

# 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:** 29/03/2023

## 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 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 follows written procedures, and this helps to maintain the safety and effectiveness of its services. It keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong so that they can learn from them. But they do not review the records, so they may miss some learning opportunities.

### Inspector's evidence

A set of company issued standard operating procedures (SOPs) were available. Members of the pharmacy team were in the process of reading the new SOPs and signing the training sheets.

Near miss incidents were recorded on a paper log. Members of the team explained that the pharmacist discussed mistakes at the point of accuracy check and asked them to rectify their own errors. But the near miss records were not reviewed to help identify underlying themes. The pharmacy had a process in place to record and learn from dispensing errors. The company circulated shared learning between their pharmacies. Amongst other topics they covered common errors and professional matters. Members of the pharmacy team confirmed that they read this information when it was received.

A medicines counter assistant (MCA) 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. A current certificate of professional indemnity insurance was available.

Controlled drugs (CDs) registers were appropriately maintained. Running balances were recorded and were checked each week. Patient returned CDs were recorded in a separate register. Records for the RP and private prescriptions appeared to be in order.

An information governance (IG) policy was available. The pharmacy team had completed IG training, and each had signed a confidentiality agreement. When questioned, the MCA 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 had completed level 2 safeguarding training. An MCA 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 appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date. But this is not structured so learning needs may not always be identified or addressed.

### Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy technician, three dispensers, two of whom were in training, and two MCAs, one of whom was in training. There were also pharmacy trained multi-skilled team members, who worked elsewhere within the supermarket. All members of the pharmacy team were appropriately trained or on accredited training programmes. The pharmacy currently did not have a manager. To help provide some oversight, a pharmacist from another branch visited one day a week. Staffing levels were maintained by part-time staff and a staggered holiday system. The workload appeared to be managed.

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 periodically access the website to help keep her knowledge up to date. The MCA 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 members of the pharmacy team.

Members of the pharmacy team said they felt well supported, and they were seen to work well together. They were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the duty manager or SI. 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 the pharmacy is maintained to a standard that is appropriate for a healthcare setting.

### Inspector's evidence

The pharmacy was in a small business unit at the rear of a supermarket. It 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 using a central air conditioning 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. But it was used to store some boxes and patient returned medicine bins which reduced the available space. This detracted from the professional appearance and may increase the risk of unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But 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.

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 had not been 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 normally spoke to patients who were prescribed valproate, 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. Short-dated stock was highlighted using a rubber band, and liquid medication had the dates of opening written on.

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 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

Team members 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 members of the team to move to a private area if the phone call warranted privacy.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.