

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Jennison Street,
NOTTINGHAM, Nottinghamshire, NG6 8EQ

Pharmacy reference: 1105530

Type of pharmacy: Community

Date of inspection: 05/12/2019

Pharmacy context

This community pharmacy is based in a Nottingham supermarket. It dispenses NHS prescriptions from a variety of GP surgeries. It provides health checks to people to give them information about measurements such as their blood pressure and blood sugar levels. The pharmacy supplies some medicines in multi-compartment compliance packs to help people organise their medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.3	Standard not met	The pharmacy's team members know about most of the pharmacy's risks, but they don't always have the ability to manage them all efficiently.
2. Staff	Standards not all met	2.2	Standard not met	Some of the pharmacy's team members carry out roles that they are not receiving appropriate training for. This does not meet the GPhC's minimum training requirements. And this may increase the risk of mistakes in the pharmacy's dispensing process.
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 not all met

Summary findings

The pharmacy's team members know about most of the pharmacy's risks, but they don't always have the ability to manage them all efficiently. The pharmacy mostly keeps the legal records that it needs to and generally makes sure these are accurate. Its team members generally manage people's personal information well. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) about its processes. The SOPs were stored in a folder, but the folder wasn't organised, and some SOPs in the folder had passed their review date. An example included the responsible pharmacist SOP which was due to be reviewed in 2018. This may have led to team members looking at SOPs that did not represent the pharmacy's current practice. The responsible pharmacist said that team members had access to current SOPs online if they needed to look at them. Team members signed records to show that they had read the SOPs. There were sign-off sheets seen for most team members that were dated in 2018 and 2019. The responsible pharmacist emailed a copy of a sign-off sheet for another team member after the inspection.

There were two responsible pharmacist notices on display at the front of the pharmacy and they were for different pharmacists. It was difficult to see one of these notices from the pharmacy counter, so it was not clear to people using the pharmacy who the pharmacist on duty was. This was highlighted to the responsible pharmacist so that this could be made clearer to people at the pharmacy counter.

The pharmacy had a template to record dispensing errors or other incidents. Previous records made by the duty manager were seen. Recent records included information about the errors which occurred and changes which had been made to reduce the chance of these reoccurring. The pharmacy had regular internal audits about its compliance with the pharmacy's processes. A recent audit had identified that the near miss record was not being used or reviewed regularly. There were recent near miss records on the template which included some actions that had been taken to reduce mistakes. A team member had been instructed to record extra checks to prevent dispensing the wrong quantity of medicines. Previous weekly reviews had not been completed regularly which may have reduced learning opportunities.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were generally positive. Team members also received verbal feedback. Complaints would be escalated to the responsible pharmacist, duty manager and store manager. Complaints could be recorded electronically if they needed to be escalated further. Information about the pharmacy's complaints process was in its practice leaflet.

The pharmacy had contact details for local safeguarding organisations which made it easier to escalate concerns. Team members received training about safeguarding vulnerable adults and children through the pharmacy's E-learning platform. Some team members had received training through the Centre for Pharmacy Postgraduate Education (CPPE). Team members said that there had been no previous safeguarding concerns. Concerns would initially be discussed with the responsible pharmacist and could be escalated to the pharmacy's head office.

The pharmacy had processes about managing information governance and confidentiality. Team members received regular training through the pharmacy's E-learning platform. Confidential waste was separated from other waste so that it could be appropriately destroyed. Team members had their own NHS smartcards to access electronic prescriptions. One of the smartcards had been labelled with its pin code. This was highlighted to the responsible pharmacist so that this label could be removed. A statement that the pharmacy complied with the Data Protection Act and NHS code of conduct on confidentiality was in its practice leaflet.

The pharmacy had current arrangements for indemnity and liability insurance. Its responsible pharmacist records were maintained adequately. The pharmacy kept required records about controlled drugs (CDs). The records included running balances which were regularly checked to make sure the entries were accurate. There were some headers in CD registers that were missing, and this could have made it more likely for entries to be made in the wrong register. Three CDs were chosen at random and the physical stock matched the recorded running balances. The pharmacy kept appropriate records about CDs that had been returned by people. Private prescription records were generally recorded adequately, but there were some entries where the prescriber details were recorded incorrectly. Some emergency supply records didn't include the reason for the supply or nature of the emergency. This was highlighted to the responsible pharmacist, so the entries could be completed correctly.

Principle 2 - Staffing Standards not all met

Summary findings

Some of the pharmacy's team members carry out roles that they are not receiving appropriate training for. This does not meet the GPhC's minimum training requirements. And this may increase the risk of mistakes in the pharmacy's dispensing process. The pharmacy's team members are not pressured by targets.

Inspector's evidence

During the inspection there was the responsible pharmacist (the duty manager), a second pharmacist, one dispenser and one counter assistant present. The pharmacy had been without its regular manager for around three months and this meant that many of the management tasks were being completed by the duty manager. The duty manager described support that she received from her line manager and a pharmacy manager from another local branch. Locum pharmacists were currently being used to cover the hours and a new full-time pharmacist was completing his induction process. The responsible pharmacist said that there were no vacancies. The pharmacy had recently recruited a new team member to cover maternity leave. The pharmacy could use staff from other local branches, however this had not been required as overtime was usually used to cover absences. The pharmacy was up-to-date with its workload and people who visited the pharmacy were served efficiently. The pharmacy usually had a period where the pharmacists' shifts overlapped so the duty manager could complete managerial tasks. Messages were communicated with team members through informal discussions and WhatsApp.

Most team members had pharmacy qualifications that were appropriate for their roles. There was one dispenser who was receiving training to achieve her dispensing qualification. There was a new team member who was recently employed and was beginning her training on the pharmacy counter. There were two team members who had recently achieved appropriate qualifications to work on the pharmacy counter. However, they were completing dispensing tasks without having been enrolled on an appropriate dispensing course. This had been continuing for several months. One of these team members was present during the inspection and was observed dispensing medicines. There were several dispensing labels seen that included his initial. The duty manager had instructed these team members that they were able to dispense some items and put some stock away. There was some confusion about the tasks that they could complete. The duty manager said team members had not yet been enrolled on the required courses because there was some training about the health check service that was required to be signed-off by her beforehand.

The pharmacy kept a record about the ongoing training that had been completed by its team members. This included training about children's oral health through CPPE. The company provided an E-learning platform that was used to update the team members about topics like clinical governance and safeguarding every year. The training records showed that team members completed some training every one to two months.

The pharmacy had targets about its services. The regional manager used supervisors and conference calls to keep track about the pharmacy's progress. The responsible pharmacist said that the targets were not being enforced because senior managers knew the pharmacy required more staffing support. Team members had regular appraisals from the store manager. The duty manager provided information

to the store manager about the team members' performance.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. It has enough space to safely deliver its services. And it has appropriate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was clean and tidy. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. A separate area was reserved for the pharmacist to check dispensed medicines. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a suitable-sized consultation room which was used for private consultations and conversations. It was secured properly when it wasn't used. The pharmacy had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy adequately manages its services. It gets its medicines from reputable sources and its team members take the right action when they receive information about recalls. Its medicines are generally stored adequately. The pharmacy's team members do not always identify higher-risk medicines, so they may miss opportunities to give people extra advice or help with their medicines.

Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. The pharmacy had leaflets that provided information about its services. Most people ordered their prescriptions through the pharmacy. The pharmacy kept records about the prescription orders it had made so that its team members could check the prescriptions included all the required medicines. The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. It used a fridge to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs were stored according to legal requirements. CDs which had gone past their 'use-by' date were separated from other stock to prevent them being mixed up.

The pharmacy had a process to check the 'use-by' dates of its stock. It kept records about checks that it completed, but these records weren't always completed by team members. So, it was not clear when some sections of the dispensary had last been checked. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were first opened. This helped its team members to know that the medicine was suitable if they needed to use it again. Medicines that were approaching their expiry date were highlighted to the team and they kept records about these medicines. Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. The pharmacy had a separate bin to separate cytotoxic and other hazardous medicines, but its team members did not know how to identify these medicines. So, there may have been occasions where hazardous and cytotoxic medicines weren't correctly destroyed.

The pharmacy did not currently have processes to help verify the authenticity of its medicines in line with the Falsified Medicines Directive. The pharmacy's head office was arranging the implementation of these processes. The pharmacy received information about medicine recalls from its head office and through its NHS email account. It kept records about the recalls it had received and the actions that had been taken. This included a recent recall about ranitidine.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team and these were printed to communicate these messages to the pharmacist. Prescriptions were kept with checked medicines awaiting collection. Team members said they highlighted prescription dates to make sure its medicines were supplied while prescriptions remained valid. However, there were several dispensed prescriptions found with CDs which hadn't been appropriately highlighted and these were shown to the responsible pharmacist.

The pharmacy did not always highlight prescriptions for higher-risk medicines, so it was more likely that the pharmacist wasn't able to provide appropriate advice to people. The pharmacy team was mostly aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. But it didn't have all the guidance materials to support this advice. The inspector provided information to the team about where to find the guidance materials. The pharmacy did not provide a delivery service. Team members performed an extra visual accuracy check of the dispensed medicines when they were collected by people.

The pharmacy supplied medication in multi-compartment compliance packs to some people to help them organise their medicines. Most people received their packs every month. The frequency that packs were supplied was decided by the prescriber. The pharmacy kept appropriate records about medicines included in the packs, their administration times and changes to medicines. Patient information leaflets were supplied with the packs so that people could access up-to-date information about their medicines. The pharmacy kept records about prescription ordering and assembly of the packs. Assembled packs included descriptions which helped people to identify individual medicines.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members know how to report maintenance issues, so they are appropriately managed. And they use up-to-date reference sources when they provide the pharmacy's services.

Inspector's evidence

The pharmacy's equipment generally appeared to be in good working order and maintained adequately. Team members had contact details to report maintenance issues. One of the drawers in the dispensary was broken and would not open fully. The maintenance issues had been reported by a dispenser. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had measures to accurately measure liquids and it has suitable equipment to count loose tablets. The pharmacy's team members accessed up-to-date reference sources on the internet.

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.