General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, St Helen Auckland Industrial Estate, BISHOP AUCKLAND, County Durham, DL14 9TT

Pharmacy reference: 1105412

Type of pharmacy: Community

Date of inspection: 28/05/2024

Pharmacy context

This is a pharmacy within a supermarket located in a retail park in Bishop Auckland, County Durham. Its main activity is dispensing NHS prescriptions and selling over-the-counter medicines. It also provides a range of NHS services including Pharmacy First and the hypertension case finding service.

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 suitably identifies and manages risks with its services. It has the written procedures it needs relevant to its services and team members follow these to help them provide services safely. Pharmacy team members keep people's confidential information secure. And they know how to identify situations where vulnerable people need help. They keep the records required by law.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) to help pharmacy team members manage risk with providing services. These SOPs clearly defined individual's responsibilities according to different roles within the team, for particular activities. Team members accessed SOPs via an electronic platform. This held a record of which SOPs the team member had read and when, as well as highlighting any that were outstanding. This showed that the majority of the team was up to date with these, with only a newly employed pharmacist having a small number still to read. Team members also had access to printed versions of the SOPs to enable quick reference to them, especially for newer members.

Pharmacy team members identified errors at different stages of the dispensing process. Where these were identified before people received their medicines, they were known as near miss errors. Team members used a log for recording such errors. The information recorded was used to inform a weekly safety briefing that the pharmacist manager produced and discussed with the team. Team members signed the briefing to show they had understood it. The team had made changes following near miss errors, which included separating certain injectable medicines from being stored together and having shelf-edge labels as a reminder of a particular medicine that was stocked as capsules and tablets. The pharmacy completed incident reports for mistakes that were identified after a person had received their medicine, known as dispensing errors. These were recorded online and shared with the company's head office.

The pharmacy had a procedure for dealing with complaints. The team aimed to resolve any complaints or concerns locally. If they were unable to resolve the complaint, they escalated it to the regional manager. The pharmacist manager shared a recent example where the procedure for handing out medicines and providing advice at the counter had been altered because of a complaint. People could also submit complaints or concerns directly to the company's customer care team.

The pharmacy had current professional indemnity insurance. The Responsible Pharmacist (RP) clearly displayed their RP notice, so people knew details of the pharmacist on duty. Team members knew what activities could and could not take place in the absence of the RP. A sample of legally required records checked during the inspection, including accurate RP records, were found to meet requirements. The pharmacy kept its private prescription records electronically within the dispensing system. A sample of the controlled drug (CD) registers checked met legal requirements. The team completed weekly checks of the running balance in the register against the physical stock. A random balance check against the quantity of stock during the inspection was correct. The pharmacy kept a register of CDs returned by people, with a small quantity of medicines awaiting destruction.

Pharmacy team members received annual training about information governance and the General Data

Protection Regulation. The pharmacy segregated confidential waste. This was stored in a locked cage in the supermarket storeroom before being collected by a third party for destruction. Team members received formal training about safeguarding every two years. They gave examples of signs that would raise concerns about the welfare of vulnerable people. A team member discussed actions they had taken previously when becoming concerned about a person who accessed pharmacy's services. Key safeguarding contact information was displayed prominently within the dispensary.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has a team with an appropriate range of experience and skills to safely provide its services. Team members work well together, and they support each other in their day-to-day work. Pharmacy team members feel comfortable raising concerns and discussing ways to improve how they work. They have opportunities to complete training so they can develop their knowledge.

Inspector's evidence

At the time of the inspection, the RP was one of the pharmacist managers. They had been in post for four weeks. The other pharmacist manager was also present, and they were supported by a team that consisted of a pharmacy technician and three qualified dispensers. Other team members that were not present during the inspection were two qualified dispensers and two trainee medicines counter assistants. The two pharmacist managers covered the pharmacy's extended opening hours most days, overlapping in the middle of the day to ensure they continued to provide services uninterrupted by breaks. The pharmacy covered periods of absence in the team with overtime for other team members. During the inspection, the pharmacy was busy, but the team were observed to be calmly managing the workload. The skill mix of the team appeared appropriate for the nature of the business and the services provided.

Both pharmacist managers were trained to deliver all the services the pharmacy provided. And they had signed the patient group directions to enable them to deliver the NHS Pharmacy First service. Pharmacy team members received training via an online company portal, with modules relating to working in the pharmacy as well as modules about working in the store generally. Those team members enrolled on accredited training courses received supervisory support from the pharmacist managers. Team members had annual reviews with the pharmacist manager, where any learning and development needs were discussed. Team members were also given the opportunity to openly discuss feedback and suggestions here. The pharmacist manager shared an example of support provided for a team member during a previous review.

Team members worked well together. And they communicated effectively to plan and handover key tasks at the end of their shifts. They also made use of written handover communications. This helped ensure that team members, including locum pharmacists, were well-informed of current priorities and recent noteworthy events. Pharmacy team members asked appropriate questions when selling medicines over the counter. They gave examples of when they would involve other team members to help and at what point they would refer to the RP. The team had some performance related targets to achieve, and the pharmacist was comfortable discussing these targets with their manager if they were challenging. Team members knew how to raise concerns if necessary. The pharmacy had a whistleblowing policy and details, including how to report concerns, were displayed in the staff area.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are clean, secure and provide a suitable environment for the services provided. And the pharmacy has a consultation room to meet the needs of people requiring privacy when using its services.

Inspector's evidence

The pharmacy was located at the back of the supermarket. It had a medicines counter and a side door which functioned as a barrier to stop unauthorised access to the dispensary. The dispensary was small but was tidy and organised. There was a clean, well-maintained sink which was used for the preparation of some medicines. Pharmacy team members shared cleaning tasks between them to keep the pharmacy clean, as well as a twice weekly visit by the store cleaners. The soundproof consultation room allowed the team to have private conversations with people and provide services. It was a good size and had a desk, two chairs and a sink. The importance of storing sharps disposal containers out of people's reach was discussed during the inspection. The door to the consultation room was locked when not in use. There was also a small waiting area with seating outside the consultation room.

The pharmacy team kept the work surfaces in the dispensary tidy and it kept floor spaces clear to reduce the risk of trip hazards. There was sufficient storage space for stock, assembled medicines and medical devices. The pharmacy kept its heating and lighting to acceptable levels. The layout of the premises allowed effective supervision of staff and pharmacy activities.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy sources its medicines from recognised suppliers. And it generally stores and manages them appropriately. Pharmacy team members complete regular checks to ensure medicines are suitable for supply. And they respond appropriately when they receive alerts about the safety of medicines. Team members appropriately manage the delivery of services safely and effectively.

Inspector's evidence

The supermarket had automatic doors and level access from the car park to allow people with mobility issues to enter safely. There was a hearing loop positioned on the medicines counter to allow pharmacy team members to communicate with people who may require such assistance.

The pharmacy team dispensed prescriptions to a procedure that used baskets. These dispensing baskets kept prescriptions and their corresponding stock separate from others. And using assorted colours of basket meant the team easily differentiated between urgency levels of prescriptions. Pharmacy team members signed dispensing labels during dispensing and checking. This maintained an audit trail of team members involved in the process. They also maintained an audit trail of pharmacist responsible for the initial clinical check of a prescription, the team member who had handed the prescription out and the responsible pharmacist at the time of handout. This was done by recording signatures at the bottom of the prescription forms. The team used stickers to highlight if a prescription contained a fridge item, to ensure correct storage temperatures were maintained. And they attached prompts to completed bags of medicines that contained higher-risk medicines, to ensure that people received these safely, with appropriate questioning and advice.

The RP counselled people receiving prescriptions for valproate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They checked if people were on a pregnancy prevention programme and taking regular effective contraception. They did not routinely keep records of these conversations, so there were no audit trails in case of queries. Team members were aware of the requirements to dispense valproate in the manufacturer's original packs.

The pharmacy obtained medicines from licensed wholesalers and specials manufacturers. It had a documented procedure for managing the checking of expiry dates of medicines. Team members highlighted short-dated medicines when they conducted date-checking tasks. Team members transferred some stock of a higher-risk liquid medicine to larger bottles for use with the pharmacy’s automated dispensing system. But they did not keep records of the batch number of the medicine and expiry dates of the medicine transferred to the larger bottles. This meant it was more difficult for the team to demonstrate how it safely monitored this process and to take appropriate action in the event of a safety alert. The pharmacy held medicines requiring cold storage in a medical fridge equipped with thermometers. Team members consistently monitored and recorded the temperatures of the fridge. These records showed cold chain medicines were stored at appropriate temperatures. A check of the thermometer during the inspection showed temperatures within the permitted range. Some food items were found in the fridge. A discussion highlighted the risk of cross contamination between food and medicines. And the team acted immediately to remove all non-medicinal items from the fridge.

The pharmacy had disposal facilities available for unwanted medicines, including CDs. When the pharmacy could not entirely fulfil a prescription first time, team members created an electronic record of what was owed on the patient medication system. And they gave people a note detailing what was owed. This meant the team had a record of what was outstanding to people and what stock was needed. The team checked outstanding owings as a daily task, and the pharmacy appeared to be managing these well. The pharmacy had a documented procedure for responding to drug safety alerts and manufacturer's recalls. It received these via email from the company's head office as well as in-store electronic communications. The team was required to confirm when the alerts had been actioned on the system. The RP demonstrated recent examples of alerts that had been received and actioned in this way.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. Team members use the equipment in a way that protects people’s private information.

Inspector's evidence

Pharmacy team members had a range of hard-copy and electronic reference materials available to them, via the internet. There was equipment available for the services provided which included otoscopes, a digital thermometer, and a blood pressure monitor. The pharmacy also had an ambulatory blood pressure monitor.

The pharmacy had a range of clean counting triangles and CE marked measuring cylinders for liquid medicines preparation. The team used separate equipment when counting and measuring higher-risk medicines. The pharmacy had a service contract for its automated dispensing system. The team completed calibration checks daily and followed daily cleaning schedules.

The pharmacy's computers were password protected and access to people's records was restricted by the NHS smart card system. The pharmacy stored completed prescriptions and assembled bags of medicines away from public reach in a restricted area. And these were purposefully oriented in such a way to protect people’s confidential information on the prescriptions and labels on the bags.

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.