General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Barnstaple Retail Park, Sticklepath, BARNSTAPLE, Devon, EX31 2AS

Pharmacy reference: 1106268

Type of pharmacy: Community

Date of inspection: 10/07/2023

Pharmacy context

The pharmacy is in a supermarket in Barnstaple. It sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including flu vaccinations, the NHS New Medicine Service (NMS) and the Community Pharmacy Consultation Service (CPCS). The pharmacy offers services to drug misusers. The pharmacy delivers medicines to people's homes.

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 provides its services safely and effectively. It has suitable systems in place to identify and manage the risks associated with its services. Team members record any mistakes they make and review them to identify the cause. The pharmacy team then makes the necessary changes to help stop the same mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. And these procedures are reviewed and updated regularly. The pharmacy asks people for their feedback on its services and responds appropriately. It has the required insurance in place to cover its services. And it keeps all the records required by law. The pharmacy keeps people's private information safe. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had processes in place to identify, manage and reduce its risks. It had standard operating procedures (SOPs) which reflected the way the team worked. The SOPs were printed and stored in a folder but could also be accessed online. Each team member had a record of the SOPs that they had read. The SOPs were reviewed regularly by both the superintendent pharmacist and the pharmacy team. The pharmacy team could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Team members had clear lines of accountabilities and were clear on their job role. The pharmacy had risk assessments in place to cover its activities. And it had a written business continuity plan.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check, known as near misses, on a paper record. Team members considered why the mistake had happened and learned from their mistakes. The team reviewed the error records regularly to try and identify any trends. When errors occurred, the pharmacy team discussed them and made changes to prevent them from happening again. Recent actions had included separating stock of medicines that looked or sounded alike to reduce the risk of the incorrect medicines being selected.

Dispensing errors that reached the patient were reported in a more detailed way using an online reporting tool. The pharmacy team reflected on errors made and learned from them. The pharmacy team regularly completed a patient safety review and analysed the cause of any errors made that month. An action plan was created which was reviewed the following month.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. There was information for people displayed in the retail area about how to provide the pharmacy with feedback. Any complaints were passed straight to the RP or the manager to deal with. The manager made sure to pass any compliments received to the team. Public liability and professional indemnity insurances were in place.

The pharmacy kept a record of who had acted as the RP each day. The correct RP notice was prominently displayed. Controlled drug (CD) registers were in order. Balance checks were completed regularly and any discrepancies were promptly rectified. A random balance check was accurate. Patient returned CDs were recorded in a separate register. Records of private prescriptions were maintained on the patient medication record (PMR) system and contained all legally required details. The pharmacy

kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were stored with all required details completed.

All team members completed yearly training on information governance and general data protection regulations. Patient data and confidential waste were dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed and a record of access was made on the person's patient medication record (PMR).

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the referral of concerns were available. Team members were aware of signs of concerns requiring escalation and knew what action to take.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy employs enough people to manage its workload. Team members are well-trained to deliver their roles and keep their skills up to date by completing regular learning activities. They are confident to suggest and make changes to the way they work to improve their services. Team members communicate effectively. And they work well together to deliver the pharmacy's services.

Inspector's evidence

On the day of the inspection, the RP was a locum pharmacist. There were two pharmacy technicians, one of whom was an accuracy checking pharmacy technician (ACT), three dispensers and a medicines counter assistant (MCA). One of the dispensers was the team leader. The pharmacy manager, who was not working, was an employed pharmacist who worked in the pharmacy two days a week. Three further members of staff were not working that day. As most team members were part-time, they covered unplanned absences and holiday leave between themselves.

The pharmacy team seemed to be coping with the workload. A nearby pharmacy had recently closed and the number of people the pharmacy provided services for had increased. However dispensing was up to date and the team was managing the workload well. The pharmacy team felt well supported by the team leader and manager. It was clear that they worked well together and supported each other. Team members were witnessed giving appropriate advice to people in the pharmacy. And they referred to the RP for further clarification when needed.

Team members were given allocated time during working hours to learn. Trainees were supported through their courses. Each team member had their own account on the company eLearning system which kept a record of progress through courses. They had access to a range of learning and they gave examples of courses that they had completed recently.

The team felt confident to discuss concerns and give feedback to the team leader and the manager, who they found to be receptive to ideas and suggestions. The team felt able to make suggestions for change to improve efficiency and safety but ensured that they always followed the company SOPs. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The pharmacy team said that the pharmacy generally achieved the targets it was set. The RP had not been set any specific targets. They did not let targets impede their clinical judgement and ensured all services provided by the pharmacy were appropriate for the person.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are spacious and present a professional image to people. It has appropriate facilities to provide its services and maintain people's privacy and confidentiality. There is a suitable space for people to have conversations in private.

Inspector's evidence

The pharmacy was located to the rear of a large supermarket in Barnstaple. It had been recently refurbished and was large and spacious. It was large and fully equipped to provide the services the pharmacy offered. The dispensary was clean and had enough bench space and storage for its current workload. The medicines counter provided a barrier to prevent people accessing the dispensary.

A new consultation room had been installed which presented a professional image. The room was locked when not in use. No confidential information was stored in the room.

Cleaning was undertaken regularly by the supermarket cleaner. Cleaning products were available, as was hot and cold running water. The fire alarm was tested each week. The lighting and temperature were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy team makes sure that people with different needs can access its various services. The pharmacy supplies medicines safely to people with appropriate advice to ensure they are used correctly. Team members take steps to identify people prescribed high-risk medicines to ensure that they are given additional information. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access and was wheelchair accessible. The supermarket had an automatic door and there were wheelchairs available for people to use if needed. The pharmacy provided additional support for people with disabilities, such as producing large print labels. The pharmacy displayed some health-related posters in the waiting area. The pharmacy team could print information from the internet if required.

The pharmacy used its consultation room to allow the pharmacist to have private conversations with people. The pharmacy offered a limited range of additional services. This included receiving referrals as part of the Community Pharmacy Consultation Service. The pharmacy supplied opioid replacement medicines to a small number of people. The RP liaised with the drug and alcohol team and the person's key worker in the event of any concerns or issues. The pharmacy offered the NHS New Medicines Service. Pharmacists contacted people prescribed new medicines to check how they were getting on and to offer any advice needed. Team members explained that if a person requested a service not offered by the pharmacy, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

The pharmacy had a clear flow to ensure prescriptions were dispensed safely. Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense and accuracy check prescriptions. Team members initialled the labels of medicines when they dispensed and checked them.

Coloured stickers were used to highlight prescriptions containing fridge items and CDs in schedules 2 and 3. The RP described that they checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. And they made records of this advice on the PMR. The RP proactively gave people advice on self-care and encouraged them to return to the pharmacy if there was no improvement.

The pharmacy team was aware of the risks associated with people becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). The pharmacy team took care not to apply labels over the warning cards on the boxes of valproate products when dispensing. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to people receiving prescriptions for valproate. The RP had regular conversations with the people at risk who were prescribed valproate to ensure they were on adequate contraception. And records were made on the PMR.

Pharmacy (P) medicines were stored behind the medicines counter. The dispensary stock was generally arranged alphabetically in drawers and was well organised. The pharmacy team regularly checked the expiry dates of medicines stock. They kept records of these checks. Spot checks revealed no date-expired medicines or mixed batches. Prescriptions containing owings were appropriately managed and the prescription was kept with the balance until it was collected. The pharmacy placed orders several times throughout the day and tried to keep people informed of the estimated date that owing medicines would be available. Stock was obtained from reputable sources. Records of recalls and alerts were actioned promptly. Relevant alerts were printed and stored with any quarantined stock.

The pharmacy stored its CDs in accordance with legal requirements in approved cabinets. A denaturing kit was available so that any CDs awaiting destruction could be processed. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed in the presence of a witness. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range.

Records were kept of deliveries made to people in their own homes. The pharmacy team described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate. Medicines were handed to the people and were not posted through the letterbox. Patient returned medication was dealt with appropriately.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services. It keeps these clean, tidy and well-maintained. The pharmacy uses its equipment in a way that protects people's confidential information.

Inspector's evidence

The pharmacy had up-to-date written reference resources available including the British National Formulary (BNF). Team members had access to the internet to support them in obtaining current information. The pharmacy's computer system was password protected. And information displayed on computer monitors was suitably protected from unauthorised view.

The pharmacy had clean equipment available for counting and measuring medicines. It highlighted equipment for measuring and counting higher-risk medicines. This helped to reduce any risk of cross contamination. A range of consumables and equipment to support the services provided by the pharmacy was available within the consultation room. Electrical equipment was visibly free of wear and tear and in good working order. PAT testing stickers were present and in date.

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.