensed contractors. Controlled drugs were stored securely. Medicines were obtained via appropriate authorised sources. The team demonstrated that drug recalls and safety alerts were actioned at the pharmacy. The pharmacy held records of recalls received and recorded, then documented all actions taken before filing them.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

An appropriate range of measures were available at the pharmacy. In addition they had appropriate equipment for counting loose tablets and all equipment was kept clean. The pharmacy had access to the British National Formulary and online drug information resources. Liquid medicine bottles were stored securely to prevent contamination from dust and other foreign objects.

The pharmacy had a blood pressure monitoring machine, but due to staff shortages this was not currently being used. The pharmacy computer terminals and PMR were password protected and individual staff members were seen using their own smart cards. 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.