

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, St. Oswalds Road,  
GLOUCESTER, Gloucestershire, GL1 2SG

**Pharmacy reference:** 1099743

**Type of pharmacy:** Community

**Date of inspection:** 09/09/2024

## Pharmacy context

This is a community pharmacy inside a supermarket in Gloucester, Gloucestershire. The pharmacy dispenses NHS and private prescriptions. It's team members sell over-the-counter medicines and provide advice. And the pharmacy offers the Pharmacy First Service, the New Medicine Service (NMS), as well as seasonal 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   |
|--|-------------------|------------------------------|------------------|---|
| <b>1. Governance</b>                               | Standards met     | 1.2                          | Good practice    | The pharmacy regularly reviews and monitors the safety and quality of its services.   |
|  |                   | 1.8                          | Good practice    | The pharmacy's team members actively ensure the welfare of vulnerable people. They can demonstrate identifying relevant concerns and taking appropriate action in response. The pharmacy has the relevant processes in place to assist with this and team members are suitably trained. |
| <b>2. Staff</b>                                    | Standards met     | 2.2                          | Good practice    | The pharmacy's team members have the appropriate skills, qualifications and competence for their roles and the tasks they carry out. Staff ensure that routine tasks are always completed so that the pharmacy can run in a safe and effective manner.                                  |
|  |                   | 2.4                          | Good practice    | The pharmacy has adopted a culture of openness, honesty and learning. The company provides the team with online learning resources. Staff are provided time to complete this at work and this ensures the team's knowledge is kept up to date.  |
| <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 operates safely. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They actively protect the welfare of vulnerable people and ensure that people's confidential information is kept secure. The pharmacy maintains most of its records in accordance with the law.

### Inspector's evidence

A capable team ran the pharmacy, and staff worked in accordance with the company's standards. The pharmacy was not overly busy during the inspection but people using the pharmacy's services were acknowledged readily and managed appropriately. The pharmacy team had access to a range of current standard operating procedures (SOPs). They provided guidance for the team to carry out tasks correctly and had been signed by the staff. Team members knew their roles and responsibilities and they were observed to work independently of the responsible pharmacist (RP) in separate areas of the pharmacy.

The pharmacy had a suitable complaints and incident management process. Staff routinely recorded their near miss mistakes. They were reviewed regularly by the RP, details about this were documented, and discussions were held with the team. Appropriate action was taken in response. This included separating some medicines which had similar names, packaging, looked-alike or sounded-alike and the team highlighted them. This helped them to minimise mistakes. In addition, an extra accuracy-check of dispensed prescriptions took place upon hand-out. Trained staff opened bags and the contents were re-checked against prescriptions. Team members involved in this process and details of the pharmacist were marked onto prescriptions to help identify that this had taken place which was an effective audit trail.

The pharmacist had been trained to level three and all staff were trained to level one to safeguard vulnerable people. Staff could recognise signs of concern. They knew who to refer to and described concerns seen as well as how they had responded. Formal safeguarding referrals had also been made. One section of the dispensary contained relevant information about how the team could safeguard people, which included flow charts, policy information and contact details for the local safeguarding agencies. This information was therefore easily accessible.

The pharmacy displayed details in the retail area explaining its privacy policy. Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions. Team members also completed routine mandatory training on data protection.

The pharmacy displayed details about the pharmacist responsible for the pharmacy's activities. It also had the appropriate indemnity insurance in place. The pharmacy's records were mostly compliant with relevant requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. The RP record and records verifying that fridge temperatures had remained

within the required range had all been appropriately completed. However, incorrect details about prescribers had been documented within the electronic private prescription register. This was discussed at the time.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has appropriately skilled staff to deliver its services. Members of the pharmacy team have a range of experience. They understand their roles and responsibilities well and keep their skills and knowledge up to date by completing regular training.

### Inspector's evidence

Staff present during the inspection included the regular pharmacist manager and two dispensing assistants, one of whom had almost finished accredited training for this role. Team members wore uniforms and name badges, their competence was demonstrated during the inspection. They were all part-time and some, were long-standing members of the team. Staff were observed to work well together, they provided a courteous, and efficient service to people using the pharmacy's services and ensured routine tasks were routinely completed. The pharmacy was up to date with the workload. The manager confirmed that this was down to the team and the fact that they were very hard-working.

Staff knew which activities could take place in the absence of the RP and they referred appropriately. They asked suitable questions before selling medicines and said that they liked working at the pharmacy. Regular discussions took place between the team. There were several areas where updates, guidance and notices were displayed. This kept the team suitably informed. Formal appraisals were conducted annually, and staff could feedback easily. They were confident to raise concerns. The team was also provided with several resources for ongoing training, this included through the company's online platform which helped ensure the team could continually learn and keep their knowledge up to date.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are presented professionally. The premises are secure and a suitable, separate space is available for private conversations and services.

### Inspector's evidence

The pharmacy was situated at the front of the supermarket, and it was presented professionally. The pharmacy was clean, well-ventilated, and maintained appropriately, with good lighting. It was also secure and safeguarded from unauthorised access. The layout of the registered premises was small, but staff managed as best they could. The premises consisted of a small retail section and front counter, with a small dispensary behind this area. The dispensary benches were kept clear of clutter but provided limited space to manage the workload safely. The pharmacy also had a signposted consultation room available to provide services and private conversations. The room was soundproof. It was kept locked and no confidential information was accessible from this space.

However, there were some issues seen with the drawer system used to store medicines in the dispensary. They looked fine and were usable, but the inspector was told that one routinely opened by itself and came close to hitting people's heads when they worked in this area. Team members had always managed to stop this before they could be hurt. Other drawers were heavy and difficult to open. They hurt the inspector's hand and could not be opened easily when tested. This had been reported to the company's maintenance reporting system, but no action was said to have been taken.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are safe. The pharmacy is open for extended hours and the team tries to ensure that people with different needs can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable suppliers. It stores and manages its medicines well. Team members highlight prescriptions that require extra advice, and they make suitable checks. But they don't always record any relevant information. This makes it difficult for them to show that people receive appropriate advice when supplying these medicines.

### Inspector's evidence

People could easily access the pharmacy's services. The pharmacy was in front of the supermarket's checkouts. The supermarket had its own free car park and people could park for up to two and a half hours. It also had wide, automatic, front doors, and the area outside the pharmacy as well as leading up to it, was made up of clear space. This meant that people with restricted mobility or those using wheelchairs could easily access the pharmacy's services. The pharmacy was open for 100-hours which provided additional convenience. There were three seats available for people waiting for prescriptions. Staff described speaking clearly, providing written details, or using the hearing aid loop to hold conversations with people who were partially deaf. Physical assistance was provided, and details were communicated verbally to people who were visually impaired. Some team members spoke different languages to assist people from the Polish or South Asian community or for people whose first language was not English. The pharmacy's opening hours and some leaflets were also on display.

The pharmacy's workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. They were also colour-coded to highlight priority. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

Once prescriptions had been assembled, checked for accuracy, and bagged, they were stored in a separate section. Fridge items, CDs, if pharmacist intervention was required and higher-risk medicines were identified on assembled bags awaiting collection so that counselling could take place. Staff were aware of the risks associated with valproates and there was literature available to provide to people at risk. Staff ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them, and had identified people at risk, who had been supplied this medicine. Team members routinely asked relevant questions and obtained details about blood test results for people prescribed other higher-risk medicines, but this information was not recorded.

The pharmacy's stock was stored in an organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of this, short-dated medicines were routinely identified. CDs were stored under safe custody. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were within sealed bins. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And the team uses them in an appropriate way to keep people's private information safe.

### Inspector's evidence

The pharmacy's equipment included a legally compliant CD cabinet and appropriately operating medical fridge. The pharmacy team had access to current reference sources, they could use standardised conical measures to measure liquid medicines and they had the necessary equipment for counting tablets. The pharmacy had hot and cold running water available as well as a dispensary sink to reconstitute medicines. Suitable equipment to carry out the Pharmacy First service and to measure people's blood pressure was present which was new. The pharmacy's computer terminals were password protected. They were also positioned in places where unauthorised access was not possible. The pharmacy had portable telephones so that private conversations could take place away from being overheard and confidential waste was suitably disposed of.

### 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.  |