

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Ellesmere Shopping Centre, Bolton Road Worsley, MANCHESTER, Lancashire, M28 3BT

Pharmacy reference: 1105165

Type of pharmacy: Community

Date of inspection: 31/07/2019

Pharmacy context

This is a supermarket pharmacy situated in a large shopping mall in an urban residential area, serving the local population. It primarily prepares NHS prescription medicines and provides some of them in weekly compliance packs to help make sure people take them safely. The pharmacy also provides other NHS services such as flu vaccinations and emergency hormonal contraception (EHC).

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	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 generally manages its risks well. It provides the pharmacy team with written instructions to help make sure it provides safe services. The team records and reviews its mistakes so that it can learn from them. It keeps people's information secure. And the team understands its role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that had been issued in June 2018 and were due for review in June 2020. These covered safe dispensing of medicines including assembly of compliance packs, the responsible pharmacist (RP) regulations and controlled drugs (CD). Records indicated that all the staff had read and understood the procedures relevant to their role and responsibilities.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each supply of prescription medication. And it assisted with investigating and managing mistakes. The pharmacy team recorded mistakes it identified when dispensing medicines, and it addressed each of these mistakes separately. However, it did not include why it thought each of these mistakes happened on many of these records. And, the team did not review these records. So, it might not always identify trends and mitigate risks in the dispensing process.

The pharmacy team received positive feedback from people in its patient satisfaction survey from June 2018. And staff had completed the pharmacy's training on handling complaints, so it could effectively respond to them. However, the pharmacy did not have any publicly displayed information on how people could make a complaint.

The pharmacy had professional indemnity cover for the services it provided. The RP, who was the recently appointed manager and resident pharmacist, displayed their RP notice so that people could identify them. The pharmacy maintained its records required by law for the RP, private prescriptions, and CD transactions. And it checked its CD running balances regularly on a weekly basis, so it could detect discrepancies at an early stage.

The pharmacy had records of Medicines Use Reviews (MURs) and the specials medications it had supplied up to March 2019, but staff could not locate the records after this date. And recent records did not include people's details, so it could be more difficult to identify the manufacturer and batch number for the medication supplied to them. The team stored a large number of specials records and private prescriptions in several places and not in an organised manner, which could make it difficult to retrieve them if needed. The pharmacy kept records of medications that people urgently requested. However, many of them did not include the nature of the emergency, as required by law.

The pharmacy maintained its records for private flu vaccinations. And it had records of the vaccination it administered via the NHS but did not keep records of the questions it asked or people's responses to make sure it was safe to administer the vaccination. This could make it difficult for the pharmacy to explain what has happened in the event of a query.

The pharmacy had policies and procedures on protecting people's private information which most staff had read. Staff securely stored and destroyed confidential material. And they used passwords to

protect access to electronic patient data. Each staff member also used their own security card to access electronic patient data. However, staff did not know if the pharmacy had completed a data protection audit in recent times.

The RP had completed the pharmacy's safeguarding training. And the other staff had completed the 2018 version and were completing the 2019 version. However, the RP did not have level 2 safeguarding accreditation. The pharmacy had the local safeguarding board's procedures. However, the board's contact details that the pharmacy held were a few years old, so they might not be up to date.

The pharmacy limited all the people using compliance packs to seven day's medication per supply, which helped them to avoid becoming confused. The RP kept records confirming when people collected their compliance pack, and staff had raised concerns with the GP when people had not collected their compliance pack.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff, but not all team members participate in providing the compliance pack service, which could cause inefficiencies. Each team member has a performance review and completes relevant training on time, so their skills and knowledge are up to date.

Inspector's evidence

The staff present were the RP, a locum pharmacist providing temporary cover, and four experienced dispensers. The pharmacy's other staff included two registered technicians and three experienced dispensers.

The pharmacy had enough staff to comfortably manage its workload. And since the RP had started working as the pharmacy manager the team had become more efficient, so people now only waited up to five minutes for their prescription medication. The pharmacy received most of its prescriptions via the electronic prescription service, which helped to reduce staff workload pressure. The staff promptly served the steady flow of people presenting for their medication. And the pharmacy was always staffed by a pharmacist and dispenser as a minimum at the beginning and end of the day when it had a low footfall. So, the team avoided sustained periods of increased workload pressure.

Some of the staff checked CD running balances. However, only one team member provided the compliance pack service. This had led to difficulties when they were not present and the other staff had to deal with queries from people who used the service. And some of the dispensers did not participate in assembling and labelling medicines and only accuracy checked them, which could sometimes lead to dispensing inefficiencies.

Staff were up-to date with the pharmacy's training programme and it had an appraisal process. However, the last round of appraisals had been completed in early 2018, so it was overdue. The RP said that they would address this.

The staff obtained people's written consent to provide the MUR and flu vaccination services. And they obtained people's verbal consent for the electronic prescription service (EPS), even though the pharmacy's written procedures required staff to obtain people's written consent for this service.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, safe, secure and spacious enough for the pharmacy's services. And it has a private consultation room, so members of the public can have confidential conversations.

Inspector's evidence

The premises' cleanliness was appropriate for the services provided. And it had the space needed to allow the pharmacy to dispense medicines safely. Staff could secure the premises to prevent unauthorised access. The consultation room offered the privacy necessary to enable confidential discussion. But its availability was not prominently advertised, so people may not always be aware of this facility.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices generally help make sure people receive safe services. It gets its medicines from licensed suppliers and it generally manages its medicines well to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy opened from 8am to 9pm Monday to Saturday and 10am to 4pm Sunday. It had a step-free entrance and wide aisles leading to it, so people could access it easily.

The pharmacy had a written procedure for dispensing higher-risk medicines that covered anti-coagulants, fentanyl, methotrexate, lithium, insulin and medicines for children under twelve years. The general dispensing procedures signposted pharmacists to read this procedure. But it was unclear if all team members were aware of these procedures. So, it was unclear if these people always received all the information they needed when necessary.

The staff recalled completing an audit on people using valproate, which had not identified anyone in the at-risk group. However, they could not locate audit or the MHRA approved valproate advice booklets or cards to give people in the at-risk group.

The pharmacy team used baskets during the dispensing process, which helped it to avoid confusing each patient's medicines with others and organise its workload. And it marked part-used medication stock cartons, which helped make sure it gave people the right amount of medication. However, the pharmacy prepared compliance pack medicines before it received the corresponding prescription, which could lead to it overlooking medicine changes.

The pharmacy obtained its medicines from MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The RP said that they had been briefed on implementing the Falsified Medicines Directive (FMD). However, the pharmacy's system for adhering to the FMD was still being trialled, and the team had not yet received an installation date. So, the pharmacy's system for complying to the FMD was not yet live, as required by law.

The pharmacy team suitably secured its CDs and quarantined its date-expired and patient-returned CDs. And the pharmacy had destruction kits for destroying CDs. The team suitably monitored its medication refrigerator storage temperatures. The pharmacy's records indicated that it regularly checked stock expiry dates throughout 2016 and 2017 and in April 2019. And staff said that they regularly checked expiry dates throughout 2018 but could not locate the records to support this. Staff also segregated and marked short-dated stock, and several randomly selected stock medicines would not expire for a long period. The team also took appropriate action when it received alerts for medicines suspected of not being fit for purpose and recorded the action that it had taken. And it disposed of obsolete medicines in waste bins kept away from medicines stock. So, the pharmacy reduced the risk of supplying medicines that might be unsuitable.

The pharmacy team used an alpha-numeric system to store bags of dispensed medication, so staff could efficiently retrieve patient's medicines when needed. The team highlighted the issue date on CD

prescriptions which the pharmacist checked when they supplied them. So, the pharmacy made sure it only supplied CDs when it had a valid prescription. However, it did not review its dispensed CDs or apply stickers to them, on which it could note the supply deadline date.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities that it needs to provide its services effectively.

Inspector's evidence

The pharmacy team kept the dispensary sink clean. It also had hot and cold running water and an antibacterial hand-sanitiser. So, it had the facilities to make sure it did not contaminate medicines that it handled. The team also had a range of clean measures, so it could accurately measure and give people their prescribed volume of medicine. And staff had access to the latest versions of the BNF and cBNF to check pharmaceutical information if needed.

The pharmacy team had facilities that protected people's confidentiality. It viewed electronic patient information on screens not visible from public areas. And the pharmacy regularly backed up people's data on its patient medication record (PMR) system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. And it had facilities to store peoples dispensed medicines and their prescriptions away from public view.

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.