

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, London Road,
BUCKINGHAM, Buckinghamshire, MK18 1AB

Pharmacy reference: 1104325

Type of pharmacy: Community

Date of inspection: 19/11/2024

Pharmacy context

This is a community pharmacy in a supermarket in the market town of Buckingham, Buckinghamshire. The pharmacy dispenses NHS and private prescriptions. Its team members sell over-the-counter (OTC) medicines and provide advice. The pharmacy also offers seasonal flu vaccinations and the Pharmacy First service.

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 continually reviews and monitors the safety and quality of its services. The team routinely records, reviews and feeds back details about near misses and incidents.
2. Staff	Standards met	2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake.
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 identifies and manages the risks associated with its services. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. Team members understand their role in protecting the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And the pharmacy generally keeps the records it needs to by law.

Inspector's evidence

The pharmacy had the required range of standard operating procedures (SOPs) in place. They provided guidance for the team to complete tasks appropriately. The SOPs had been read and signed by the staff. Team members understood their roles and responsibilities well and they knew which activities could take place in the absence of the responsible pharmacist (RP). The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy was clean with organised systems in place. After receiving prescriptions electronically and printing them, staff placed them alphabetically into a retrieval system and highlighted the day they were received. This helped ensure prescriptions could be located easily if people arrived early to collect them. The team selected stock against each prescription before they were processed to generate dispensing labels and assembled. Staff used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. Different members of staff participated in selecting stock, processing, and assembling prescriptions where possible. This helped ensure additional accuracy checks occurred at every stage and minimised mistakes. Furthermore, 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. There was also helpful information on display with acronyms to assist the staff to ensure accuracy checks were suitably carried out. Staff routinely recorded their near miss mistakes and pharmacists managed dispensing errors and complaints suitably. Details about incidents were reviewed regularly by the pharmacist, this was documented, and discussions were held with the team to help identify trends or patterns. Appropriate action was taken in response.

The pharmacy displayed details about its data protection policy. Team members used their own individual NHS smart cards to access electronic prescriptions and the pharmacy's computer systems were password protected. Confidential waste was separated and disposed of suitably. The pharmacist and staff were also trained to safeguard the welfare of vulnerable people. They had access to suitable contact details for relevant agencies in the event of a concern. Staff were trained to safeguard the welfare of vulnerable people; local contact details for referral were readily accessible.

The pharmacy's records checked and verified 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, some records did not always include the nature of the emergency when a supply of a prescription-only medicine was made, in an emergency without a prescription. This could make it harder for the pharmacy to justify the supplies made and occasionally 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's team members have a range of qualifications, skills, and experience. They are knowledgeable about the medicines they sell and confidently ensure the pharmacy provides its services safely. The company provides resources to assist them with ongoing training. But the pharmacy team doesn't always have time to complete this at work. This could mean that that learning needs are not always identified or adequately addressed.

Inspector's evidence

Staff present during the inspection included a regular, employed pharmacist and two dispensing assistants, one of whom was enrolled in accredited training in accordance with her role. The other was fully trained. The team wore name badges and uniforms. Staffing levels were seen to be stretched for the volume of workload the pharmacy undertook but team members confirmed that they were usually up to date with the workload. Staff asked appropriate questions before selling Pharmacy-only medicines (P-medicines). They were aware of medicines which were liable to abuse and managed multiple requests for these medicines suitably. They also referred appropriately and were very confident to refuse inappropriate sales. The team described staying resolute and firm when untrained managers from the store tried to intervene in unsuitable refunds or sales. Discussions between staff took place regularly. A good rapport was observed between them, and they were seen to work well together as a team. They used an electronic messaging service as well as written communication and as there were limited pharmacies in the town, they also used another group electronic messaging service with them to check stock levels for people who used their services. This helped them to refer appropriately when needed. Staff were provided with updates and received annual performance reviews. The company provided resources for ongoing training. However, due to limited time available at work, they completed this at home. Staff in training also completed most of their training at home.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy premises were 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 adequate. The premises consisted of a front counter, with P medicines stored behind, and a dispensary behind this area. Workspaces 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.

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 some 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 car park where people could park for up to four 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 long hours which provided additional convenience and its opening hours were on display. There were a few seats available for people waiting for prescriptions. Staff spoke clearly and the pharmacy had a hearing aid loop to hold conversations with people who were partially deaf. Some team members spoke different languages to assist people whose first language was not English.

The pharmacy's workload was predominantly dispensing prescriptions which people brought in or were received electronically from their GP surgeries. Dispensed medicines requiring refrigeration and CDs were stored within clear bags which helped to easily identify the contents upon hand-out. The pharmacy's stock was stored in a very organised way and licensed wholesalers to obtain medicines and medical devices. Medicines were date-checked for expiry regularly; records were kept verifying when this had taken place and short-dated medicines were identified. Drug alerts were received and actioned appropriately. Medicines returned for disposal, were accepted by staff, and stored within designated containers.

Staff were aware of the risks associated with valproates and topiramate. The warning labels on the packaging of these medicines were visible when staff placed the dispensing label on them, and people were counselled effectively when they received these medicines from the pharmacy. In addition, staff had created further warning slips with the relevant information to place into baskets. This helped raise better awareness of the risks. The team was aware of people prescribed other higher-risk medicines, they provided educational material and counselled appropriately. However, staff did not routinely ask about relevant parameters, such as blood test results nor did they keep any records about this. This was discussed at the time.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has an appropriate range of equipment available to provide its services. And it keeps its equipment clean.

Inspector's evidence

The pharmacy team had access to current reference sources, they could use clean standardised conical measures to measure liquid medicines and they had the necessary equipment for counting tablets. The dispensary sink for reconstituting medicines was clean and the pharmacy had hot and cold running water available. An appropriately operating pharmacy fridge and secured CD cabinet were also present.

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.