

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Brookside Road,
UTTOXETER, Staffordshire, ST14 8AU

Pharmacy reference: 1096061

Type of pharmacy: Community

Date of inspection: 27/02/2020

Pharmacy context

This is a community pharmacy located within a large Tesco supermarket close to Uttoxeter town centre. The pharmacy is open extended hours over seven days. The pharmacy dispenses prescriptions and sells a range of over-the-counter (OTC) medicines. It offers several additional services including NHS Medicines Use Reviews (MURs) and a minor ailment scheme that includes medicines to treat urinary tract infections and impetigo.

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 regularly monitors and audits the risks associated with the services it provides. The pharmacy makes improvements to its processes when things go wrong and when head office shares learning from other pharmacies in the company.
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 effectively manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again.

Inspector's evidence

A range of up-to-date standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs were periodically reviewed on a cyclical basis and they were marked with the date they were due for their next review. All pharmacy staff had read and signed the SOPs relevant to their job role. Roles and responsibilities of staff members were highlighted within the SOPs.

Near miss logs were in place and the dispenser involved was responsible for correcting their own error to support ongoing learning. The error was discussed with the dispenser at the time of the incident to see if there were any learning points and this was recorded on the near miss log to aid the review process. A weekly review of the near miss log was carried out and documented at the bottom of the log. Various LASA (look alike, sound alike) medicines were highlighted or separated to reduce the risk of them being selected in error. The pharmacists had undertaken additional training on sepsis, risk management and LASA (look alike, sound alike) medicines.

A 'Safety Starts Here' newsletter was sent from head office and read by the pharmacy team. The newsletter had requested that pharmacy team should make additional checks when they dispensed methotrexate, and these were seen in practice. Dispensing incidents were investigated and recorded on a PIR (pharmacy incident review) form online. Every dispensing incident had an action plan to prevent recurrence.

Safe and legal checks were carried out daily and recorded in a book. Completed books were collected by the general manager to ensure they had been filled in correctly. The pharmacy team carried out clinical audits, such as, a valproate audit, a lithium audit and an asthma audit as part of the NHS Pharmacy Quality Scheme (PQS).

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A member of staff answered questions related to requests for over-the-counter high-risk medicines, such as co-codamol or sleeping aids, and responsible pharmacist (RP) absence correctly. Pharmacy staff were wearing uniforms and name badges which stated their job role.

A complaints procedure was in place. The RP explained the process for handling a complaint or concern. She said that she would speak to the person first and would try to resolve the issue and would refer to the pharmacy manager, store manager or provide contact details for head office if the complaint was unresolved. A customer leaflet was available which explained the complaints process. The pharmacy gathered customer feedback by completing an annual customer survey and the outcome of the previous survey was displayed in the consultation room.

The pharmacy had professional indemnity insurance arrangements in place. The responsible pharmacist notice was clearly displayed, and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A regular CD balance check took place and was documented in the CD register. A random balance check matched the balance recorded in the register. A patient returned CD register was in place. Private prescription and emergency supplies were recorded in a book and records were generally in order. Some private prescription records showed the incorrect prescriber. Specials records were maintained with an audit trail from source to supply. New Medicine Service (NMS) consent forms were signed by the person receiving the service.

The branch had an information governance (IG) policy, and various training and policy documents had been read and signed by pharmacy staff. Confidential waste was stored separately from general waste and destroyed securely offsite. The team had completed e-Learning training on data protection. Access to the dispensary was limited to pharmacy team members only; staff from other departments were not allowed into the dispensary.

The pharmacy had a safeguarding policy and a list of local safeguarding contacts was available in the dispensary. The pharmacy professionals had completed level 2 training on safeguarding children and vulnerable adults, and the other team members had completed an e-Learning package. The team had recently completed an e-Learning module on hidden disabilities, and they explained how they had used the information in the module to adjust how they helped people wearing Hidden Disabilities Sunflower Lanyards.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so they always have enough staff cover to provide the services. The team members work well together in a supportive environment and they can raise concerns and make suggestions. They complete ongoing training to make sure their knowledge and skills are up-to-date.

Inspector's evidence

The pharmacy team comprised of the pharmacy manager (pharmacist), duty pharmacy manager (pharmacist) and four dispensing assistants. Accredited training courses were provided by Buttercups in conjunction with Tesco. Bronze and Silver awards were medicines counter assistant training courses and the Gold award was dispensing assistant training. Training certificates were displayed in the consultation room. A dispensing assistant co-ordinated requests for annual leave and checked the holiday diary a month in advance, and gaps in the schedule were listed in the pharmacy diary so staff could volunteer to cover. Multi-skillers were available as contingency cover

Pharmacy staff completed on-going training using the Tesco e-Learning system. Modules included mandatory health and safety training, safeguarding, new pharmacy products, medical conditions and pharmacy services. Members of staff had job descriptions and a performance review with their line manager every year, although the team thought that their latest review may be overdue.

Due to the extended opening hours and different shift patterns, written communication was put into a basket so that all members of staff were informed, and staff members signed the documents as evidence they had read it. A communication diary and regular staff huddles were also used to pass on messages and discuss pharmacy issues. The pharmacy manager created a weekly briefing sheet called a Team 5 briefing. Previous copies of the briefing were not available which meant that staff members may miss out on information if they were on annual leave or sickness absence. The team appeared to work well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. There was a company whistleblowing policy in place and the pharmacy staff could raise any concerns with the pharmacists, store manager or HR department.

The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. Targets were in place for services and the RP explained that she would use her professional judgement to offer services, such as MURs, only when she felt that they were appropriate for the person. The pharmacy team had completed a staff satisfaction survey but were unsure whether the company or store would make any changes as a result of the survey.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the general office. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a private consultation room which was clearly signposted. The consultation room was professional in appearance. The door to the consultation room remained locked when not in use.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff and an in-store cleaner. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap were available. The store had an air conditioning system which heated and cooled the store and the pharmacy had additional portable heaters. Lighting was adequate for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers and stores them securely and at the right temperature, so they are safe to use. The pharmacy team effectively supports people that may forget to take their medicines by providing them in weekly compliance packs, and it has well managed systems in place to dispense these.

Inspector's evidence

The pharmacy had step-free access from a large free car park. A hearing loop was available. Any people requesting a home delivery service were referred to other pharmacies in the area. The pharmacy opened for longer hours than many other pharmacies in the area, including late nights, and Saturdays and Sundays. The range of services provided was displayed and pharmacy leaflets explaining each of the services were available for customers. The pharmacy staff used local knowledge and the internet to refer patients to other providers for services the pharmacy did not offer.

Prescriptions were dispensed in baskets with different colours used for different prescription types. Dispensing baskets were also used to keep medication separate. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Stickers or notes were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding. The RP was aware of the additional counselling required for certain people prescribed valproate and a purple folder containing stickers, leaflets and information was available and an audit had been carried out. The original prescription for any items owing and an owing docket was kept until hand out to allow for any counselling to be given.

A final 'hand out' check was done for every prescription. When a prescription was collected the bag would be opened and the dispenser or pharmacist would check that the items were correct. This was done in addition to the accuracy check and was undertaken to satisfy the RP at the time of handing out that the prescription was correct. An example of an error that had been identified during the third check process was explained and it had been recorded on the near miss log. The pharmacist and dispenser that had made the error had been notified so that they could use it as a learning opportunity. Some additional steps had been added to the dispensing process as shared learning across the company. For example, methotrexate was stored separately, a running balance was maintained, and a hand-out checklist was used. The date of birth was highlighted if a prescription was for a child aged 12 or younger. The pharmacists worked alone in the dispensary in the morning and evening and were required to self-check prescriptions during that time. The RP explained her process and it included taking a mental break between the dispensing and accuracy checking stages.

Multi-compartment compliance packs were dispensed for people in the community. Prescriptions were ordered in advance, to allow for any missing items or prescription changes to be queried with the surgery ahead of the intended date of supply. Each person had a record sheet to log where they wanted each medicine packed and which external items they had been prescribed. Patient information leaflets were supplied with each monthly supply. The pharmacy team dispensed valproate into a compliance pack for a lady in the at-risk group and had not been affixing a valproate sticker; a supply of the stickers was put with the patients record sheet so they it would be done in future.

A prescription collection service was offered, and various options were available dependent on what

the person preferred, and their surgery accepted. The pharmacy kept a list containing the items that the patient had requested and chased any outstanding items ahead of the person returning to pick up their prescription.

No out-of-date stock was seen during the inspection. The dispensary was date checked every three months and recorded. Short dated stock was clearly marked and pro-actively removed the month before expiry. Medicines were obtained from a range of licenced wholesalers. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once opened were marked with a date of opening. The RP was aware of the Falsified Medicines Directive (FMD) but could not recall receiving an update from head office and the team were not scanning barcodes. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts from head office on the intranet. Each alert was marked to show it had been actioned and a printed copy was stored in a drug recall folder.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day and overnight were in place. Substance misuse prescriptions were dispensed in advance of the patient coming to collect them. This reduced work load pressure and the risk of dispensing incorrect doses when the patient came to collect the prescription. Assembled substance misuse prescriptions were stored in the CD cabinet. There was a fridge used to store stock medicines and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8° Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and uses the equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines. Electrical testing had last taken place in April 2018. Screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.