

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Clough Street, Hanley,
STOKE-ON-TRENT, Staffordshire, ST1 4AA

Pharmacy reference: 1105164

Type of pharmacy: Community

Date of inspection: 31/10/2019

Pharmacy context

The pharmacy is located at the rear of a large supermarket on the outskirts of the town centre. Most people who use the pharmacy are from the local area. The pharmacy dispenses prescriptions and sells a range of over-the-counter (OTC) medicines. It offers several additional services when the regular pharmacy manager is present. These include Medicines Use Reviews (MURs), emergency hormonal contraception (EHC) and flu vaccinations. As well as local services for the treatment of urinary tract infections (UTI) and impetigo and a smoking cessation programme. The pharmacy also offers private services for erectile dysfunction (ED) and the meningitis vaccine.

Overall inspection outcome

✓ Standards met

Required Action: None

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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

The pharmacy identifies and manages risks suitably. It asks for feedback on its services and keeps the records it needs to by law. Pharmacy team members are clear on their roles and responsibilities and they review their mistakes so that they can learn and make improvements. They keep people's private information safe and understand how to raise concerns to help protect the health and wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) covering operational tasks and activities. The procedures had been updated within the last two years and defined the responsibilities of team members. The pharmacy team members had signed records of competence to confirm their acknowledgement and understanding of the procedures and they demonstrated a clear understanding of their roles throughout the inspection. Including confidently discussing the activities which were permissible in the absence of a responsible pharmacist (RP). Professional indemnity insurance was in place covering the pharmacy services provided.

The pharmacy carried out several safe and legal checks to ensure that pharmacy procedures were being followed correctly. Examples of checks included ensuring the correct RP notice was displayed, legal records were being completed and that appropriate questioning was used to make sure sales of medicines were suitable. Some of the daily checks for the two days prior to the inspection had not been completed. Issues identified from the safe and legal checks were documented and next steps were identified to enable issues to be resolved.

The pharmacy had a safety initiative in place, this involved ensuring that a third check of medications took place at the point of prescription handout, checks of controlled drugs (CD) balances were made at the time of supply and that all near misses were recorded. These procedures were promoted around the dispensary and were discussed with each locum pharmacist that worked a shift. Regular audits of all pharmacy procedures took place to identify any issues. The pharmacy had recently been audited by an external agency. A record of the audit was not seen but the pharmacist said that no major problems were identified.

Pharmacy team members kept records of their near misses. The team were comfortable in recording their mistakes and discussed how they used near misses and incidents to review their practices and to learn and make improvements. They provided several examples of changes that had been made in response to previous issues, including the segregation of medicines, alerts placed on the patient medication record (PMR) system and the use of shelf edge labels to encourage caution. Near misses were reviewed and discussed at a weekly briefing as were the details of any dispensing incidents. Incidents were recorded on designated forms and the actions taken in response were documented and reported to management. Records of this were kept as an audit trail.

The pharmacy had a complaint procedure, which was advertised in a practice leaflet. People were able

to provide feedback through online surveys which were reviewed by the store manager and the pharmacy also participated in an annual Community Pharmacy Patient Questionnaire (CPPQ). Feedback from a recent questionnaire showed 98% of results to be positive and the team demonstrated a positive rapport with regular patients throughout the inspection.

The RP notice was conspicuously displayed behind the medicine counter. The RP log was in order, as were records for private prescriptions, emergency supplies and specials procurement records which provided an audit trail from source to supply. CD registers were in order, they maintained a running balance and regular checks were carried out. A patient returns CD register was available and previous destructions had been signed and witnessed.

The pharmacy team had completed some information governance training and they discussed how they would keep people's private information safe. Completed prescriptions were out of the direct view of the medicine counter and confidential waste was segregated for suitable disposal. The pharmacy was registered with the Information Commissioner's Office and had a privacy policy. The appropriate use of NHS Smartcards was seen on the day.

Pharmacy team members completed safeguarding training and registrants had completed additional training through the Centre for Pharmacy Postgraduate Education (CPPE). A pharmacist discussed instances where concerns had previously been raised to help safeguard the wellbeing of vulnerable people. The contact details of local agencies were available to support escalation. The pharmacy had a chaperone policy and the details of this were displayed near to the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team can manage the current dispensing workload and they hold the appropriate qualifications for their roles. The team complete ongoing training, they have regular reviews to identify and address any gaps in their knowledge. And they can raise concerns and provide feedback on the pharmacy's services.

Inspector's evidence

On the day of the inspection, a regular pharmacist was working alongside two qualified dispensing assistants. A second regular pharmacist, who was also the pharmacy manager arrived midway through the inspection and remained present throughout. The pharmacy also employed a registered pharmacy technician, a dispenser and a trainee medicine counter assistant (MCA) who were not present. This was the usual staffing level for the day. At times, there may be an additional dispensary team member providing support. Rotas were planned so that more team members were present during busier periods. The team felt that the workload was generally manageable. They discussed a recent change to the dispensing procedures which had initially slowed down the process, whilst the team adjusted, but there was no backlog to the workload and other tasks were being completed on time. Several of the pharmacy's team members worked part-time, enabling them to provide cover during periods of leave. Leave was usually planned and restricted to help maintain sufficient staffing. Overtime was then requested through store management who were usually supportive.

Several sales were observed, where staff asked suitable questions to help make sure that sales were safe and appropriate. Concerns were referred to the pharmacist and a dispenser discussed some high-risk medications which may be susceptible to abuse and some instances where sales had been refused for inappropriate requests for sleeping tablets and codeine-based medicines.

Pharmacy team members were trained for their roles. One team member, who had recently begun employment was enrolled on appropriate training through Buttercups and worked under the supervision of the pharmacist during her shifts. The team completed additional training modules periodically. They were alerted to any updates by the company's head office and completed mandatory training on topics such as age restricted sales, as well as new OTC products such as Maloff. Training cards were updated to reflect any modules completed and time was provided for training within work time. Team development was reviewed annually with the pharmacy manager. Reviews identified any areas for improvement and set objectives for further staff development.

The pharmacy team had an open dialogue. They held regular briefings to discuss any issues and identify areas for improvement. Team members were happy to approach the pharmacist in charge and store management. They had the opportunity to provide feedback to the company through a staff survey and a whistleblowing policy was available to enable anonymous concerns to be raised. The team were set targets for services such as the flu vaccine. The pharmacist was comfortable to manage the targets alongside risks in the pharmacy. The second regular pharmacist was also undergoing training so that he was able to support the provision of additional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a clean and professional environment suitable for the delivery of healthcare services. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussion.

Inspector's evidence

The pharmacy was in a good state of repair. It was well lit and air conditioning maintained a temperature that was suitable for the storage of medicines. Maintenance issues were escalated to store management for the necessary repairs to be arranged. Daily house-keeping duties were completed by the pharmacy team and store cleaners provided additional support. The pharmacy was clean and tidy on the day.

The pharmacy was an adequate size for the current volume of work. Pharmacy medicines were restricted from self-selection behind the medicine counter. The dispensary was long and narrow in size. There were two large work benches to allow dispensing and checking to be segregated. And the dispensary had a separate sink for the preparation of medicines, which was equipped with cleaning materials. Large drawers and shelving units were used to store medicines in an organised manner and the floor space was free from any obstructions and trip hazards.

To the side of the pharmacy was an enclosed consultation room. The room was clearly signposted, well maintained and remained locked when not in use. In front of the consultation room was chairs for use by people waiting for their prescriptions and a range of health promotion literature was available for selection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources and stores medicines appropriately and it carries out regular checks to show that they are fit for supply. Its services are well organised and suitably managed, and they are generally accessible to people with different needs. But some team members are not yet trained to provide all of the additional services, which may limit their accessibility to some members of the public.

Inspector's evidence

The pharmacy was located at the rear of the supermarket and was easily located from the main entrance. The supermarket had automatic doors and access to the pharmacy was step-free. There were no obstructions or trip hazards in the surrounding area. The pharmacy had a hearing loop device and large print labels could be generated from the PMR system to help people with visual impairment.

The pharmacy's services were advertised in a practice leaflet and additional promotional displays. There was a range of health promotion literature available and the pharmacy participated in health living campaigns. The materials from the recent Stoptober campaign were reviewed. The pharmacy kept a record of all campaigns and feedback received from engagement. Team members had access to resources to support signposting to other local services and they kept some records where people had been signposted to other healthcare providers, such as local walk-in centres.

Prescriptions were dispensed using coloured baskets, to keep them separate and prioritise the workload. An audit trail for dispensing was kept using 'dispensed' and 'checked' boxes. The pharmacy also kept an audit trail for clinical check and prescription handout, directly on the prescription form. Prescriptions for children under 12 years of age were highlighted to encourage additional checks and the pharmacy also highlighted some prescriptions for high-risk medicines. But this was not always consistent and audit trails of monitoring parameters were not maintained. Cards were used to identify prescriptions for CDs, but this did not extend to schedule 4 CDs, which may increase the risk of a supply being made beyond the valid 28-day expiry date.

The pharmacy requested repeat prescriptions from several local surgeries. They kept records to identify unreturned requests and discrepancies and they made some checks with patients to help make sure that medicines were not being ordered in excess. Medicines for a small number of patients were dispensed using multi-compartment compliance aid packs to help with compliance issues. Each patient had a master record of medication, which was updated with the details of any changes. No high-risk medicines were placed into compliance aid packs and no completed packs were available on the day.

The pharmacy manager had completed training for the provision of the EHC. He had a copy of the in-date patient group directive (PGD) available for reference and discussed some of the types of concerns that may be identified during a consultation. PGDs were also available for the local UTI and impetigo services. Training had been completed through CPPE for consultation skills and minor ailments, and the necessary declaration of competence completed. Private PGDs for ED, malaria prophylaxis and the meningitis injection were provided through PharmaDoctor. The pharmacy manager had completed

training and had copies of the in-date PGDs available for reference. He discussed the services and explained that as part of the ED service there was a requirement for regular checks of blood pressure, blood glucose and cholesterol levels. All the necessary equipment was available to support this.

Training for the provision of the flu vaccine had been completed in 2018 and the necessary NHS and private PGDs were available. Consent forms were completed with the details of batch number and expiry date. The pharmacist had received a hepatitis b vaccination for personal protection and had completed training on the management of needle stick injuries. Equipment to aid the administration of vaccinations including adrenaline and a sharps bin were available. The pharmacy provided a smoking cessation service with the assistance of a local smoking advisor, who carried out monitoring on patients enrolled on the service. Following assessment by the smoking advisor patients were referred to the pharmacy, and the pharmacy manager made a supply of varenicline (Champix) where appropriate. The pharmacist reported a 98% quit rate on patients who he had been monitoring.

Stock medicines were sourced from reputable wholesalers and specials from a licensed manufacturer. The pharmacy team carried out date checks each month and highlighted short-dated medicines, which were then removed from the shelves and recorded. Obsolete medicines were stored in medicines waste bins and a cytotoxic waste bin was available for the segregation of hazardous materials. The pharmacy was not yet compliant with the requirements of the European Falsified Medicines Directive (FMD). The team had not received a recent update from the company detailing when they were expected to become compliant. Alerts for the recall of faulty medicines and medical devices were received electronically and an audit trail was kept recording the action that had been taken in response.

CDs were stored securely. Expired and returned CDs were segregated from stock, random balance checks were found to be correct and CD denaturing kits available for use. The pharmacy fridge had a maximum and minimum thermometer. The temperature was checked and recorded daily and was within the recommended temperature range.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Its equipment is suitably maintained and used in a way that protects privacy.

Inspector's evidence

The pharmacy had access to paper-based reference texts including the British National Formulary (BNF) and internet access supported additional research.

A range of glass crown-stamped measures were available for measuring liquids. Separate measures were clearly marked for use with CDs. The pharmacy had counting triangles for loose tablets and a separate triangle was used with cytotoxic medications. The blood pressure machine appeared in good working order and both the blood glucose and cholesterol testing machines underwent regular calibration using the solutions provided by the manufacturer. Records of this were kept as an audit trail.

Electrical equipment was in working order. Computer systems were username and password protected. The screens were located out of public view to help protect privacy. A phone was available near to the medicine counter. This could be unplugged and taken elsewhere to enable conversations to take place in private, if required.

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.