

# 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:** 12/08/2022

## Pharmacy context

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

## 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
<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 not all met	4.3	Standard not met	The pharmacy's medicines are stored in a disorganised manner which may increase the risk of an error. And there are expired medicines present within the dispensary, increasing the risk of supplying a medicine which is not fit for purpose.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy team has written procedures, to help to maintain the safety and effectiveness of the pharmacy's services. Members of the team are given training so that they know how to keep private information safe. And they record things that go wrong. But they do not review the records, so they may miss some learning opportunities and risk the same mistake happening again.

### Inspector's evidence

A set of company issued standard operating procedures (SOPs) were available. But the SOPs and the training sheets, which members of the pharmacy team signed, could not be seen as they were locked in the consultation room which could not be accessed during the inspection. The trainee dispenser said she had read and signed the SOPs.

Near miss incidents were recorded on a paper log by members of the pharmacy team. A trainee dispenser said the pharmacist would highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. But the team did not review the near miss records to identify learning. The pharmacy had a process in place to record and learn from dispensing errors. The company circulated shared learning between pharmacies. Amongst other topics they covered common errors and professional matters. Members of the pharmacy team said they always read the information sent by the head office.

A trainee dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Members of the pharmacy team wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. Any complaints would be recorded and followed up. In the absence of a manager, members of the team said they would refer complaints to another Tesco pharmacy manager to follow up. A current certificate of professional indemnity insurance was available.

Controlled drugs (CDs) registers were appropriately maintained with running balances recorded and checked at least monthly. Patient returned CDs were recorded in a separate register. Records for private prescriptions appeared to be in order. The RP record was generally well kept, except there were a few entries where the RP had not stated when they had finished their tenure. And the records for unlicensed specials did not always contain the required details about whom the medicines were supplied to, and when. So the pharmacy may not have a full audit trail in the event of a query or concern.

An information governance (IG) policy was available. The pharmacy team completed IG training and had confidentiality agreements in their contracts. When questioned, the trainee dispenser was able to describe how confidential waste was segregated to be removed by a waste carrier. A notice about how the pharmacy handled people's information was on display in the retail area. Safeguarding procedures were available, and members of the pharmacy team had completed basic safeguarding training. The pharmacist said he had completed level 2 safeguarding training. A trainee dispenser said she would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are generally enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete training to help them keep their knowledge up to date. But recent absences have increased pressure on the team. And there may be times when the pharmacy team cannot keep up to date with routine housekeeping tasks such as date checking and keeping the dispensary medicines organised.

### Inspector's evidence

The pharmacy team included a pharmacist, who was also the duty manager, and six dispensers, four of whom were in training. There were also pharmacy trained multi-skilled workers who worked elsewhere within the supermarket. All members of the pharmacy team were appropriately trained or on accredited training programmes. The pharmacy team was currently going through a period of instability. The pharmacy manager had left earlier in the year, and the duty manager was currently on sick leave. Two of the trained dispensers were also on sick leave. This meant the normal staffing level of a pharmacist and two other staff could not always be maintained.

At the time of inspection there was one trainee dispenser and a locum pharmacist. The pharmacy was busy with a lot of queries at the medicines counter. The pharmacy team regularly had to stop what they were doing to serve at the counter. A number of totes, containing stock medicines received from wholesalers, were on the floor and had yet to be put away. The trainee dispenser said she would not dispense any prescriptions with more than 4 items until a second member of the team was present. Later that morning, a trained multi-skilled worker from the supermarket came to work on the medicines counter.

Members of the pharmacy had access to an e-learning training programme. And the training topics appeared relevant to the services provided and those completing the e-learning. The trainee dispenser said she was not required to complete training, but she would usually access the website periodically from home to help keep her knowledge up to date. As training was not provided in a structured manner, 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 of medicines she felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist said he felt able to exercise his professional judgement and this was respected by the pharmacy team. The pharmacy team were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the duty manager. There were no professional based targets in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. And is the pharmacy is maintained to a standard suitable of a healthcare setting.

### Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and access to it was restricted by use of a gate. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of a central air condition system. Lighting was sufficient. Pharmacy team members had access to a staff canteen and WC facilities. Perspex screens had been installed at the medicines counter to help prevent the spread of infection, and hand sanitiser was available. A consultation room was available.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy's services are easy to access. It gets its medicines from recognised sources. But they are stored in a disorganised manner which may increase the risk of mistakes when picking medicines to dispense. And there are expired medicines present within the dispensary, increasing the risk of supplying a medicine which is not fit for purpose. Members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

### Inspector's evidence

Access to the pharmacy was via a supermarket and was suitable for wheelchair users. There was also wheelchair access to the consultation room. A number of posters and leaflets described the services offered and details were also available on the website. The pharmacy opening hours were displayed. Members of the pharmacy team were able to list and explain the services provided by the pharmacy.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Medicines were stored on pull-out style dispensary shelves and were supposed to be arranged in an alphabetical order. But the shelves were untidy and disorganised, and different types of medicines were found together. For example, one dispensary drawer contained ramipril, rosuvastatin and ropinirole. But these were not stored alphabetically, or in order. This could increase the risk of a 'picking-type' error due to similar names or strengths of medicines.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen to confirm the patient's name and address when medicines were handed out. A spot check of dispensed medicines awaiting collection found prescriptions for schedule 3 and 4 CDs which were not highlighted. So the team may not be aware when they were being handed out in order to make sure the prescription had not expired. And the pharmacy team did not routinely highlight prescriptions for high-risk medicines (such as warfarin, lithium and methotrexate). So members of the pharmacy team may not always provide appropriate counselling. Members of the pharmacy team 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. A trainee dispenser said the pharmacist would speak to patients to check the supply was suitable, but she was not aware of any current patients who met the risk criteria.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of stock medicines were checked every 3-months. A date checking record had been signed by members of the team in March 2022 indicating the expiry dates had been checked. But stickers on the dispensary shelves said the last date check was completed in November 2021. And when a random sample of stock was inspected four boxes of medication were found to have expired. Controlled drugs were stored in the CD cabinet, and CD denaturing kits were

available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being checked and recorded daily. Patient returned medication was disposed of in designated bins. Drug alerts were received by email from the head office. Details of the actions taken were electronically recorded. Any alert which required an action was highlighted to staff.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

### 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, electrical equipment had last been PAT tested in February 2022. 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. Equipment was kept clean.

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.

### 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.