

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Thomas Street Off Bury Old Road, Cheetham Hill, MANCHESTER, Lancashire, M8 5DP

Pharmacy reference: 1097829

Type of pharmacy: Community

Date of inspection: 16/09/2022

Pharmacy context

This is a supermarket pharmacy situated in an urban residential area, serving the local population. It primarily prepares NHS prescription medicines, and it manages people's repeat prescriptions. The pharmacy also provides NHS and private flu vaccinations.

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	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 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

Overall, the pharmacy manages the risks associated with its services. It has written policies and procedures to help make sure it operates safely and the pharmacy team members generally follow these in practice. The team usually reviews and records its mistakes so that it can learn from them. Team members understand their role in securing people's confidential information.

Inspector's evidence

The pharmacy had some COVID-19 infection control measures. A large screen on the front counter protected people visiting the pharmacy and the pharmacy staff. Hand sanitiser was available for staff members and the public. Staff members wore face masks.

The pharmacy had written procedures which covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs), that were regularly reviewed and next due a review in August 2024. The RP, who was one of the regular employee pharmacists, stated that staff members had read these procedures. The records that confirmed they had read these procedures could not be located. The RP subsequently confirmed that staff members had started to complete records confirming that they had read the procedures.

The dispenser and checker initialled dispensing labels for prescription medicines prepared in the pharmacy, which helped to clarify who was responsible for each prescription medication supplied and this assisted with investigating and managing mistakes.

The pharmacy team recorded mistakes it identified when dispensing medicines, and it addressed each of these incidents as they arose. The last recorded entry was in May 2022, and the RP confirmed there had not been any mistakes since this time. The team reviewed these records collectively, so they could consider learning points. The records did not always include details indicating why the team thought each mistake happened. So, the team might miss additional learning opportunities to identify trends and mitigate risks in the dispensing process.

The pharmacy had written complaint handling procedures, so staff members could effectively respond to any concerns. There was no publicly displayed information on how people could make a complaint, so they may be less confident about raising a concern. The pharmacy had not completed a patient survey recently due to the pandemic.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP and CD transactions. The team regularly checked its CD running balances and made corresponding records, which helped it to identify any significant discrepancies. A randomly selected balance was found to be accurate. The team kept records of unwanted CDs returned to the pharmacy for destruction. The pharmacy appropriately maintained records of NHS and private flu vaccinations.

The pharmacy did not always record the patient's details for medicines manufactured under a special licence that the pharmacy had obtained and supplied. These records were not filed in a coherent order, which could make it difficult to retrieve information in the event of a query.

Staff members had signed a confidentiality agreement. The pharmacy had written policies and procedures on protecting people's data. They securely stored and destroyed confidential material. Each team member used their own security card to access NHS electronic patient data and they used passwords to access this information. The pharmacy recorded that people had provided verbal consent to receive a flu vaccination. A publicly displayed privacy notice explained how the pharmacy handled and managed people's personal information as required by the General Data Protection Regulation.

Staff members had all completed safeguarding training. The RP had level two safeguarding accreditation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained staff to provide safe and effective services. It reviews the staffing resources to make sure it can manage service demand. Team members understand their individual roles and they work well together.

Inspector's evidence

The staff present included RP, who had worked at the pharmacy for around ten years, and two dispensers. The team members who were not present included a second regular employee pharmacist, a registered technician and a trainee medicine counter assistant who recently started working at the pharmacy. Two locum pharmacists regularly provided cover over the weekend.

The pharmacy had enough staff to comfortably manage the workload. It usually had repeat prescription medicines ready in good time for when people needed them. The pharmacy received most of its prescriptions via the repeat prescription management and electronic prescription services, which helped to increase service efficiency and manage the team's workload. The pharmacy typically alternated between periods of not having any people to serve and groups and two or three of them. The pharmacy had double pharmacist cover between 12.30pm to 4.30pm each weekday. So, the team avoided sustained periods of increased workload pressure and it promptly served people.

The pharmacy was recruiting to replace the pharmacist manager who transferred to another Tesco pharmacy around two months ago. It had experienced some difficulties obtaining temporary pharmacist cover during this period, but it had not undergone any temporary closures. The RP, who managed the locum pharmacist cover, explained that most locums were only willing to book two weeks ahead. This meant that the RP had to review the pharmacist cover daily, which occupied a significant amount of their time.

Both regular pharmacists were flu vaccination trained. The RP and registered technician managed the online appointment booking system for the flu vaccination service. The pharmacy planned not to offer the flu vaccination seven days a week, because it did not have permanent pharmacist cover across the whole week. This helped to make sure that the overall workload was manageable for the team across all the service.

Staff members worked well both independently and collectively and they used their initiative to get on with their assigned roles and required minimal supervision. They effectively provided the various dispensing services and had the skills necessary to provide them.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has consultation facilities, so the pharmacy team can speak to people in private.

Inspector's evidence

The premises' cleanliness was appropriate for the services provided. It had the space needed to allow the pharmacy to dispense medicines safely. The dispensary was set back from the front counter, so any confidential information could not be easily viewed from the public areas. Staff could secure the premises.

The consultation room offered the privacy necessary to enable confidential discussion. It was accessible from the retail area, could accommodate two people and was suitably equipped.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers, and it manages them appropriately to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was open extended hours. It operated 8am to 10.30pm on Monday, 6.30am to 10.30pm Tuesday to Friday, 6.30am to 10pm on Saturday, and 11am to 5pm on Sunday.

The pharmacy did not have written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants, methotrexate, insulin, lithium, fentanyl patches and valproate. The RP recalled that staff members had been briefed on completing important checks when dispensing for methotrexate and lithium, and checking for blood tests and the daily dose with anti-coagulant patients.

The pharmacy had reviewed people taking valproate to help identify anyone in the at-risk group. The team had checked those patients in the at-risk group had previously consulted their GP re valproate, but not confirmed if they had a review with them in the last twelve months. The pharmacy had valproate advice cards to give anyone in the at-risk group, and the regular pharmacist said that they would obtain the advice booklets.

The team prompted people to confirm the repeat prescription medications they required, which helped the pharmacy limit medication wastage. The team notified patients when their medication was ready for them to collect via SMS text message. The pharmacy retained records of the requested prescriptions. So, the team could effectively resolve queries if needed.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. Staff members permanently marked part-used medication stock cartons, which helped team members select the right medication quantity when dispensing and supplying medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The pharmacy had experienced some random stock shortage issues. The team obtained an alternative prescription when it had been unable to obtain medication, and it kept the patient informed.

The team suitably secured CDs, quarantined its date-expired and patient-returned CDs, and it used destruction kits for denaturing unwanted CDs. The pharmacy monitored its refrigerated medication storage temperatures. Records demonstrated that the team regularly date-checked medicine stock.

The pharmacy team used an alpha-numeric system to store and retrieve prescriptions and bags of dispensed medication. The storage area was suitably organised, which assisted in finding people's medication.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose and it kept supporting records. The pharmacy had facilities in place to dispose of obsolete medicines, and these were kept separate from stock.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has the equipment and facilities that it needs for the services it provides. The equipment is appropriately maintained and used in a way that protects people's privacy.

Inspector's evidence

The team sanitised work surfaces, IT equipment, telephones daily, and the floor weekly. The staff kept the dispensary sink clean; it had hot and cold running water and antibacterial hand sanitiser was available. The team had a range of clean measures. So, it had facilities to make sure it did not contaminate the medicines it handled, and it could accurately measure and give people their prescribed volume of medicine. Recent versions of the BNF and cBNF were available, and the pharmacy had access to the NICE and EMC websites. So, the pharmacy had several options for checking pharmaceutical information if needed. The equipment needed to provide the flu vaccination service was available.

The pharmacy had facilities that protected peoples' confidentiality. It regularly backed up people's data on the PMR, which had password protection. So, it secured people's electronic information and it could retrieve their data if the PMR system failed. And the pharmacy had facilities to store people's medicines and their prescriptions securely.

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.