

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, Town Lane, Stanwell,  
STAINES, Middlesex, TW19 7PZ

**Pharmacy reference:** 1107305

**Type of pharmacy:** Community

**Date of inspection:** 24/06/2019

## Pharmacy context

This is a community pharmacy set within a supermarket on the outskirts of Ashford. The pharmacy is near a nurse-led NHS walk-in centre and an out-of-hours service provider. The pharmacy opens seven days a week. Most people who use the pharmacy also use the supermarket. The pharmacy sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It offers a winter influenza (flu) vaccination service. It also provides multi-compartment compliance packs to help people take their medicines.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has written procedures to help make sure its team works safely. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately. The pharmacy adequately monitors the safety of its services. Its team members usually review the mistakes they make to try and stop them happening again. The pharmacy has appropriate insurance to protect people if things do go wrong. It generally keeps all the records it needs to by law. The pharmacy acts upon people's feedback. And it keeps people's private information safe and explains how it will be used. The pharmacy team understands its role in protecting vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And these have been reviewed since the last inspection. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles.

The team members responsible for the dispensing process tried to keep the dispensing workstations tidy. They used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. Systems were in place to record and review dispensing errors and near misses. But only 6 near misses have been recorded since February. The pharmacy team discussed its mistakes to share learning and reviewed them periodically to help it strengthen its dispensing process. Stocks of amitriptyline and amlodipine were separated from each other on the dispensary shelves to reduce the risk of staff picking the wrong product.

The pharmacy displayed a notice that identified the Responsible Pharmacist (RP) on duty. And its staff were required to wear name badges which identified their roles within the pharmacy. The roles and responsibilities of the pharmacy team were described in the SOPs. Staff knew what they could and couldn't do, what they were responsible for and when they might seek help; for example, a member of the pharmacy team explained that repeated requests for the same or similar products were referred to a pharmacist.

A complaints procedure was in place and patient satisfaction surveys were undertaken annually. People could provide feedback about the pharmacy in-store, online or by contacting the company's customer service department. The results of last year's patient satisfaction survey were published online. The pharmacy team has reviewed the pharmacy's stock levels following people's feedback.

The pharmacy had insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). The pharmacy's RP records and its records for emergency supplies made at the request of patients were adequately maintained. The address from whom a controlled drug (CD) was received from wasn't always recorded in the CD register. But the CD register's running balance was audited regularly in line with the pharmacy's SOPs. The date of prescribing and the date a prescription was received at the pharmacy weren't included in the pharmacy's records for emergency supplies made at the request of an appropriate practitioner. The date a 'specials' line was received at the pharmacy wasn't routinely recorded in the pharmacy's 'specials' records.

An information governance policy was in place which staff were required to read and sign. A notice was

displayed next to the pharmacy's counter to tell people how their personal data was used and kept. Arrangements were in place for confidential waste to be collected and sent to a centralised point for secure destruction. The pharmacy stored its prescriptions in such a way to prevent people's names and addresses being visible to the public.

The pharmacy's team members were required to complete safeguarding training relevant to their roles. Contact details for the relevant safeguarding authorities were available. Staff could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to provide safe and effective care. Members of the pharmacy team are encouraged to keep their knowledge up to date. They're comfortable about giving feedback to improve the pharmacy's services. And they use their judgement to make decisions about what is right for the people they care for. The pharmacy team's professional judgement and patient safety are not affected by targets.

### Inspector's evidence

The pharmacy opened for 100 hours a week. And it dispensed between 4,200 and 4,500 prescription items a month. The pharmacy team consisted of a full-time Pharmacist Manager (the RP), a full-time pharmacist, a part-time pharmacist, a full-time dispensing assistant, a part-time dispensing assistant, a part-time trainee dispensing assistant, a part-time medicines counter assistant (MCA) and a part-time trainee MCA. There were vacancies for a part-time MCA and a part-time dispensing assistant at the time of the inspection.

The RP, two dispensing assistants and the MCA were working during the inspection. The pharmacy relied upon its team members, locum pharmacists and staff from other Tesco Pharmacy branches or staff from other departments in the supermarket to cover absences and any vacancies. All staff who worked in the pharmacy have completed or were undertaking accredited training relevant to their roles.

Staff supported each other so prescriptions were processed in a timely manner and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team needed to follow. One of the dispensing assistants, who was also a trained MCA, described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist; for example, requests for treatments for pets, infants, people who were pregnant, elderly people or people with long-term health conditions.

Staff performance and development needs were monitored and discussed informally throughout the year and at annual appraisals. Members of the pharmacy team were encouraged to ask the pharmacists questions, familiarise themselves with new products and complete their accredited training or online training to make sure their knowledge was up to date. They sometimes received time when the pharmacy wasn't busy to train and read the company's periodical newsletter on professional matters.

One-to-one discussions, team huddles and a 'WhatsApp' group were used to update the pharmacy's team members and to share learning from mistakes or concerns. Staff felt comfortable in providing suggestions about the pharmacy during team meetings. And they knew how to raise a concern if they had one. The pharmacy's repeat prescription process was strengthened following staff feedback.

The pharmacy's team members didn't feel their professional judgement or patient safety were affected by company targets. Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations were only provided by suitably qualified pharmacists when it was clinically appropriate to do so and when the workload allowed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

### Inspector's evidence

The pharmacy was bright, clean, professionally presented and air-conditioned. It was situated near the health and beauty area of the supermarket. The pharmacy had the storage space and workbench it needed for its current workload. The plastic partitioning screens located at the pharmacy's entrance were damaged. But staff had reported the matter to the supermarket's maintenance department.

A consultation room was available if people needed to speak to a team member in private. And it was locked when not in use to ensure its contents were kept secure. The pharmacy was cleaned regularly by a cleaning contractor. But the cleaning contractor wasn't left unsupervised in the pharmacy. The pharmacy team was also responsible for keeping the registered pharmacy area clean and tidy. But the consultation room's sink needed to be de-scaled and cleaned. And the dispensary's sink and mixer tap were loose. The pharmacy had a supply of hot and cold water. It also had some antibacterial hand wash and alcoholic hand sanitiser gel.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. And its services are accessible to most people. Members of the pharmacy team are helpful. And they make sure people have the information they need so that they can use their medicines safely. They check stocks of medicines regularly to make sure they are in-date and fit for purpose. The pharmacy gets its medicines from reputable sources and stores them appropriately. And it generally disposes of people's waste medicines safely too.

### Inspector's evidence

The supermarket had a car park for people to use. It had automated doors and its entrance was level with the outside pavement. The pharmacy was open most days of the year and it opened early and stayed open later than usual six days a week. The pharmacy's services were advertised in-store. Staff knew where to signpost people to if a service was not provided. And a signposting folder was available.

The winter flu vaccination service was established. Some people chose to be vaccinated at the pharmacy rather than their doctor's surgery for convenience or because they were not eligible for the NHS service. The pharmacy provided over 30 MURs and 8 to 10 NMS consultations a month. People provided their written consent when recruited for these.

The pharmacy offered private patient group directions for malaria prevention and the treatment of erectile dysfunction. But the demand for these were minimal as over-the-counter products were now available. Staff followed the pharmacy's SOPs. They referred to prescriptions when labelling and picking products. And they initialled each dispensing label. Assembled prescriptions were checked by the RP who was also seen initialling the dispensing label. And prescriptions were not handed out to people until an additional accuracy check was done at the point of supply.

The pharmacy used disposable and tamper-evident multi-compartment compliance packs for its Monitored Dosage System dispensing service. A dispensing audit trail was maintained for the compliance packs seen. And a brief description of each medicine contained within the packs was provided.

Patient information leaflets were routinely supplied with people's medication. The pharmacy team took the time to explain to people how they should take their medicines. Clear bags were used for dispensed CDs and refrigerated lines to allow the person handing over the medication and the patient or their representative to see what was being supplied and query any items. Prescriptions were highlighted to alert the person handing the medication over that these items had to be added or if extra counselling was required.

The members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that girls and women in the at risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

Recognised wholesalers, such as AAH, Alliance Healthcare, Oakwood Distribution Ltd. and Phoenix, were used to obtain medicines and medical devices. Pharmaceutical stock requiring refrigeration was appropriately stored between 2 and 8 degrees Celsius. CDs, which were not exempt from safe custody requirements, were appropriately and securely stored. A record of the destruction of patient returned

CDs was maintained. Staff were required to mark and keep patient-returned and out-of-date CDs separate from in-date stock. Most medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks and these were documented.

Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they couldn't verify and decommission stock at the time of the inspection as the pharmacy didn't have the appropriate equipment nor software to do so. The pharmacy's SOPs hadn't been revised to reflect the changes FMD would bring to the pharmacy's processes. The RP explained that there was a plan in place for the pharmacy to be compliant with the requirements of FMD within the next six months.

Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was emptied into a basket and checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. Suitable pharmaceutical waste receptacles were available and in use. But some cytostatic medication was found in a receptacle intended for non-hazardous waste.

A process was in place for dealing with recalls and concerns about medicines or medical devices. Drug and device alerts were retained and annotated with the actions taken following their receipt.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide services safely. But it could do more to make sure its equipment is properly maintained.

### Inspector's evidence

The pharmacy had up-to-date reference sources available and it had access to the NPA's information department. The pharmacy had a range of clean glass measures including separate measures for CD liquids. And it had equipment for counting loose tablets and capsules too. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its maximum and minimum temperatures were checked and recorded regularly.

The pharmacy provided private health checks but there wasn't much demand for these. The equipment the pharmacy team used for health checks, such as a blood pressure (BP) monitor, a blood glucose monitor and a cholesterol monitor, needed to be replaced or checked regularly. The BP monitor was replaced recently. But the accuracy of the blood glucose and cholesterol monitors haven't been checked for some time as they've not been used.

Access to the pharmacy computers and the patient medication record system was restricted to authorised personnel and password protected. The computer screens were out of view of the public. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary.

### 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.