

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Bradley Stoke District Centre, Bradley Stoke, BRISTOL, Avon, BS32 8EF

Pharmacy reference: 1097102

Type of pharmacy: Community

Date of inspection: 31/03/2023

Pharmacy context

This is a community pharmacy located in a large supermarket in Bradley Stoke, Bristol. It serves its local population which is mostly mixed in age range and background. The pharmacy opens seven days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, offers treatment for a range of minor illnesses and supplies medicines in multi-compartment compliance aids for people to use living in their own homes.

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	1.8	Good practice	The pharmacy team have robust safeguarding procedures in place and can demonstrate having used these to protect people.
2. Staff	Standards met	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive time to complete it.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
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 satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. Risk assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team.

Dispensing incidents were recorded electronically and this included a root cause analysis as part of the error investigation. Every month, a review was carried out by the pharmacist looking for trends as well as any changes that need to be made to reduce the risk of errors. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of. These reviews were regularly completed by the pharmacy team and accessible in the dispensary. 'Sound alike' and 'look alike' medicines such as rosuvastatin and rivaroxaban were separated on the dispensary shelves.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and those examined had been reviewed within the past two years. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team encouraged people to submit feedback to their head office or online. A certificate of public liability and indemnity insurance was held and was valid and in date until the end of July 2023.

Records of controlled drugs (CD) were kept. CD balances were checked weekly. A responsible pharmacist (RP) record was kept and the RP notice was displayed in pharmacy where people could see it. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year and records of this were seen to be completed appropriately. Short-dated stock was appropriately highlighted by pharmacy staff. The private prescription and emergency supply records were retained and were in order. The specials records were retained but some records omitted the name and address of the prescriber.

Confidential waste was collected in confidential waste bins and this was removed by the company for destruction. An information governance policy (IG) was in place and the healthcare team was required to complete an e-learning programme on IG. Staff had all completed a training package on the General Data Protection Regulation (GDPR).

There was safeguarding children and vulnerable adults training which all the members of staff were required to complete. The pharmacist reported that she had completed the CPPE level 2 safeguarding package. Staff were aware of the signs to look out for that may indicate safeguarding concerns. The pharmacy team could locate local contact details to raise safeguarding concerns or ask for advice about them. The team highlighted examples of where they had put this process into practice.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist, one technician and two dispensing assistants present during the inspection. There was sufficient staff for the services provided during the inspection. There was a vacancy for a part-time dispensing assistant at the time of the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles or were on a training course. Training certificates for staff were displayed on a wall in the dispensary.

Staff performance was monitored and reviewed formally bi-annually where key performance indicators were discussed. In these reviews, a development plan would be introduced to help further develop and train the members of staff. Staff would also get the opportunity to give feedback about the place that they work.

The staff reported they were required to complete online training modules when they became available. Staff received adequate time to complete required training during working hours. The pharmacy team had recently completed training on recognising the symptoms of sepsis. They reported that this had increased their awareness of this condition.

Staff meetings to discuss any important business or patient safety updates were held regularly. The company head office regularly released pharmacy updates which were read and actioned by the pharmacy team. The pharmacy team had a 'WhatsApp' group which helped facilitate communication between the team. A noticeboard was used in the dispensary to communicate important information to staff between shifts. The pharmacy team felt comfortable to exercise their professional judgement to raise concerns when necessary.

Staff were aware of the whistleblowing policy and felt comfortable to use this if necessary. There were targets in place, but the team explained that they did not feel pressurised to deliver the targets and would never compromise their professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect people's private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was located towards the rear of a large supermarket. The dispensary was separated from the supermarket by a medicines counter to allow for preparation of prescriptions in private. The pharmacy was clean and professionally presented. There were some baskets with medicines that were waiting to be checked by the pharmacist stored on the floor in the pharmacy. This may increase the risk of trip hazards to staff.

There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing and the preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out. The consultation room was kept locked when not in use and was well soundproofed. Patient information was stored securely.

The ambient temperature in the pharmacy was suitable for the storage of medicines and this was regulated by an air conditioning system. The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy generally obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Pharmacy services were displayed on leaflets and posters around the pharmacy. There was step free access into the store and space to move to a wheelchair or pushchair around the pharmacy area. Seating was available for patients and customers waiting for services. There was a hearing loop available for people with hearing difficulties. Large label printing was available for people with sight difficulties.

The pharmacy team offered the Community Pharmacist Consultation Service (CPCS). As part of this service, the pharmacist explained that she received referrals from NHS 111 for emergency supplies of medicines or for the treatment of minor ailments. The pharmacy team could also receive referrals from GP surgeries. For the emergency supplies, the pharmacist would gain consent to check the summary care record of the patient and ensure that the medicine had previously been prescribed and it was clinically appropriate to make the supply.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during dispensing to valproate to all people who may become pregnant. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Bestway to obtain medicines and medical devices. Specials were ordered via Lexon specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was also available. Waste was collected regularly, and the pharmacy team explained they would contact the contractors if they required more frequent waste collection.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. Both the month and the year of expiry were marked with stickers on these medicines.

The fridge was in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Records were kept to verify this and these contained audit trails.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. Facilities are used in a way that suitably protects people's confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge in use which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were password protected and patient information was safeguarded.

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.