

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, Tweedside Trading Estate,  
Tweedmouth, BERWICK-UPON-TWEED, Northumberland, TD15 2XB

**Pharmacy reference:** 1105005

**Type of pharmacy:** Community

**Date of inspection:** 23/05/2019

## Pharmacy context

This pharmacy is within the supermarket store on the edge of the town centre. It is open for a total of 100 hours a week over seven days. The pharmacy dispenses NHS and private prescriptions. And offers advice on the management of minor illnesses and long-term conditions. It offers a range of services including supervised methadone consumption. And supplies medicines in multi-compartmental compliance packs to help people take their medicines.

## 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	1.8	Good practice	The pharmacy team members understand their role in protecting vulnerable people. And they know how to raise concerns with other agencies as required. And act to help people.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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 identifies and manages the risks associated with its services. And it keeps the records it needs to by law. The pharmacy has written procedures that the team follows. And it has appropriate arrangements to protect people's private information. People using the pharmacy can raise concerns and provide feedback. The pharmacy team members respond well when errors happen. And they discuss what happened and they act to prevent future mistakes. But the detail they record is sometimes limited. So, they may be missing out on some learning opportunities to prevent similar mistakes from occurring. The pharmacy team members understand their role in protecting vulnerable people. And they know how to raise concerns with other agencies as required. And act to help people.

### Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) which the pharmacy team members have read. These provided the team with information to perform tasks supporting delivery of service. They covered areas such as prescription receipt, labelling and dispensing. These were subject to regular review. The SOPs had signature sheets and the team had read and signed the sections relevant to their role. There were also several other corporate checks undertaken weekly to manage the running of the pharmacy.

The pharmacy workflow provided different sections for dispensing activities with dedicated benches for assembly and checking. There were two computer terminals in the dispensary. Each team member prepared about six multi-compartmental compliance packs. They made these up when it was quieter.

The team used baskets throughout the process to keep prescriptions and medicines together. These used different colours of baskets for waiting, call back, electronic and delivery to distinguish patients' prescriptions by degree of urgency and this helped plan workload.

The pharmacy recorded near misses found and corrected during the dispensing process. The team recorded these on a specific template. Examples included diprosone instead of disprosolic. The pharmacist discussed the near misses at the time and the pharmacist encouraged team members to fill in their own near misses. If they were not present when the pharmacist found the near miss, the pharmacist placed the prescription into a basket and the team member entered this when they next came in. And discussed it and tried to establish the cause. The pharmacy had various shelf alerts in place to alert the team to items at the point of picking. This included the Look Alike Sound Alike (SALA) drugs.

The team members followed the company process, Next Steps and recorded ways to improve with notes; check drug, form, strength and ensure correct box and label. The team members had recorded some quantity and strength errors, but the amounts or strengths not recorded, so detail was lacking, with an opportunity to learn missing. The pharmacist had put up a flow chart of the dispensing process as a visual reminder and on it she had noted the points where most near misses were occurring. The team had recorded that some stock coming in, dihydrocodeine and dispersible aspirin, was similar to raise this to everyone's attention. The team had added alerts on records for patients with similar names to ensure they checked these carefully.

The pharmacy had a practice leaflet and a notice displayed in the pharmacy which explained the complaints process.

The pharmacy gathered feedback through the annual patient satisfaction survey with last year's receiving 100 per cent. The only comments had been about the seating area and the team members tried to alert people to it for use. The Tesco store manager fed back, and comments received through the company process. And the team had received an overall score of 80 per cent for the whole year. People had commented favourably on the text alert service which they liked. And the team advised it was good as people came to collect their medication and it freed up space in the collection area. The team had several cards from people thanking them for help.

There was a procedure to record and report dispensing errors and evidence seen that the team followed this procedure. Learning had been undertaken following a compliance pack concern. And now the team checked all boxes with the prescription, taking the boxes out of the basket and noting that there was nothing left.

The pharmacy had current indemnity insurance in place. The pharmacy had the correct Responsible Pharmacist (RP) notice displayed and the pharmacist completed the Responsible pharmacist records as required.

A sample of the CD registers looked at were complete with running balances maintained and the register indicated weekly checks had been undertaken. Physical stock of an item selected at random agreed with the recorded balance.

The pharmacy kept a record of CDs which people had returned for disposal and the team ensured these were destroyed promptly. The pharmacy kept records for private prescriptions with several emergency supply during holiday seasons. The pharmacy kept special records for unlicensed products with the certificates of conformity completed.

The pharmacy displayed information on the confidential data kept and how it complied with legislation. The pharmacy had a notice on the consultation room door. The team had read General Data Protection Regulation (GDPR) information and had training on this.

The IT system was password protected. The computer stored patient medication records (PMRs) electronically. And the team stored completed prescriptions stored away safely. The team used the NHS Smart card system to access to people's records. The team placed confidential waste in separate containers for offsite shredding.

Safeguarding information including contact numbers for local safeguarding were available for the team. The pharmacist had undertaken level 2 CPPE training. The team received refresher training on the Safeguarding procedure yearly. They were Dementia friends. They had several vulnerable people coming to the pharmacy and acted when required.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough qualified staff to provide safe and effective services. The pharmacy team members are competent and have the skills and qualifications they need for their role. The pharmacy encourages and supports the pharmacy team to learn and develop. And it provides access to ongoing training. The pharmacy team members support each other in their day-to-day work.

### Inspector's evidence

There was one pharmacist who worked 40 hours a week and another worked 39 hours a week. Locums covered the other pharmacist hours. There was four hours of pharmacist overlap each day, Monday to Friday. On Thursdays and Fridays there were three members present at the busiest times of the day. For the first hour and a half in the morning and the last hour and a half the pharmacist worked on their own in the pharmacy.

There were three dispensers who worked 36, and two x 23 hours and a medicines counter assistants (MCA) who worked 20 hours a week. The MCA had just started the dispensing course. In addition, there were five 'multiskillers' who worked as required. They were Tesco employees who had had some training in pharmacy, so they could assist. The pharmacist advised they tried to have some regular work in the pharmacy to maintain their skills.

The pharmacist had reviewed the staffing levels and workload. And had been given 16 extra hours of staffing. Certificates and qualifications were available for the team and displayed at the counter.

The team members had training records. They had completed the Health and Safety training which was undertaken yearly. Other training on the On-line Tesco system included seasonal products. They had time in the pharmacy to do training modules when required.

Team members described how they read through a briefing on 'Safety starts here'. They had all signed once completed. They had carried out an audit and asked people what service they would like. People had indicated they would like a travel service with vaccinations. The pharmacist put this on her Performance Development Review, as something to consider doing. The pharmacist went on a First Aid course and one of the dispensers was doing the technicians course.

The team carried out tasks and managed their workload in a competent manner discussing any issues which arose and dealing with any telephone queries. They explained the NHS Urgent Medicines Supply Advance Service (NUMSAS) to a patient. The patient then used this service to obtain some insulin. The team supported each other in tasks and took pride in the service they offered to help people. The team said they could raise concerns about any issues within the pharmacy by speaking to the pharmacist or the superintendent (SI).

There was a whistleblowing policy and telephone numbers were available, so the team members could easily and confidentially raise any concerns outside the pharmacy if needed.

The pharmacy team had targets for services such as MURs. These were achievable and done when they met the patient's needs.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is safe and clean, and suitable for the pharmacy services it provides. People can have private conversations with a pharmacist or team member in the consultation room.

### Inspector's evidence

The pharmacy was clean, tidy and hygienic. And fitted out to an acceptable standard with suitable space for dispensing, storing stock and medicines and devices waiting collection.

The sink in the dispensary for preparation of medicines was clean. Separate hand washing facilities were in place for the team. The benches and shelves were all clean and a cleaning rota was available to ensure this was maintained. An external cleaner daily cleaned the floor.

The room temperature was comfortable and well lit. The pharmacy had a good sized, signposted, sound proofed consultation room which the team promoted for use. They offered it to any people when they asked for information.

There was a notice about the chaperone policy asking patients if they would like a family member or chaperone present. The pharmacy team kept the consultation room locked when not in use. The team used cordless phones for private conversations.

Members of the public could not access the dispensary. The counter was clearly observed from the dispensary and the staff were aware of customers at the counter.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people. And it displays information about health-related topics. The pharmacy provides its services using a range of safe working practices. It supplies medicines in multi-compartmental compliance packs to assist people to take their medicines at the right time. The pharmacy obtains its medicines from reputable suppliers. And it stores its medicines appropriately. It has the equipment to dispose of medicines as required. It takes the right action if it receives any alerts that a medicine is no longer safe to use. And takes the correct action to return it to the supplier.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was an automatic door at the main entrance to the store. There was some customer seating. And a working hearing loop in place. The team members had name badges with their role.

The pharmacy displayed its services around the back wall of the counter area and it displayed the hours of opening. The pharmacy had a practice leaflet and a range of leaflets on health-related topics. It had a display for the Oral Health campaign. The team had won an award in 2016 for services to the local community by attending schools to talk about healthy eating and providing a talk to pensioners about healthcare and managing medicines.

People could not reach the Pharmacy only medicines. The pharmacy team members covered these at night to prevent unauthorised access. And the pharmacy team members took people to the health-related sections in the store to assist them.

The team signposted to other healthcare services such as needle exchange. But provided a Sharp safe service, taking in yellow boxes containing needles.

The pharmacy undertook Medicine Use Reviews (MUR) and people were grateful for these. The pharmacist liked doing these, with benefits generally being improvement of understanding of medicines and taking these at the correct time of day. Also referring the doctor to obtain a protein pump inhibitor when taking naproxen. The pharmacist advised of what medicines to stop taking if being sick. MURs sometimes lead to referral to smoking cessation.

A New Medicines Service (NMS) review picked up the wrong strength of Apixaban which the doctor had prescribed.

The pharmacy carried out flu vaccinations, with people liking getting these without an appointment. The pharmacy had received interest in providing travel vaccinations and this was something she was looking at training for. Patient Group Directives (PGDs) included erectile dysfunction and malaria prophylaxis. Smoking Cessation was undertaken with about six people using the service, with some receiving Champix. The Minor ailments service was limited in use due to the restrictions on products.

The pharmacy supplied around 21 people with multi-compartmental compliance packs to help them take their medicines. The team had responsibility for several packs each. The team used charts to check

the progress of the packs. And had systems in place for checking, including a cell count of items. The team provided Patient information leaflets (PILs) banded together, each cycle.

The pharmacy offered a substance misuse service for methadone and buprenorphine, with most people supervised. The pharmacist made up supplies at the end of each day once people had been in. So, they were ready for the next day.

There was a clear audit trail of the dispensing process. The team completed the “dispensed by” and “checked by” boxes which showed who had performed these roles. And a sample of completed prescriptions looked, at found compliance with this process. If the pharmacist was working alone she would take a mental break before undertaking the final check.

There were some alerts stickers used to apply to prescriptions to raise awareness at the point of supply. These included anticoagulants, methotrexate, opiates, insulin, children and lithium which ensured patients received additional counselling. The team used CD and fridge stickers on bags and prescriptions to alert the person handing the medication over to add these items.

When the product or quantity prescribed could not be provided in full patients received an owing slip. And they kept one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy contacted prescribers if items were unobtainable at the current time for an alternative.

The pharmacy team were aware of the Pregnancy Prevention Programme for valproate. The team could explain the information they were expected to provide to the “at-risk” group. They had undertaken an audit, with one patient. They had made their own notice to alert and remind the team members. They had alerts stickers, patient guides & pack available.

The pharmacy provided a repeat prescription collection service. They took in signed repeat slips for people and kept a track of items orders to identify any missing items. Most patients ordered their own. And the surgery ordered for the compliance packs.

The pharmacy kept medicines in an organised way, within the original manufacturers packaging and at an appropriate temperature.

The pharmacy had a refrigerator from a recognised supplier. This was appropriate for the volume of medicines requiring storage at such temperatures. The team recorded temperature readings daily and they checked these to ensure the refrigerator remained within the required temperature range.

The pharmacy team checked expiry dates on products and had a rota in place to ensure all sections were regularly checked. They marked short-dated items and took these off the shelf prior to the expiry date. They marked liquid medication with the date of opening to ensure they could check that it was still fit for use.

The team members were aware of the Falsified Medicines Directive (FMD) and that the company were trialling this at some branches. The pharmacy used recognised wholesalers and their own, Oakwood.

The team used appropriate medicinal waste bins for patient returned medication. These were uplifted regularly. The pharmacy had appropriate denaturing kits for the destruction of CDs.

The pharmacy had a process to receive drug safety alerts and recalls. The team actioned these and kept records of the action taken. They kept alerts on a notice board for a month and all the team members



signed once read.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

### Inspector's evidence

The pharmacy had access to a range of up to date reference sources, including the British National Formulary (BNF). They used the internet as an additional resource for information such as the Electronic Medicines Compendium (EMC) for patient information leaflets (PILs).

The pharmacy had measuring equipment available of a suitable standard including clean, crown-stamped measures. It had a separate range of measures for measuring methadone. It also had a range of equipment for counting loose tablets and capsules. They cleaned triangles after use. The pharmacy team tried to get methotrexate in blister packs.

The team had access to disposable gloves and alcohol hand washing gel.

The equipment such as the carbon monoxide monitor, and blood pressure machine appeared in good working order and the team checked these as required. The pharmacy replaced the blood pressure monitor when required. They checked the glucose monitor and they calibrated it regularly to make sure it was providing accurate readings.

The computer screens were out of view of the public. The pharmacy stored medication waiting collection on shelves where no confidential details could be observed by people. The team filed these in boxes in a retrieval system out of view, keeping details private.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.