

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Off Yiewsley High Street,
Yiewsley, WEST DRAYTON, Middlesex, UB7 7QP

Pharmacy reference: 1107231

Type of pharmacy: Community

Date of inspection: 26/04/2019

Pharmacy context

A supermarket pharmacy on a busy main road on the edge of Yiewsley town centre. In addition to essential NHS services, the pharmacy provides medicines in Monitored Dosage System (MDS) trays, Medicines Use Reviews (MURs), New Medicines Service (NMS) and Health checks including blood pressure checks, diabetes checks, BMI and cholesterol checks. The pharmacy also provides medicines under Patient Group Direction (PGD) for Erectile dysfunction, Emergency Hormonal Contraception (EHC) and seasonal 'flu vaccinations. The pharmacy offers travel health services with the supply of anti-malarials and ACWY vaccinations for protection against meningitis.

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 met	1.4	Good practice	The pharmacy responds well to people's feedback by making changes to improve the quality of its services.
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 not all met	4.3	Standard not met	A small amount of stock is not properly labelled or packaged. This means that staff may not be able to identify it when it has reached its expiry date or has been recalled.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. Its team members understand their roles and responsibilities and keep people's information safe. The pharmacy responds to people's feedback by making changes to improve the quality of its services. The team identifies and manages risks effectively. The pharmacy responds to any mistakes it makes during the dispensing process. It learns from these and takes action to avoid problems being repeated. And the team generally monitors the safety of pharmacy services to protect and further improve people's safety. The pharmacy generally maintains the records it must keep by law. But some information in Controlled Drug records had become detached or missed out. This means that information could be lost or mistakes made in the record.

Inspector's evidence

The pharmacy managed risks in the dispensing process by identifying and monitoring near misses and errors. The team also shared examples of products at risk of error with colleagues in other stores. They recorded their near misses and errors and reviewed them regularly. But the pharmacy had not had many. Near misses and errors were discussed one-to-one with staff at the time to help reduce the chance of reoccurrence. They were also reviewed and discussed weekly in 'Team 5' meetings. They were reviewed again every four weeks to help identify any trends. Errors and complaints were recorded on the Tesco online reporting system.

Near miss records showed that, after a near miss or error, staff were encouraged to cross check the item picked with the prescription. Staff had also been required to improve their knowledge on the range of contraceptive products available. The RP said that the person making the mistake was required to identify it themselves and identify what they could do differently to prevent it.

There was evidence to show that the team had taken steps to reduce the risks associated with similarly named products such as the Look Alike Sound Alike drugs (LASAs). Shelf edge cards had been placed in front of several LASAs including Atenolol and Allopurinol, Azathioprine and Azithromycin, Amlodipine and Amitriptyline. Staff understood their roles and responsibilities and were working in accordance with current Standard Operating Procedures (SOPs). There was a task and role matrix in place which gave a clear indication of who could carry out which tasks.

There was a complaints procedure for recording and responding to customer complaints. In general, complaints were dealt with at the time by the pharmacist or the pharmacy manager. Complainants could also raise concerns at the customer service desk where the customer service manager or team leader would generally refer to the Pharmacist. Details for Tesco head office and the NHS Complaints Advocacy service were available on request.

The pharmacy team sought feedback from people in several ways. There were customer feedback cards on the counter which customers could take away. They could then make a comment on line, by scanning the bar code or making a 'phone call. Stores then received an email with the comments. The pharmacy also did an annual CPPQ customer satisfaction survey. Last year's survey showed high percentage of satisfied customers. Areas for improvement had all been addressed. A small number of customers had commented on the availability of a private area and a waiting area. Consequently, staff

would offer the use of the consultation room or take people to a quieter area to the side of the counter.

The pharmacy had professional indemnity and public liability arrangements in place until the end of July 2019 when insurance would be renewed for the following year. Insurance arrangements were there to provide insurance protection for staff and customers. All the necessary records were kept and were generally in order including those for Controlled Drugs (CDs), Private Prescriptions, Emergency Supplies, records for the Responsible Pharmacist, (RP) and unlicensed 'Specials'. Records were kept for patient returned and destroyed CDs, to ensure that they were accounted for.

However, some of the register inserts were falling apart. The front cover along with page 1 of the Morphgesic 30mg register had come apart from the rest of it. This could lead to lost pages and an inaccurate/ incomplete register. Headers were also missing from some pages of the Methadone mixture 1mg/ml S/F register. This could result in incorrect entries.

Staff were aware of the need to protect patient confidentiality. Discarded patient labels and other patient sensitive documents were put into identifiable confidential waste bags. Once full, these were sealed, ready for collection and disposal by a contracted waste disposal company. Staff had been trained on information governance and had read a confidentiality agreement. Prescriptions were stored such that names and addresses could not be seen from the customer area.

Staff were aware of the importance of safeguarding. The pharmacy manager and all staff had undergone Tesco safeguarding training. Pharmacists had completed training to CPPE level 2. Contact details for the relevant safeguarding authorities were available online and there was guidance on how to report a safeguarding concern. The team had not had any concerns to report.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload well and team members use their professional judgement to make decisions in the best interests of people. Pharmacy team members work well together. The pharmacy provides its staff with enough training and support to improve their skills. Staff are comfortable about providing feedback to each other and are involved in improving the pharmacy's services.

Inspector's evidence

There were sufficient numbers of suitably qualified and skilled staff on hand to manage the workload. The Inspection started early before the pharmacy was busy. The pharmacist worked on her own for the first two hours. A dispensing assistant arrived at 9am as the pharmacy got busier. Another dispensing assistant arrived at 9.15am to work on the counter. The pharmacist on duty was a regular locum.

Prescriptions were processed in a timely manner and customers were served promptly. Although busy, staff were observed to work well together and to carry out their tasks calmly and confidently. The pharmacist was observed informing the dispensing assistant of the work priorities for the day. Staff completed regular on-line training for counter products and services. Both dispensing assistants had achieved Tesco 'Gold' level in their training. This equipped them with counter skills and dispensing skills. They used the Tesco online training sites to keep their knowledge up to date. Staff were renewing their safeguarding training.

Staff had regular performance reviews and said they could give and receive feedback during reviews and on an on-going basis. Team members were encouraged to contribute ideas and make suggestions to improve safety and effectiveness of services. The dispensing assistant described how she and her colleagues managed a section of stock which contained items requested by local people. These local lines included items such as Ferrograd and Ferrograd C.

The working atmosphere was busy, but team were supportive of one another and it was evident that all staff had a clear idea of which tasks had to be done and when. The locum described targets as manageable. When the regular pharmacists were on duty there was a period of double cover for two hours during the day which allowed one pharmacist to attend to management tasks or provide services such as MURs and flu vaccinations whilst the other took care of the dispensing service. The pharmacy achieved its target of 400 MURS in the first 10 months of the year. But after that staff would still do MURs on patients who needed them without the additional NHS service payment. The pharmacist said that balancing services in with the prescription workload was manageable.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, tidy, organised and secure and suitable for the services provided.

Inspector's evidence

The pharmacy was located on a run of wall space at the rear of the store. It was adjacent to general healthcare products. This allowed patients to obtain all their medicines without too much inconvenience. When they could, staff would often help customers find the items they needed from the healthcare area.

The pharmacy had a traditional layout with the counter at the front and the dispensary behind. The pharmacy appeared to have an adequate amount of work surface and storage capacity. There was a 5-6 meter run of work bench to one side and a 3m run of work bench on the other. This work surface was used for storing incomplete prescriptions (Owings) and prescriptions with queries. Work surfaces were tidy and uncluttered. The main dispensing bench was used for walk-in dispensing and all accuracy checking.

The consultation room was at the side of the counter, within easy access of the dispensary. The room was a sealed unit to ensure that conversations held in the room could not be overheard. The consultation room door was kept locked via a coded keypad when not in use to prevent unauthorised access. There was seating outside the room for waiting customers.

The pharmacy was tidy and organised. Work surfaces and shelves were well used without having unnecessary clutter. Staff tidied away stock and paperwork as soon as they had finished with them. Stock was stored in an organised fashion. Sinks, floors, and work surfaces were all clean. A cleaner attended every morning to mop floors and empty the non-confidential waste bin. When the cleaner was working, pharmacy staff were present to oversee security and patient confidentiality. Confidential waste was double bagged and taken to a locked cage in the back-shop area by pharmacy staff.

The pharmacy was bright and well ventilated with temperature control systems in place. The premises had a professional appearance.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy provides its services safely and effectively. Staff give people the advice and support they need to help them use their medicines safely and properly. In general, the pharmacy manages its medicines safely and effectively. And it carries out checks to help make sure that its medicines are fit for purpose. But a small amount of stock is not properly labelled or packaged. This means that staff may not be able to identify it when it has reached its expiry date or has been recalled. The pharmacy was not yet scanning products with a unique barcode, as required by law.

Inspector's evidence

There was a pharmacy sign outside the store. There was further signage near the healthcare area and above the pharmacy. But the pharmacy was at the back of the store and there was no signage at the store entrance, to help people find it. Services were listed on the NHS website. There was also a list of services on the wall outside the consultation room. A range of health information leaflets was available in the consultation room. The general layout was such that wheelchair users could gain access to services. There was a repeat prescription collection service for a small number of prescriptions.

Systems were in place to manage services safely and effectively. The Emergency Hormonal Contraception (EHC) service had an up-to-date PGD. The EHC service was delivered according to an approved set of guidelines and an up-to-date SOP. Patient consent was obtained following the completion of a questionnaire. Questionnaires were assessed to establish whether someone was eligible and suitable for EHC. The pharmacy kept records of products supplied.

The Pharmacy team were busy during the inspection. Dispensing baskets were used to keep prescriptions and their respective medicines together. A long run of bench was used for the assembly and labelling of prescriptions and accuracy checking. A separate area of bench space was used for storing incomplete Owing. Prescriptions with queries were set aside awaiting the delivery of outstanding items or other intervention. It was evident that there was a clear work flow. Prescriptions were checked on an area of bench space overlooking the counter, so the pharmacist could intervene in counter sales when required.

SOPs had been signed as read and understood by staff. A sample of SOPs was checked about the management of CDs and the assembly labelling and accuracy checking process. Observation of staff performing these activities indicated that procedures were being followed e.g. a clear audit trail of the dispensing process was in place and CD records were maintained with weekly stock counts. The quantity of Zomorph 30mg capsules was checked and was as per the running balance total.

Medicines were obtained from licensed wholesalers and stored appropriately. Wholesalers used included AAH, Alliance Unichem and unlicensed 'Specials' were obtained from Lexon. Products requiring cold storage were kept in a fridge and temperatures monitored. Fridge temperatures were seen to be maintained within the required temperature range of 2- 8 degrees C. Controlled Drugs (CDs) were kept in a CD cabinet which had been secured into place. Access to pharmacy was restricted to authorised individuals only and at the discretion of the pharmacist.

The pharmacist gave additional counselling to people on high risk medicines. Staff were aware of recent

safety alerts for Sodium Valproate use in women and girls of childbearing potential and could locate Sodium Valproate warning leaflets and cards. Packs of Sodium Valproate in stock bore up-to-date warning labels. Pharmacy labels also had an additional warning. The pharmacist said she would provide warning cards with each prescription and additional counselling with each supply to women and girls to ensure that they were on a pregnancy prevention programme, where appropriate.

Staff were aware of the European Falsified Medicines Directive (FMD) which came into effect the previous month. They had received training and had procedures in place. They were awaiting the appropriate equipment for scanning products' unique bar codes.

In general stock was stored appropriately. However, there were several medication packs which contained mixed batches of medication. This included a pack of 60 Zomorph 30mg capsules which contained an additional strip of 4 capsules with different batch number and expiry date. The strip of 4 was due to expire before the date on the pack they had been put into. The pack had been marked to show that it did not contain the amount described on the original pack. A pack of Neurontin 400mg was found to contain a total of 4 different batches, one of which was not Neurontin but a generic brand. A pack of Neurontin 600mg was found to contain 2 different batches. Several packs had been damaged when they had been squeezed into drawers. There was also an open bottle of Methadone SF 1mg/ml which had not been marked with the date of opening to signify its shortened expiry date.

Stock was regularly date checked in accordance with a monthly date checking matrix and there were no out of date medicines found on dispensary shelves. Out of date and other waste medicines were disposed of in the appropriate containers and collected by a licensed waste carrier. There wasn't a list of Hazardous items readily available to help staff identify and dispose of hazardous items safely, although staff knew not to dispose of cytotoxic medicines, CDs and sharps in the usual waste bin.

Waste products such as used gloves and swabs were discarded into sealed sharps containers. Loose syringes from the vaccination services were discarded into lidded yellow bins kept in in the (locked) consultation room. The bins were collected periodically for safe disposal by a licensed waste contractor.

In general, appropriate action was taken when there was reason to suspect that a medicine may not be fit for purpose. Medicine recalls were received through the Tesco email system and actioned promptly. Waste medicines were discarded into the appropriate DOOP containers for collection by a licensed waste contractor. The recent recall for Martindale Chloramphenicol eye drops had been acted upon.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

In general, the pharmacy has the right equipment and facilities for the services it provides, and it uses these to keep people's information safe. But, it may not have enough computer terminals for busy periods. This means that people may have to wait for longer than necessary.

Inspector's evidence

Measures were BS standard and were clean. Tablet and capsule counting equipment were also clean although one triangle had a slightly dusty residue on it. There was a separate triangle used for Cytotoxic tablets to prevent cross contamination with other tablets. Dispensing bottles were capped prior to use, also to prevent contamination.

The pharmacist described using the BNF and the BNF for children and the MEP. Hard copies of these were to hand. She also had the BNF 'app' on her phone. She had access to several on-line resources including, the Drug Tariff, NICE guidelines, Fitfortravel, EMC, the PSNC website and the NHS website. She also used the NPA advice line.

The pharmacy had one computer which appeared to be sufficient for the current workload. Staff said it was sufficient most of the time but not enough during busy periods. When busy, people could be kept waiting when dispensing was interrupted for queries and vice versa. The pharmacy had an additional laptop in the consultation room. But this did not have a PMR facility.

Patient sensitive documentation was stored out of public view in the pharmacy. Confidential waste was collected regularly in red bags for disposal. The computer was password protected and out of view of patients and the public. The pharmacist was observed using her own smart card and removing it from the terminal once she had finished using it. The second pharmacist was observed to use her own Smart card.

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.