

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: 02/09/2020

Pharmacy context

This is a community pharmacy located in a supermarket. Most of its activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies multi-compartment compliance packs to people who live in their own home. The pharmacy was about to start providing seasonal flu vaccinations through both private and NHS patient group directions (PGDs). This inspection was carried out during the Covid-19 pandemic.

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	1.3	Good practice	The pharmacy team have defined roles and accountability and a good understanding of the clinical governance procedures in place.
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 the risks associated with the provision of pharmacy services. It has processes in place for learning from its mistakes. It adequately manages peoples' information and it knows how to protect vulnerable people. The pharmacy team members have defined roles and accountability and a good understanding of the clinical governance procedures in place.

Inspector's evidence

The pharmacy had a set of up-to-date online standard operating procedures (SOPs). These processes were understood and implemented by the pharmacy team. For example, the staff dispensed medicines by referring to the prescriptions, and carried out regular controlled drug (CD) balance checks. The third check policy was followed, where a dispensed prescription had a third check before being given to the person collecting the medicines. The pharmacy had a business continuity plan which considered the risks with the Covid-19 pandemic and the pharmacist had completed the NHS staff risk assessment.

The counter assistant had a good understanding of the questions that needed to be asked to sell an over-the-counter medicine safely and was able to explain the advice she would give about a range of over-the-counter medicines. The pharmacy team knew that prescriptions had a six-month expiry date apart from CDs which were valid for 28 days. They explained that all CD prescriptions were highlighted in yellow. CDs that were kept more securely also had a purple sticker.

The pharmacy had a process for recording dispensing mistakes that had been identified in the pharmacy before they reached the person (near misses) and dispensing mistakes that had reached the person (errors). The pharmacist explained that near misses were returned to the dispenser for them to find the mistake and then the reason for the mistake was discussed. The pharmacist then recorded the near miss in the near miss log. Records indicated that this was routinely done. The pharmacist was then supposed to review the near miss log every month. The pharmacist explained that since March this had not been completed every month because of the Covid-19 pandemic.

The staff had a regular newsletter from head office which highlighted a range of matters including common errors and new clinical governance procedures. Staff had signed the newsletter to say they had read it. 'Look-alike' 'sound-alike medicines' (LASA) were mentioned in the latest newsletter; when asked a dispenser could explain what LASA medicines were and the actions the pharmacy had taken to reduce the risk of making a mistake with these medicines.

Records to support the safe and effective delivery of pharmacy services were maintained. These included the Responsible Pharmacist (RP) log, private prescription records, and the CD register. A random check of the recorded balance of a CD corresponded with the actual stock in the CD cabinet. Dispensed CDs waiting collection were within the valid date of the prescription. Date-expired stock waiting destruction was separated from in-date stock in the CD cupboard. Patient-returned CDs had been destroyed and recorded correctly in the patient-returned CD register.

The pharmacy had appropriate insurance in place. There was a complaints procedure. The pharmacy had completed a patient satisfaction survey for 2019-20. Of the people who had responded, 93% rated the pharmacy as very good or excellent.

The pharmacy had processes in place for managing information governance and confidentiality. Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. Access to the patient medication record was password protected. The pharmacy team had an understanding of safeguarding and the actions that should be taken if they had concerns about people's welfare. Contact details for local safe guarding organisations were available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members manage the workload in the pharmacy well. They work effectively together. There is a work culture of openness and honesty. The pharmacy team are supported in their development.

Inspector's evidence

The pharmacy displayed a notice showing who the RP of the pharmacy was. The RP record showed who the RP in charge of the pharmacy had been.

During the inspection the pharmacy team members worked well together and managed the workload effectively. There were two pharmacists; three trained dispensers and a trainee counter assistant. They engaged with the inspection process and were interested in how they could improve the service.

Staff said that the pharmacist was easy to talk to and that issues or concerns could be raised. The counter assistant said that she felt supported in her training. If she had any questions or problems the pharmacists had been available to help. She had completed most of her training at home because the pharmacy had been very busy during the Covid-19 pandemic. When there was a quiet time, she was able to study at work. The pharmacy also had training through Tesco Academy. The latest training had been on the flu vaccination service. Staff were up-to-date with their training.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. The pharmacy protects people's personal information.

Inspector's evidence

There was clear signage from the front of the supermarket directing people to the pharmacy. The pharmacy had posters giving information about Covid-19. There was a barrier two metres before the pharmacy counter where people waiting for pharmacy services stood before being called to the counter. There were markers on the floor which meant that if there was a queue people waiting would stand two metres apart. The counter had plastic screens by the two till points which were at either end of the counter. There were markers on the floor for people to stand at those points. The screen didn't continue across the whole counter. During the inspection the inspector noticed that people moved across the counter which meant there was not always a screen between the person and the member of the pharmacy team. Staff wore a mask which provided some protection.

The dispensary was a reasonable size for the services provided. The pharmacy team were unable to work two metres apart from each other but they wore face masks to provide protection. Hand sanitiser was available. There was adequate dispensing bench with separate areas for the dispensing and checking of medicines. There was reasonable space for the storing of stock and dispensed medicines. The dispensary was clean and tidy, there was a sink with hot and cold water. The pharmacy was an appropriate temperature for storing medicines; lighting was adequate.

The pharmacy had put a screen in the consultation room so that the room could be used for flu vaccinations and when someone asked for a private conversation with the pharmacist.

Computer screens were set back and faced away from the counter. Access to the electronic patient medication record (PMR) was password protected. Unauthorised access to the pharmacy was prevented when the pharmacy was open and when it was closed there was an alarm.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. Its team members are helpful to people who use the pharmacy. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely. The pharmacy takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy was situated towards the back of the Tesco supermarket. There was good access for customers in a wheelchair or those with a physical disability. The pharmacy was clearly signposted at the front of the store. There were sufficient seats for people who were waiting for their medicines.

Work was prioritised on whether the prescription was for a person who was waiting or coming back. The pharmacy used an audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label. This helped identify who had completed each task. Baskets were used to reduce the risk of error. The pharmacy had a defined workflow with separate areas for dispensing and checking medicines.

The pharmacist gave advice on a range of matters. He was aware of the guidance about pregnancy prevention to be given to people in the at-risk group who were taking sodium valproate. He knew the advice that should be given to people taking higher-risk medicines such as warfarin and methotrexate. But he didn't make a record of the interventions he made for people taking warfarin.

The pharmacy supplied a small number of people their medicines in multi-compartment compliance packs. Each person who had a compliance pack had a chart so that any changes in or missing medicines could be easily managed. A new chart was written each time a medicine changed. There weren't any completed compliance packs to check. But the backing sheets seen recorded the medicine's shape and colour to allow easy identification.

Medicines were kept in their original containers and were stored appropriately. Date checking records were up to date. Short-dated medicines were highlighted. Out-of-date medicines were disposed of correctly. Bottles were marked with the dates they had been opened. Not all staff were clear about how long they would use a medicine that didn't have a specific expiry date once it had been opened.

CDs were stored safely and securely. Fridge items and CDs that were waiting collection were stored in clear bags to make the checking of medicines on supply and discussion with people about their medicines easier. The fridge was well managed.

Only licensed wholesalers were used for the supply of medicines. The pharmacist was aware of the procedure for drug alerts and maintained a suitable record. The pharmacy had implemented the Falsified Medicines Directive.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services that it offers. It maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy used crown measures for measuring liquids. There was a separate tablet triangle for methotrexate. The pharmacy had up-to-date reference sources available. The pharmacy's equipment appeared to be in good working order and maintained adequately. The sticker seen showed that portable electrical equipment had been last tested in December 2018. The pharmacist said that testing was arranged centrally. The fridge temperature was within the required range. Records showed that the fridge stored medicines correctly between 2 and 8 degrees Celsius.

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.