General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Leigh Spinning Jenny, Barlo Radiators, LEIGH, Lancashire, WN7 4PG

Pharmacy reference: 1108486

Type of pharmacy: Community

Date of inspection: 11/07/2019

Pharmacy context

This is a community pharmacy inside a supermarket. It is situated near the town centre of Leigh. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and a minor ailment service.

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	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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. Members of the team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again. The pharmacy keeps the records it needs to by law. People who work in the pharmacy are given training about the safe handling and storage of data. This helps to make sure that they know how to keep private information safe.

Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were last issued in June 2018 and their stated date of review was June 2020. The pharmacy team had signed to say they had read and accepted the SOPs.

A daily checklist was completed to check compliance with a number of professional requirements, including fridge temperature records, expiry date checks, weekly controlled drug (CD) balance checks, and display of the responsible pharmacist (RP) notice. An internal audit was conducted by the company to check compliance with the company's procedures. An area of improvement identified gaps in the near miss records. The pharmacist said this had been addressed.

Dispensing errors were recorded electronically and submitted to the superintendent (SI). The most recent error involved a hand out of medicines to the wrong person. The pharmacist investigated the error and actions were taken to help reduce the risk of further errors, for example re-training the staff involved and making the pharmacy team aware about the error.

Near miss errors were recorded on a paper log. The pharmacist said she would review the records at the end of the week and discuss any errors with the staff. But records of the reviews were not kept. So the pharmacy cannot fully demonstrate that they are doing everything they can to improve. The pharmacist would also highlight mistakes to staff at the point of accuracy check and staff were asked to record their own errors. She gave examples of action that had been taken to help prevent similar mistakes, which included moving amitriptyline away from amlodipine tablets.

The company shared learning between pharmacies. Amongst other topics they covered common errors. The pharmacy team would discuss the information when it was received. Action was taken to prevent a similar error occurring in the pharmacy for example by reviewing the dispensary location of 'look alike and sound alike' medicines.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The trainee dispenser was able to describe what her responsibilities were and was also clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently.

The pharmacy had a complaints procedure. Information in the practice leaflet advised people to raise complaints to the pharmacy team. The contact details for NHS England were also provided. Complaints were recorded to be followed up by the pharmacist manager.

Professional indemnity insurance was confirmed to be in place prior to inspection. Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

Controlled drugs (CDs) registers were maintained with running balances recorded and generally checked weekly. Two CD balances were checked. One CD balance was found to be accurate. The balance of another CD was found to have a deficit of eight tablets. Following the inspection, the pharmacist reported that she had identified a missed entry and had now rectified this. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team had read the policy and had signed confidentiality agreements. When questioned, the trainee dispenser was able to correctly identify how confidential information was segregated to be removed by a waste carrier. A sign in the retail area provided information about the company's privacy policy.

Safeguarding procedures were available and had been read by the pharmacy team. The pharmacist said she had completed level 2 safeguarding training. The pharmacy team did not have the contact details of the local safeguarding board to hand for reference. This may prevent concerns to be raised promptly. The dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are properly trained for the jobs they do. The pharmacy team complete some additional training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy team included two pharmacists – one of whom was the manager, a trainee pharmacy technician and five dispensers. The pharmacy team were appropriately trained or in accredited training programmes. The normal staffing level was a pharmacist and two to three dispensing staff.

The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system. Two 'multiskill' staff, who worked elsewhere in the supermarket, were in the process of completing their dispensary training and were available to provide cover.

The company provided the pharmacy team with e-learning training topics. And these appeared relevant to the services provided and those completing the e-learning. But staff said these were not provided in a consistent manner. So learning needs may not always be fully addressed.

The trainee dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales she felt were inappropriate and refer people to the pharmacist if needed.

The pharmacist said she felt able to exercise her professional judgement and this was respected by the pharmacist manager and pharmacy team.

The dispenser said she received a good level of support from the pharmacist and felt able to ask for help if she needed it. Staff were provided with annual appraisals.

Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the duty store manager.

The company set targets for services such as MURs and NMS. The pharmacist said she did not feel under pressure to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The pharmacy appeared adequately maintained. Staff would clean as part of their roles, and cleaners would mop the floor throughout the week.

The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary and access was restricted by use of a gate.

There was limited storage space for collections and so a milk trolley was used to help provide some additional shelving. This made the collection area appear cluttered and detracted from the professional appearance. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a staff canteen and WC facilities.

A consultation room was available with access restricted by use of a lock. There was a desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation room was clearly signposted. Some boxes of pharmacy sundries were in stored in the consultation room, which detracted from the professional appearance expected of a consultation area.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages them to help make sure that they are provided safely. The pharmacy gets its medicines from appropriate sources and carries out regular checks to help make sure that they are in good condition. But the pharmacy does not always highlight important information about medicines that are waiting to be collected. So the pharmacy team may not always check that the medicines are still suitable, or give people advice about taking them. .

Inspector's evidence

Access to the pharmacy was via a large supermarket and was suitable for wheelchair users. There was wheelchair access to the consultation room.

Pharmacy practice leaflets gave information about the services offered. Pharmacy staff were able to list and explain the services provided by the pharmacy.

The pharmacy opening hours were on display and a range of leaflets provided information about various healthcare topics. The pharmacy did not offer a repeat prescription ordering service.

Dispensed by and checked by boxes were initialled on dispensing labels to provide an audit trail. Dispensing baskets were used for segregating individual patients' prescriptions to avoid items being mixed up. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were segregated away from the dispensing area on a collection shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Plastic bags were used to store bulky medicines awaiting collection. But their blue transparent plastic allowed medicines to be clearly visible. The use of these bags may not protect the dignity or privacy of patients as expected.

Schedule 3 and 4 CDs were not routinely highlighted. So there is a risk some medicines may be supplied past their expiry date. And members of the pharmacy team may fail to mark schedule 3 prescriptions with the date (which is a legal requirement to be completed at the time of supply).

High risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team may not be aware when they are being handed out in order to check that the supply is suitable for the patient.

The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said an audit had been completed and she had spoken to all patients who were at risk and made sure they were aware of the pregnancy prevention programme. This was recorded on their PMR.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a special's manufacturer. The pharmacy was not yet meeting the safety features of the Falsified Medicines Directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine safety checks of medicines.

Stock was date checked on a three month rotating cycle. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short dated stock was highlighted using a pen and removed at the start of the month of expiry. Liquid medication generally had the date of opening written on.

Medicines were stored in pull-out drawers. But they appeared disorganised, with some medicines out of their correct order. This may increase the risk of a picking error or stock being misplaced.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use.

There was a clean medicines fridge with a minimum and maximum thermometer. The minimum and maximum temperature was being recorded daily and records showed they had been within the required range for the last month.

Patient returned medication was disposed of in designated bins for storing waste medicines located away from the dispensary.

Drug alerts were received electronically by email. Alerts were printed, action taken was written on, initialled and signed before being filed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, all electrical equipment had been PAT tested in November 2018.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy.

The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required.

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.