

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Buckshaw Village,
CHORLEY, Lancashire, PR7 7EL

Pharmacy reference: 1105003

Type of pharmacy: Community

Date of inspection: 03/08/2022

Pharmacy context

This is a community pharmacy inside a supermarket. It is situated in the residential area of Buckshaw Village, near Chorley. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, and a minor ailment 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	Members of the pharmacy team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which had a review date of May 2022. Members of the pharmacy team had signed to say they had read and accepted the SOPs. A checklist was completed each day to check compliance with a number of professional requirements, including fridge temperature records, and display of responsible pharmacist (RP) notice.

Near miss incidents were recorded on a paper log. The pharmacist reviewed the records each week and discussed any learning points with pharmacy team members. The pharmacist would also highlight mistakes to members of the team at the point of accuracy check and ask them to rectify their own errors. The pharmacy team gave examples of action which had been taken to help prevent similar mistakes, such as moving prednisolone and propranolol away from each other. The pharmacy had a process to investigate any dispensing errors reported to them.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. People could discuss any concerns or feedback with the pharmacy team. Any complaints would be recorded by the pharmacist and followed up. A current certificate of professional indemnity insurance was available.

Records for the RP, private prescriptions, and emergency supplies appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked monthly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

Information governance (IG) procedures were in place. The pharmacy team completed IG training. When questioned, a trainee dispenser was able to describe how confidential information was segregated to be destroyed using a waste carrier. A notice in the retail area described how data was handled. Safeguarding procedures were available and the pharmacy team had completed safeguarding training. The pharmacist said she had completed level 2 safeguarding training. Members of the pharmacy team knew where to find the contact details for the local safeguarding team. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included two pharmacist managers, three dispensers, one of whom was in training, and two medicine counter assistants (MCA). All members of the pharmacy team were appropriately trained or on accredited training programmes. The normal staffing level between 9am and 7pm was a pharmacist and two members of staff. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

The pharmacy provided the team with e-learning training packages. And the training topics appeared relevant to the services provided and those completing the e-learning. Members of the team would also read safety bulletins from the pharmacy's superintendent's office regarding common errors and professional matters. A trainee dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed. The locum pharmacist said she felt able to exercise her professional judgement and this was respected by members of the pharmacy team.

The dispenser said she received a good level of support from the pharmacists and felt able to ask for help if she needed it. Appraisals were conducted annually by one of the pharmacist managers. Members of the pharmacy team were part of a WhatsApp group used to share information between the team as they did not always work together on the same day. A trainee dispenser was aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the pharmacist manager or store duty manager. The pharmacist said she was not given any specific targets for services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and access to it was restricted by use of a gate. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of central air conditioning systems. Lighting was sufficient. The staff had access to a canteen, and WC facilities. Perspex screens had been installed at the medicines counter to help prevent the spread of infection. Hand sanitiser was available.

A consultation room was available with access restricted by use of a lock and was clean in appearance. The space was clutter free with a computer, desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. Additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

Inspector's evidence

Access to the pharmacy was level via a supermarket entrance. There was wheelchair access to the consultation room. Various posters and leaflets gave information about the services offered and information was also available on the website. Pharmacy staff were able to list and explain the services provided by the pharmacy.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out. A third accuracy check was also completed when people came to collect their medicines.

Schedule 3 CDs were highlighted so that staff could check prescription validity at the time of supply. However, schedule 4 CDs were not. So members of the team may not always remember to check the prescription remained suitable to hand out. Members of the pharmacy team were aware about high-risk medicines, such as warfarin, lithium and methotrexate. A dispenser said she would usually counsel a patient about blood tests and refer to the pharmacist if necessary. But there was no process to highlight these prescriptions to remind people to provide counselling. Members of the team were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacy team said the pharmacist had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a 3-month basis. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short-dated stock was highlighted using a sticker and liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily. Patient returned medication was disposed of in designated bins. Drug alerts were received by email from the head office. Details of the actions taken were electronically recorded. Any alert which required an action was highlighted to staff.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy.

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.