General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, 21-35 Stratford Road, Shirley, SOLIHULL, West Midlands, B90 3LU

Pharmacy reference: 1107232

Type of pharmacy: Community

Date of inspection: 09/05/2019

Pharmacy context

This is a community pharmacy located within a supermarket. It is open seven days a week and dispenses NHS and private prescriptions. It also supplies medicines in multi-compartment compliance packs to approximately 17 people living in their own homes.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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	4.1	Good practice	A good range of pharmacy services are accessible over extended hours and across seven days a week.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy has safe and effective working practices. It manages risks appropriately by recording and reviewing near misses and dispensing errors. And it generally keeps people's private information safe. It asks people for their views and uses their feedback to improve its services where possible. It keeps records required by law to ensure that medicines are supplied safely and legally. The pharmacy has safeguarding procedures and its team members understand how they can help to protect vulnerable people.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) for the services it provided. The pharmacy team members had read and signed the SOPs relevant to their roles and responsibilities.

An incorrect Responsible Pharmacist (RP) notice was on display. This was rectified when pointed out to the locum pharmacist on duty. Members of the pharmacy team understood their roles and responsibilities and these were clearly set out in the SOPs. A dispenser was clear about the tasks she could or could not undertake in the absence of a RP.

The pharmacy had systems in place to review the safety and quality of its pharmacy services. Members of the pharmacy team recorded near misses and dispensing errors. Near miss logs were reviewed each month. But some records of near misses did not include much detail of the contributory factors or learning points. This could make it harder to carry out any meaningful analysis. And actions taken to mitigate risks didn't appear to have been fully actioned. For example, there were several near misses involving ramipril tablets and capsules that had occurred repeatedly in the last few months. And although the action recorded was to separate various strengths, these were found still next to each other on the shelves.

The pharmacy team members routinely completed a safe and legal checklist to ensure the pharmacy was legally and operationally compliant. The checklist prompted team members to ensure routine tasks such as monitoring the fridge temperatures and displaying the RP sign were completed each day.

The pharmacy had a complaints process and information for people about this was included in the pharmacy's practice leaflet. Results of the most recent survey were generally positive but it had identified the comfort and convenience of the waiting area as an area for improvement. The locum pharmacist was not sure how this was being addressed but said that the current layout of the pharmacy did not have designated seating space available for people. However, the pharmacy's consultation room could be used if people chose to wait whilst their prescriptions were being dispensed.

The pharmacy's records for RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were maintained in line with requirements. CD running balances were checked weekly. The balance of stock of an item checked at random matched the recorded balance in the register. Patient-returned CDs were recorded in a separate register when they were received.

An Information Governance policy was in place and members of the pharmacy team had signed

confidentiality agreements. The pharmacy's confidential waste was segregated and disposed of securely. Access to the pharmacy computers was password protected and restricted to authorised team members. And computer terminals were positioned away from public view. Completed prescriptions were stored appropriately and people's personal details were not visible to the public. But there was some patient confidential information stored in the unlocked consultation room which meant that people's private information might be viewed by people not authorised to do so.

The pharmacy had a safeguarding policy and the locum pharmacist had completed Level 2 safeguarding training. All other members of the pharmacy team had completed safeguarding training relevant to their roles. Details of local safeguarding agencies were available in the pharmacy so the pharmacy team members had ready access to these if they needed to report a concern.

The pharmacy had appropriate indemnity insurance arrangements in place.

Principle 2 - Staffing ✔ Standards met

Summary findings

Members of the pharmacy team work well together and they are appropriately trained for their roles and responsibilities. They are supported with on-going training to keep their skills and knowledge up to date. And they can exercise their professional judgement to act in the best interests of the people they serve. The team members can raise any concerns with the management team.

Inspector's evidence

At the time of the inspection, a locum pharmacist and a dispenser were on duty. The team was managing the workload comfortably.

The pharmacy employed a full-time pharmacist manager, full time pharmacist and a part-time pharmacist, who covered most of the opening hours between them. Two part-time technicians and three part-time dispensers were also employed. There was some pharmacist overlap between shifts to provide break cover and support for other services. Locum pharmacists were employed to cover the remaining hours if required.

The pharmacy team members felt supported by their management team and received weekly “safety starts here” bulletins from head office. The bulletins shared learnings and informed team members about professional issues that had occurred within other branches. A recent bulletin gave guidance about the recent re-classification of pregabalin and gabapentin.

The pharmacy had a whistleblowing policy and the pharmacy team members had all signed to say they had read the policy. A team member explained that they could raise professional concerns with the pharmacists, pharmacy manager, store manager or area manager.

Members of the pharmacy team were supported with on-ongoing learning and development via a training portal to keep their skills and knowledge up to date. And performance appraisals were undertaken annually. Training records were kept and available in the pharmacy.

The pharmacy team members were expected to meet their targets for services. But they did not feel their professional judgement or patient safety was adversely affected by targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are safe, secure and adequate for the provision of pharmacy services.

Inspector's evidence

The pharmacy premises were clean and tidy. The dispensary was small and somewhat dated. But it had adequate storage and bench space available for safe working. Its floor spaces were free from clutter and obstructions. The pharmacy's workflow was well organised.

The pharmacy had a private consultation room to enable people to have private conversations or consultations with the members of the pharmacy team. The room was advertised but not kept locked when it was not being used.

A dispensary sink was available for medicines preparation. The sink was clean and had hot and cold running water. Hand sanitisers and antibacterial hand-wash was available. Team members had access to canteen and hygiene facilities elsewhere in the store.

Lighting and ventilation throughout the pharmacy was adequate and the room temperature in the dispensary was appropriate for the storage of medicines.

The premises were lockable and secured against unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible over extended hours and its team members generally ensure these are delivered safely and effectively. The pharmacy obtains its medicines from reputable suppliers. And the pharmacy manages the concerns about recalled medicines appropriately to keep people safe. The pharmacy does not routinely mark all the prescriptions for higher-risk medicines. This could increase the chances that some people don't get all the information they need to take their medicines safely.

Inspector's evidence

The supermarket had a car park for its customers to use. It had automated doors and its entrance was level with the outside pavement. Its aisles leading to the pharmacy were wide enough to accommodate people with wheelchairs or prams. The pharmacy's services were advertised in-store and its team members used their local knowledge to signpost people to other providers if a service required was not offered at this pharmacy.

The pharmacy offered a delivery service to housebound people and signatures were obtained from recipients to maintain an audit trail and ensure medicines were delivered safely.

Members of the pharmacy team initialled the "dispensed by" and "checked by" boxes on dispensing labels. This was to keep an audit trail of staff involved in each stage of the dispensing process. They used dispensing baskets during the dispensing process to avoid prescriptions getting mixed up and to prioritise their workload.

The pharmacy supplied medicines in disposable multi-compartment compliance aids to approximately 17 people who had difficulty in managing their medicines. A dispensing audit trail was maintained for the assembled compliance aid seen and a brief description of individual medicines was included on the pack. Patient information leaflets were routinely supplied. Members of the pharmacy team kept individual records of people who were supplied with compliance packs and prescriptions were checked against these records. Any anomalies on the prescription were checked with the prescriber.

The locum pharmacist was aware of the valproate pregnancy prevention programme and knew which patient groups needed to be provided with advice about its contraindications and precautions. Patient information leaflets and guides were available. The pharmacy had conducted a practice-based valproate audit and had identified one person eligible for further intervention. The person was provided with the appropriate guidance by the pharmacist.

All controlled drugs (CDs) were stored appropriately. Access to the CD cabinet was managed appropriately by the duty pharmacist. The pharmacy had denaturing kits available to dispose of waste CDs safely. Other medicines returned by people were segregated into designated bins and disposed of appropriately. Prescriptions for CDs not requiring secure storage were marked with their validity dates to help ensure that these medicines were not handed out after the prescription had expired.

Prescriptions for higher-risk medicines such as warfarin were not routinely marked. And records about therapeutic monitoring (INR) levels were not always kept. There were some records of INR kept on the

patient medication records but these were not recent.

Medicines were obtained from licensed wholesalers and unlicensed specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Medicines were stored in an organised fashion. Pharmacy only medicines were stored out of reach of the public. The pharmacy had not yet implemented procedures to comply with the Falsified Medicines Directive (FMD). Member of the pharmacy team said that the system was in its trial stages.

Medicines requiring cold storage were kept in a pharmaceutical refrigerator and stored between 2 and 8°C. The maximum and minimum fridge temperatures were monitored and recorded daily.

Medicines were date-checked at regular intervals and the checks were recorded. Short-dated medicines were marked so that they could be identified and removed at an appropriate time.

The pharmacy had a process to deal with safety alerts and drug recalls. Records of these and the actions taken by the pharmacy team members were kept in the pharmacy to provide an audit trail.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had access to the internet and various reference sources.

A range of crown-stamped glass measures and equipment for counting loose tablets and capsules was available at the pharmacy.

All electrical equipment appeared to be in good working order.

Access to the pharmacy computers and patient medication record system was restricted to the members of the pharmacy team and was password protected.

Computer terminals were not visible to customers. A private consultation room was available for private conversations and counselling.

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.