

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Brassey Parade, Brassey Avenue, EASTBOURNE, East Sussex, BN22 9NG

Pharmacy reference: 1107105

Type of pharmacy: Community

Date of inspection: 10/01/2023

Pharmacy context

This pharmacy is at the rear of a large Tesco supermarket close to Hampden Park railway station in Eastbourne. It dispenses people's prescriptions, sells over-the-counter medicines and provides health advice. It also offers a seasonal flu vaccination service in the autumn and winter months.

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	1.1	Good practice	The pharmacy team learns from things that have gone wrong and makes sure that those learnings are shared with all the team and with other pharmacies within the company. Team members recognise risks and act to minimise them, sharing their learnings both inside and outside the team. The pharmacy also regularly reviews its risks and keeps its risk register up to date.
		1.2	Good practice	The pharmacy regularly reviews its mistakes and keeps good records of what it has done to prevent the same things happening again. It also shares what it has learned so that other pharmacies in the company can learn from them too. The pharmacy has its procedures regularly audited by external auditors and has been found to be properly following them at all times.
2. Staff	Good practice	2.1	Good practice	Staff do not appear pressurised and complete their tasks properly and effectively in good time.
		2.2	Good practice	Experienced members of the team support those still undergoing their training. There is a training plan which is shared with the whole team with useful and relevant training for all to complete. Records are kept to verify the training they have completed to help keep their knowledge and skills upto date.
		2.4	Good practice	Members of the team are enthusiastic, well-motivated and can explain the importance of what they do. They are comfortable with talking about their mistakes and can demonstrate the importance of sharing what they have learned.
		2.5	Good practice	Regular team briefings are held with notes signed by all to confirm their presence. Team members have regular appraisals and one-to-one meetings with their manager.
3. Premises	Standards	N/A	N/A	N/A

Principle	Principle finding	Exception standard reference	Notable practice	Why
	met			
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy carries out audits of people taking high-risk medicines and can demonstrate how it is minimising the risks involved and helping them take their medicines more safely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy provides its services in line with clear and up-to-date procedures which its team members closely follow. They have a good understanding of their roles and responsibilities and know when to ask for help. The pharmacy makes its procedures easily accessible to all team members, especially those who may not be in the pharmacy that often. The team works to professional standards, identifying and managing risks very effectively. The pharmacy keeps good records of the mistakes that happen during the dispensing process. The pharmacist regularly reviews them with members of the team so that they can learn from them and avoid the same mistakes being repeated. They also share them more widely so that other pharmacies within the company can effectively learn from them. The pharmacy manages and protects confidential information well and tells people how their private information will be used. Team members understand their role in helping to protect the welfare of vulnerable people. The pharmacy has adequate insurance in place to help protect people if things do go wrong.

Inspector's evidence

There were standard operating procedures (SOPs) in place to underpin all professional standards. They were dated August 2022 and were due for a review in August 2024. The SOPs were available online, and the pharmacy kept signature sheets for each member of staff in the training folder, listing each SOP which had been signed to indicate that they had been read and understood. There was also an online pharmacy guide containing 14 chapters on various operational policies and procedures for the team to refer to. The responsible pharmacist (RP) had identified some particularly significant SOPs or procedures which he had printed so that they were even more easily accessible. Examples included a list of key documents or records showing how long they had to keep them for. This was on the pharmacy notice board. He had also printed a document providing guidance to pharmacists outlining the steps to take when exercising their professional judgement in situations they may not have come across before.

Risk assessments were carried out on the pharmacy's activities and stored in the management office. The RP was currently completing a report on the risk assessments, and resulting action plan, ready for the Pharmacy Quality Scheme (PQS) submission at the end of March. He also highlighted the recent audits they had carried out, including one on children's asthma spacer device usage. This had resulted in numerous referrals to local GPs who subsequently prescribed the devices.

The pharmacy was included in the overall store business continuity plan to maintain its services in the event of a power failure or other major problem. The pharmacy received regular weekly (sometimes twice weekly) updates from the pharmacy superintendent's (SI) office with information on current topics of interest and actions to be taken. Those updates were stored in the pharmacy's 'safety starts here' file together with other documents relating to clinical governance in the pharmacy.

Errors and near misses were recorded using a paper register, showing what the error was, the member(s) of staff involved, and the action taken. The near miss register was kept in a folder in the dispensary for easy access by all staff. The possible causes were recorded and there was evidence of reflection and learning. They were reviewed every Sunday to identify any patterns or trends, which were noted, together with any corrective action to be taken, and shared them with the rest of the

team. These trends were also collated in the medicines safety report which was due to be submitted to the NHS at the end of January as part of the PQS. There was a list of 'Look Alike Sound Alike' (LASA) medicines and some commonly confused medicines such as amlodipine and amitriptyline, which were highlighted on the prescription tokens to help minimise the risk of errors. During the course of the inspection the dispensing assistant (DA) highlighted some almost identical looking packs of propranolol 40mg tablets and amlodipine 5mg tablets which had just been delivered. She took photos of the packs and shared them via Whatsapp with all team members, and with other branches in the company. The RP explained that they were all on a Whatsapp group to improve communication between the whole team as they worked different shifts and were rarely all in together.

A 'Safe & Legal' audit was carried out annually by an external company in addition to the daily, weekly and monthly checks the team carried out. The DA demonstrated how these checks were recorded on a Personal Digital Assistant (PDA). The RP described the 18 parameters that were checked in the audit and showed that the pharmacy had scored 100% in the most recent one.

The RP had printed the procedures to be followed in the absence of a pharmacist. Those procedures were stored in a clearly labelled folder which was visible to all staff. He had also created a duplicate folder which was kept in the store management office so that the store management team would know what to do if no trained pharmacy staff were available at the time. The procedures included notifying relevant people within the company as well as local GP surgeries and updating their profile on the NHS website. This was done to prevent NHS111 making referrals to the pharmacy while they were unable to act upon them. Staff were able to describe what action they would take in the absence of the responsible pharmacist, and they explained what they could and could not do. They outlined their roles within the pharmacy and where responsibility lay for different activities. There was a clearly labelled locum folder containing details of the procedures they should follow when on duty. It also contained a guide to help them use the pharmacy's Patient Medication Record (PMR) system. The responsible pharmacist notice was clearly displayed for people to see, and the paper-based RP log was complete and up to date. Professional indemnity and public liability insurance cover was provided by the National Pharmacy Association (NPA).

There were credit card style prompt cards available at the counter, encouraging patients to provide feedback online via a QR code linked to Tesco.com. Complaints and compliments were recorded centrally as well as in a file held at the pharmacy. The pharmacy had been given positive feedback about the RP and the team. The pharmacy complaints procedure was set out in the practice leaflets, which were on display.

Private prescription records were maintained electronically and those examined were complete and correct. There was a folder containing details of how to verify the validity of electronic or online private prescriptions from a limited number of online portals authorised by the SI's office. Online private prescriptions from other sources that could not be verified would not be dispensed. There was also guidance to help the pharmacist assure themselves about the safety and appropriateness of some private prescriptions before deciding whether they should be dispensed or not. The controlled drug (CD) register was well organised and tidy, with running balances checked weekly in accordance with the SOP. Records of CDs returned by people were seen to be made upon receipt and subsequent destruction documented and witnessed. Records of unlicensed 'specials' were seen to be complete.

All staff were able to demonstrate an understanding of data protection and had undergone General Data Protection Regulation (GDPR) training. The RP had also just completed a recent Information Governance (IG) update. Team members were able to provide examples of how they protect patient confidentiality, such as taking care not to be overheard when checking people's names and addresses

or postcodes. Completed prescriptions in the prescription retrieval system were not visible to patients waiting at the counter. Confidential waste was kept separate from general waste and shredded offsite. There was a data use notice on the wall for people to see, which signposted them to the pharmacy's online privacy notice.

There were safeguarding procedures in place and contact details of local referring agencies were kept in the signposting folder together with other signposting records. All staff had undergone Tesco internal safeguarding training and all registrants had been trained through the Centre for Pharmacy Post-Graduate Education (CPPE) to level two, except for the RP who had Level three.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough team members to manage its workload safely. They communicate very effectively between themselves. They work well together and make sure that between them, they cover all the hours the pharmacy is open. The pharmacy gives them plenty of training and checks that they are able to complete it. They have a clear understanding of their roles and responsibilities and are comfortable with making suggestions to improve safety and workflows where appropriate.

Inspector's evidence

There was one qualified DA, one trainee DA and the RP on duty at the time of the inspection. A Medicines Counter Assistant (MCA) started his shift towards the end of the inspection. As the pharmacy was open for 100 hours each week, many of the staff were part-time and worked different shifts. There was another pharmacist who covered the end of the day so that neither of them needed to work excessively long hours. The RP explained how they had a brief overlap so they could conduct a proper handover. They also used the Whatsapp group to keep everyone up to date as indicated under Principle one. The RP always ensured that an experienced DA was on duty alongside any locum pharmacists so that they were never working alone. Team members adjusted their shifts as necessary to cover each other in the event of absences or other unplanned events.

There were two main online training resources available to the team. 'Learning at Tesco' was aimed specifically at the pharmacy team, and 'Click & Learn' was for the whole store team as well as those working in the pharmacy. There were 27 pages of learning for each team member to complete. Training records and certificates were seen confirming that all staff had either completed or were undertaking the required accredited training. There were also some Tesco bronze award and silver award certificates on display in the dispensary. The DAs both described the ongoing training they had to complete, pointing out that the MCA completed the same ongoing training as they did, such as the weight loss training programme they completed for a recent instore event. Other topics recently covered included diabetes, hypertension and cancer. The RP monitored their progress and each online module had to be signed off before they could move on to the next. They also shared their training plan on the team Whatsapp group.

The RP carried out a performance appraisal on each member of his team at least once a year during which they discussed progress against their objectives and any identified development needs. There was a training room available in the store which he was able to use. His own appraisal was carried out by the store manager.

The medicines counter assistant was seen to be asking appropriate questions when responding to requests or selling medicines. Those questioned were also aware of the potential risks involved when selling medicines liable to abuse and knew when to refer to the pharmacist. There were targets in place, but they were applied reasonably, and the RP appeared to be comfortable with making his own decisions and not under any pressure to compromise his professional judgement. Records of regular team briefings were seen, and evidence of the actions agreed upon. Team members were involved in open discussions about their mistakes and learning from them. They felt that they could raise concerns and there was a whistleblowing policy available for them if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a safe and professional environment for people to receive its services. They are well laid out so that team members can easily find everything they need. The premises include a suitably private room which the team uses for some of its services and for private conversations. And the pharmacy keeps its premises secure when closed.

Inspector's evidence

The pharmacy premises were well signposted at the rear of the supermarket. They were clean and in a very good state of repair as they had been extended and refitted approximately a year beforehand. There was plenty of space to work safely and effectively, and the layout was suitable for the activities undertaken. Medicines were stored in transparent sliding drawers, allowing good visibility of their contents and easy access. The contents of the drawers, and the shelving around the walls were tidy and well organised. The dispensary sink had hot and cold running water, with antibacterial wash for hand washing. The sink and surrounding areas were clean and shiny with no limescale evident. There were notices in the dispensary including a sepsis checklist and a certificate of acknowledgement for antibiotic stewardship. Files were kept on shelves by the noticeboard, all clearly labelled in large type so that they could be easily identified, and important ones quickly found.

Access from the main store into the pharmacy area was restricted by a locked door, which could only be opened using a code for the keypad. There was a clear Perspex screen across the entire front of the counter to help reduce the spread of airborne viruses. Pharmacy medicines (P-Meds) were displayed on the wall between the counter and the dispensary.

There was a consultation room for confidential conversations, consultations and the provision of services. The door was kept locked and only opened when needed. There was a sink with hot and cold water and handwash. There was also a laptop which was password-protected when switched on but not in use. All of the cupboards containing paperwork and equipment relating to the pharmacy's services were kept closed and no confidential information was visible.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. It is good at identifying people it supplies high-risk medicines to. It makes thorough and regular checks that they have all the extra information they may need to take their medicines safely. It also carries out extra checks to make sure that prescriptions for children and young adults are as safe as possible. The pharmacy sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds well to drug alerts or product recalls to make sure that people only get medicines or devices which are safe for them to take.

Inspector's evidence

The pharmacy provided a limited range of services and had taken steps to ensure that they were accessible to a wide range of people. The entrance to the consultation room was wide and unobstructed, allowing wheelchair access.

Controls were seen to be in place to reduce the risk of picking errors, such as highlighting LASAs, and the use of baskets to keep individual prescriptions separate. Electronic Prescription service (EPS) tokens were initialled to show who had undertaken the clinical check and again to show who had made the final check, and labels were initialled to show who had dispensed and checked them. Bags were opened for another check before being handed out and the token initialled again to confirm this. All prescriptions for those under 18 years of age were highlighted to prompt the pharmacist to double check the dose against that recommended in the British national Formulary (BNF). The RP pointed out that the company policy was to check all under-12s but he had extended that extra safeguard.

Owings tickets were in use when medicines could not be supplied in their entirety, and those prescription were stored in a separate tray until they could be completed. The pharmacy would then send people a text message advising them when their medication would be ready. Prescriptions in retrieval awaiting collection were clearly marked to indicate if they were CDs, including schedule 4s such as zopiclone to ensure that they were not handed out after their 28-day validity.

Staff were aware of the risks involved in dispensing valproates to women of childbearing age. There was a basket containing information leaflets, warnings and a record of everyone the pharmacy supplied valproates to, identifying all those who fell within the at-risk group. The RP explained that all those highlighted were phoned once a year and reminded of the Pregnancy Prevention Programme (PPP) and the importance of having effective contraception in place. They were also asked to call in at the pharmacy to collect a printed information sheet containing the necessary warnings. The record was annotated to confirm the calls. The RP explained that they did this in addition to the regular verbal reminders they gave people as they dispensed their prescriptions. Those routine reminders were documented on the PMR system. Team members ensured that their dispensing labels did not obscure the manufacturer's warnings printed on the packs. And they avoided supplying split packs or using plain boxes whenever possible.

People taking warfarin were routinely asked for their INR records. Lithium and methotrexate blood tests were also checked. Methotrexate was kept in a separate basket and only one strength was kept in stock. The basket also contained a checklist of the questions staff should ask, such as when they last

had a blood test, before dispensing them. The RP explained that they used a spare controlled drugs (CD) record book to record all movements of methotrexate in and out of the pharmacy as an extra safeguard. The location of the basket was signposted on the shelf edge where people might have otherwise expected to find it.

Up-to-date and signed Patient Group Directions (PGDs) were in place for the private and NHS flu vaccination services. They were valid until 31 March 2023 and 1 April 2023 respectively. The folder also contained details of the RP's training record for the service. There was a file containing records of those vaccines administered. There were also details of each of the different vaccines available for the pharmacist to use. The pharmacy had recently started offering the hypertension case finding service and had identified several people with high blood pressure, referring them on to their GPs for appropriate treatment. The pharmacy received a large number of referrals from NHS111 for the Community Pharmacy Consultation Service (CPCS). Medicines were obtained from licensed wholesalers including AAH and Alliance. Unlicensed 'specials' were obtained from Lexon.

Routine date checks were seen to be in place, with each section of shelving numbered so that all of the stock was checked every three months. Any items with a shelf life of less than six months were highlighted and details recorded. Any left with a shelf life of less than one month were removed and safely disposed of. P-Meds were checked in a similar way and the price progressively reduced as they approached expiry. Out-of-date P-Meds were safely disposed of separately from the prescription only medicines (POMs). No packs of stock were found to contain mixed batches. Bottles of liquid medicines were suitably annotated with the date of opening. Fridge temperatures for both fridges were recorded daily and seen to be within the correct temperature range. The DA explained how she reset the temperatures displays each time she checked them, and how she would check them again after half an hour if they were out of range.

Patient-returned medicines were checked to ensure that any CDs were separated and appropriately recorded, and that there were no sharps present. They were then disposed of safely in designated containers which were collected by a suitably authorised waste contractor. Patients with sharps were signposted to the local council for disposal. Denaturing containers were seen for the safe disposal of CDs. The pharmacy received drug alerts and recalls from the MHRA, which were annotated with any actions taken, the date and initials of those involved.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has suitable equipment and facilities for the services it provides. It makes sure that they are properly maintained. It also ensures they are used in such a way that people's private information is kept appropriately safe and secure.

Inspector's evidence

The consultation room was clean and tidy, with a new blood pressure monitor and an in-date anaphylaxis kit. All the equipment in the consulting room was seen to be in good condition. The blood pressure monitor was replaced by Head Office every year. The anaphylaxis kit included information sheets detailing the different doses required by different age groups and instructions how to administer the adrenaline.

The pharmacy had a set of clean crown-stamped conical measures, and suitable equipment for counting loose tablets and capsules. There was a separate measuring flask for methadone. The pharmacy had internet access and up-to-date reference sources such as the BNF. NHS smartcards were being used appropriately and passwords were not shared.

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.