

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Hall Street, ALFRETON,
Derbyshire, DE55 7BS

Pharmacy reference: 1095301

Type of pharmacy: Community

Date of inspection: 12/04/2023

Pharmacy context

This pharmacy is at the rear of a Tesco store which is located close to the centre of town. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. The pharmacy stays open for 100 hours per week, opening early in the morning and closing late in the evening.

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	1.2	Good practice	The pharmacy team records and analyses adverse dispensing incidents to identify learning points which it incorporates into day-to-day practice to help manage future risks. And the pharmacy completes regular checks and audits to make sure it is operating safely.
2. Staff	Standards met	2.2	Good practice	The team members have the appropriate skills, qualifications and competence for their roles and the pharmacy effectively supports them to address their ongoing learning and development needs.
		2.4	Good practice	Team work is effective and openness, honesty and learning are embedded throughout the organisation.
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 manages the risks associated with its services and generally completes all the records that it needs to by law to ensure it keeps people safe. Members of the pharmacy team work to professional standards, and they are clear about their roles and responsibilities. They record their mistakes so that they can learn from them, and they act to help stop the same sort of mistakes from happening again. The team members keep people's private information safe. And they complete training, so they know how to protect children and vulnerable adults.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided, with signatures showing that all members of the pharmacy team had read and accepted them. SOPs were available in paper as well as in electronic format. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. Team members were wearing uniforms and name badges. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team completed patient incident reports for any dispensing errors, and these included next steps to help prevent a similar incident from happening again. For example, following an incident when two bottles of penicillin suspension were prescribed and the patient was given an un-constituted bottle in error, the team now mark the bottle with a 'F' when water is added and put it straight in the medical fridge, and the second un-constituted bottle is kept in a designated place until the patient returns for it. Errors were also recorded on the national reporting and learning system to help share learning with other pharmacies. Team members recorded near misses on a log, and indicated on a flow chart at which part of the process the error occurred. This helped to identify trends and patterns. Near misses were reviewed on a weekly basis and discussed within the team. Next steps were completed for every near miss. For example, one dispenser was asked to complete training on the different forms of co-codamol when the incorrect form was selected. A next step following a quantity error was that team members were reminded to mark all six sides with a cross when splitting an original pack, so it was clear to all the team that the box put back on the dispensing shelf did not contain the full quantity. Clear plastic bags were used for assembled CDs and insulin to allow an additional check at hand out. 'Pick with caution' alert stickers were in front of look-alike and sound-alike drugs (LASAs), and when different strengths and forms were available, such as Madopar, so extra care would be taken when selecting these. All methotrexate tablets were stored in a separate basket and only the 2.5mg strength was stocked by the pharmacy. This was to prevent serious errors occurring if the wrong strength was supplied in error. A register was kept for the supplies of methotrexate to ensure extra care was taken when dispensing them, and to provide an accurate audit trail. These extra safeguards had been put in place following receipt of a 'safety starts here' bulletin from head office, which was a resource used to share learning throughout the company. Members of the pharmacy team completed electronic 'Pharmacy safe and legal records' which contained daily and weekly checks. For example, the RP notice was on display, the controlled drug (CD) cabinet was locked and CD keys secure and the fridge temperature was recorded. These were audited, and next steps were checked to ensure they had been completed.

A dispenser described how she would deal with a customer complaint which was to take down all the information and the complainant's details and refer it to the pharmacy manager. The complaint procedure and the details of who to complain to were outlined in the 'About your pharmacy' leaflets which were on display. Insurance arrangements were in place. Private prescription and emergency supply records were recorded electronically. The incorrect prescriber had been entered for one of the private prescriptions checked, so there was an inaccurate audit trail. The pharmacy manager said she would remind the team of the importance of maintaining accurate records. The pharmacy occasionally dispensed private prescriptions received electronically. The pharmacy manager explained that they only accepted the ones which came from a list of Tesco approved electronic private prescription providers, as this gave the team assurance that the signatures complied with the advanced electronic signature requirements. The RP record and the CD registers were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked. There was one discrepancy, which was due to an arithmetical error. This was corrected at the inspection. Patient returned CDs were recorded and disposed of appropriately. Patient details were not always recorded when medicines were obtained from 'Specials,' which was not in line with the Medicines and Healthcare products Regulatory Agency (MHRA) requirements and could cause a delay in the event of a problem or query.

All members of the pharmacy team received annual training on information governance (IG) which included information about patient confidentiality. Confidential waste was collected in designated bags which were locked up in a cage until they were disposed of along with the store's other confidential waste. A dispenser correctly described the difference between confidential and general waste. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public.

The pharmacists had completed level two training on safeguarding. Other team members completed annual training on safeguarding suitable to their role. They also completed safe and legal training and 'think 25' where people were asked for their ID before selling certain products, if they looked to be under 25 years of age. Team members knew to voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. There was a safeguarding notice on display containing the contact numbers of who to report concerns to in the local area. The pharmacy was registered as 'Safe Space' for victims of domestic abuse, and the consultation room was always available for anyone requiring a confidential conversation. The pharmacy had a chaperone policy, but there was nothing on display highlighting this to people, so people might not realise this was an option.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members are well trained, and they work effectively together. The pharmacy encourages them to keep their skills up to date and supports their development. Team members are comfortable providing feedback to their managers and they receive feedback about their own performance. The pharmacy has enough team members to manage its workload safely. Its staffing rotas enable it to have good handover arrangements and effective communication.

Inspector's evidence

There were two pharmacists present at the inspection. One was the pharmacy manager and the other one was a locum pharmacist who was working as the RP. The pharmacy manager explained this pharmacist overlap time allowed her time to carry out management duties. There were three NVQ2 qualified dispensers (or equivalent) on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and people who visited the pharmacy. There was another qualified dispenser on the pharmacy team and there was currently a vacancy for a part time dispenser. Absences were covered by re-arranging the staff rota and team members were allowed to do extra hours when required. Multiskilled members of the store staff occasionally were required to assist in the pharmacy.

Members of the pharmacy team carrying out the services had generally completed appropriate training. One of the multiskilled members of the store staff had completed a medicine counter assistant course, but the others hadn't so they were very restricted in the duties they could carry out. There were various online training resources which the pharmacy team used to carry out and record their ongoing training on. For example, Tesco's online 'learning pool.' A member of the pharmacy team demonstrated that she had recently completed training on allergens and diets high in fat, salt and sugar. The pharmacy manager had oversight of these records and could check that the team's training was up to date, and could provide the team with protected training time when necessary. One of the dispensers was on a NVQ3 training course and was completing this in order to become a pharmacy technician (PT).

The pharmacy team had regular 'Team 5 briefings' and one-to-ones where they would discuss various issues and concerns could be raised. The pharmacy manager kept a written record of these briefings in a communication folder. A notice board was also used to share information and keep the team up to date. Team members were given formal 'Let's Talk' appraisals where performance and development were discussed, and they received feedback from the pharmacy manager. A dispenser said she felt there was an open and honest culture in the pharmacy and said she would feel comfortable talking to the pharmacy manager, regional pharmacy manager or the store duty manager about any concerns she might have. There was a whistleblowing policy.

The pharmacists were empowered to exercise their professional judgement and could comply with their own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because they felt it was inappropriate. The pharmacy manager said targets were set for services, but she didn't feel under pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has a private consultation room that provides people with the opportunity to receive services in private and have confidential conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy premises were clean, well maintained and in a good state of repair. The retail area was free from obstructions, professional in appearance and had a small waiting area with two chairs. The temperature and lighting were adequately controlled. The pharmacy's fixtures and fittings were in good order. The pharmacy team used the store's facilities which included WCs with wash hand basins and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water.

The consultation room was equipped with a sink, and was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as flu vaccination and when customers needed a private area to talk. An area of the counter was screened with Perspex to reduce the spread of infection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are generally well managed and easy for people to access. It sources, stores, and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. There was an automatic door into the store. There was a hearing loop in the pharmacy and a sign showing this. A list of the services provided by the pharmacy was displayed in the retail area and services were outlined in 'About your pharmacy' leaflets. The pharmacy team was clear what services were offered and where to signpost people to a service not offered. There was a small range of healthcare leaflets. These were mainly displayed in the consultation room, so they were not accessible to everyone.

Space was quite limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat, and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. The pharmacy had a 'third-check' procedure where the bag containing the assembled medicine was opened and the contents checked before handing out to the patient. Any qualified member of the pharmacy team could carry out the third-check, and they added their initials to the prescription to demonstrate that the check had taken place. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. Notes were used to highlight when counselling was required and high-risk medicines such as warfarin, lithium and methotrexate were targeted for extra checks and counselling. Oral anticoagulants, lithium therapy and methotrexate booklets were all kept in a designated place to give to the people prescribed these medicines if required. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and this had identified that none of the regular patients prescribed valproate were in the at-risk group.

A dispenser explained what questions she asked when making a medicine sale and when to refer the person to a pharmacist. She understood what action to take if she suspected a customer might be misusing medicines such as a codeine containing product. Another dispenser was clear which medicines could be sold in the presence and absence of a pharmacist.

CDs were stored in a CD cabinet which was securely fixed to the wall. The keys were under the control of the responsible pharmacist during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins. Alerts and recalls were received electronically from head office. These were read and acted on by a member of the pharmacy team. A copy was retained in the pharmacy with a record of the action taken, so the team were able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe, and they use it in a way that protects privacy.

Inspector's evidence

The pharmacist could access the internet for the most up-to-date information. The pharmacy manager said she used an App on her mobile phone to access the electronic British National Formulary (BNF) and BNF for children and said she frequently used National Institute for Care and Excellence (NICE) online clinical knowledge summaries. There was a clean medical fridge for storing medicines. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. These were recorded on the safe and legal App and if the temperature was outside the required range, next steps were completed. For example, leave for an hour and check again, discuss with the regional manager, and contact the NPA for advice. All electrical equipment appeared to be in good working order and had been PAT tested. There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.