

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, 215 Park Road, Toxteth,
LIVERPOOL, Merseyside, L8 4XF

Pharmacy reference: 1107233

Type of pharmacy: Community

Date of inspection: 15/07/2019

Pharmacy context

The pharmacy is located in a supermarket. The pharmacy premises are easily accessible for people, with adequate space in the consultation room and at the medicines counter. The pharmacy sells a range of over-the-counter medicines and dispenses NHS prescriptions.

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	1.2	Good practice	The pharmacy records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
		1.7	Good practice	The pharmacy team members receive information governance training when their employment begins, then get regular refresher training and assessment.
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 manages the risks associated with its services and protects people's information. It asks people for their views and uses this feedback to improve its services. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And act to help stop the same sort of mistakes from happening again. The team members complete training so they know how to protect vulnerable people.

Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided, with training record cards showing that members of staff had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A dispenser was following the SOPs that were relevant to her role and was able to clearly describe her duties.

Dispensing incidents were reported online and learning points were included. Near miss errors were reported on a near miss log and were reviewed on a weekly basis with 'next steps' documented on the near miss log. Near miss errors were reviewed for trends and patterns by the pharmacist each month and copies of previous near miss audits were provided. The near misses were discussed with the pharmacy team member at the time they occurred. As a result of a near miss error with pregabalin and gabapentin the stock had been highlighted. Due to a near miss error with amlodipine and amitriptyline the stock had been separated and highlighted.

The correct responsible pharmacist (RP) notice was displayed prominently in the pharmacy. A complaints procedure was in place. The pharmacist explained that he aimed to resolve complaints in the pharmacy at the time they arose, but he would refer the customer to head office if they felt it was unresolved.

A customer satisfaction survey was carried out annually. The dispenser explained that because of some patients providing feedback suggesting the pharmacy needed somewhere to hold private conversations, the pharmacy team were actively sign posting patients to the consultation room. A customer view point card was routinely provided with dispensed prescriptions to allow customers the opportunity to provide online feedback on the way in which pharmacy services were provided, for example a dispenser had received positive feedback regarding the way she had swiftly dealt with a patient and showed empathy towards their needs.

The company had appropriate insurance in place. The private prescription record, emergency supply record, responsible pharmacist (RP) record and unlicensed specials record were in order. The CD registers had CD headers missing from several pages in the registers. Records of CD running balances were kept and audited regularly. Patient returned CDs were recorded and disposed of appropriately.

Confidential waste was placed in a designated bag to be collected by an authorised carrier. Patient information was kept out of sight of people who accessed pharmacy services. An information governance SOP was in place and all staff had read and signed confidentiality agreements during their employment. The computers were password protected, facing away from the customer and assembled

prescriptions awaiting collection were stored on shelves in the dispensary in a manner that protected patient information. Information governance (IG) training was completed when staff commenced their roles, with an annual IG refresher course completed online by all staff.

The pharmacist had completed level 2 safeguarding training. All staff had recently completed safeguarding training online. The local NHS contact details for seeking advice or raising a concern were available for staff to refer to.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy generally has enough pharmacy team members to manage its workload safely. The team members are trained and work effectively together. They are comfortable about providing feedback to their manager and receive feedback about their own performance. The pharmacy enables its team members to act on their own initiative and use their professional judgement, to the benefit of people who use the pharmacy's services.

Inspector's evidence

There was a pharmacist manager and a dispenser on duty at the time of inspection. Both the pharmacist and dispenser were very busy providing pharmacy services throughout the inspection. They appeared to work well together and generally manage the workload adequately. The pharmacy staff rotas for the next two weeks were provided, and it was evident that there were some occasions each week when the pharmacist worked alone or with one dispenser. So, there may be times when the pharmacy was operating with a minimum number of trained staff which may compromise effective service provision.

The dispenser said the pharmacist manager was very supportive and was more than happy to answer any questions she had. She explained that ongoing training material was provided online, and she had completed oral health and safeguarding modules recently. She said training was completed when there were enough staff in the pharmacy and the workload permitted, which was difficult at times.

The dispenser was aware of a process for whistleblowing and knew how to report concerns about a member of staff if needed, i.e. she spoke to the pharmacist in the first instance. The staff were regularly given feedback informally from the pharmacist manager, for example near miss errors or any outstanding training to be completed. All staff had received a performance review in the last 12 months. The dispenser said it was a useful way of identifying how she wanted to develop in her role.

The dispenser was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as co-codamol, i.e. she would refer the patient to the pharmacist for advice.

The pharmacist explained that there was an MUR target set in the pharmacy and he had not felt under any organisational pressure to achieve this. He said there was no compromise to patient safety or the quality of services provided because of the target and the only consequence of not hitting the target may involve a discussion with the regional manager to ascertain why the target was not met.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare.

Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. Dispensary benches, the sink and floors were cleaned regularly.

The temperature in the pharmacy was controlled by the air conditioning units in the supermarket. Lighting was good. The pharmacy premises were maintained and in an adequate state of repair. Maintenance problems were reported and dealt with.

Staff facilities included a kettle. A staff room and separate ladies and gents WCs with wash hand basins and antibacterial hand wash were available in the staff area of the supermarket. There was a consultation room available which was uncluttered and clean in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access, and they are generally well managed. But members of the pharmacy team do not always know when high-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. The pharmacy carries out some checks to help make sure that medicines are kept in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. A hearing loop was available on the counter. There was a selection of healthcare leaflets. Staff were clear about what services were offered and where to signpost to a service if this was not provided. i.e. opticians. The opening hours were displayed.

The work flow in the pharmacy was organised into separate areas – dispensing bench space and a checking area for the pharmacist. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used in the dispensary to separate prescriptions to reduce the risk of medicines becoming mixed up during dispensing.

The pharmacist explained that prescriptions containing schedule 2 CDs had a CD sticker included on the assembled bag. He explained that this was to act as a prompt for staff to take the CD from the CD cabinet and include it with the rest of the assembled prescription at the time of supply. He said schedule 3 and 4 CDs were highlighted with the prescription date circled, but an assembled prescription awaiting collection for zopiclone had not been highlighted, which may increase the possibility of supplying a CD on a prescription that had expired.

Prescriptions containing warfarin, methotrexate or lithium were not routinely highlighted prior to collection. The pharmacist had carried out a clinical audit for patients prescribed valproate and had identified no patients who met the risk criteria. A valproate poster was available for staff to refer to. The pharmacist said they had run out of patient information resources and he was going to order more, which meant they may not be able to supply all of the necessary information if valproate was dispensed.

The dispenser provided a detailed explanation of how the multi-compartment compliance aids service was provided. She said that the pharmacy currently dispensed into disposable compliance aids for two community patients. The compliance aids service was organised with an audit trail for changes to medication added to the computer patient medication record (PMR). She explained that patient information leaflets for the medicines supplied were routinely included and tablet descriptions were added to each compliance aid. There were no assembled compliance aids present to demonstrate this.

Stock was stored tidily in the pharmacy. Date checking was carried out and documented. Short dated medicines were highlighted. No out of date stock medicines were present from a number that were sampled.

CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits and a record was kept. A balance check for a random CD was carried out and found to be correct. There was a clean

fridge for medicines, equipped with a thermometer. The minimum and maximum temperature was being recorded daily and the record was complete.

The pharmacy staff present were aware of the Falsified Medicines Directive (FMD). The pharmacy had no software or hardware installed for FMD. The pharmacist explained that he had not been made aware from head office of any timescales for the pharmacy to meet FMD requirements. Therefore, the pharmacy was not meeting legal requirements.

Alerts and recalls and so on were received electronically from head office. These were actioned on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide the service safely.

Inspector's evidence

The staff used the internet to access websites for up to date information, for example BNF, BNFc and medicines complete.

Any problems with equipment were reported to the pharmacist. All electrical equipment appeared to be in working order and was PAT tested in November 2018. There was a selection of liquid measures with British Standard and Crown marks. Designated measures were used for CDs. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless telephone was available in the pharmacy and the staff said they used this to hold private conversations with patients when needed.

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.