

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Ware Road, HERTFORD,
Hertfordshire, SG14 1QA

Pharmacy reference: 1108488

Type of pharmacy: Community

Date of inspection: 08/10/2020

Pharmacy context

The pharmacy is within a supermarket and it is well signposted from the main entrance. It provides NHS and private prescription dispensing. It is open for 100 hours each week, but the supermarket is open for longer hours. The pharmacy supplies a flu vaccination service and supplies medicines in multi-compartment compliance packs to some people. The pharmacy was inspected during the COVID-19 pandemic.

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	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

Members of the pharmacy team work to professional standards and try to identify and manage risks, such as those associated with the COVID-19 pandemic, effectively. They are clear about their roles and responsibilities. They log any mistakes they make during the pharmacy's processes. And they take steps to avoid problems being repeated. The pharmacy keeps its records up to date. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. And these had been reviewed within the last two years. They were signed by the pharmacy's team members to indicate they had been read. The written procedures said the team members should log any mistakes in the dispensing process in order to learn from them. They were regularly logged, and similar sounding or looking medicines had been moved on the shelves to try to prevent picking errors.

There was an SOP for working during the COVID-19 pandemic, and the staff had each had a risk assessment to gauge their own personal risk. All the staff present were wearing face masks, and were seen to wash their hands, or to use alcohol hand gel frequently. Each had their own, labelled bottle.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice when needed.

The annual NHS customer questionnaire from 2018 to 2019 was displayed on the NHS website and had highlighted opportunities to improve the length of time taken to dispense prescriptions and the cleanliness of the pharmacy. As a result of this feedback, the pharmacy had been cleaned. It was clean at the time of the inspection. The length of time taken to dispense prescriptions had improved and staff were observed to give realistic waiting times to people.

The pharmacy had professional indemnity and public liability insurances in place. The pharmacy team recorded private prescriptions and emergency supplies, and these were accurately recorded. The controlled drugs registers were up to date and legally compliant. The team did regular checks on the recorded balance and actual stock of controlled drugs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range for storing medicines.

Confidential waste was separated and bagged, and then stored securely until collection by a licensed waste contractor. NHS cards, used to access NHS prescriptions and other information, were observed not to be shared, and staff removed their cards when they moved away from the computer terminals. The staff had received training about the General Data Protection Regulation (GDPR) and general information governance. There was a privacy notice on the consultation room door.

The pharmacist had undertaken formal training on safeguarding and the staff had done internal training

on the matter. They were aware of who they should contact if they thought there might be an issue and had the local contacts for the safeguarding boards in the area.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services, and they work effectively together and are supportive of one another. They generally have the appropriate skills, qualifications and training to deliver services safely and effectively. And they receive support from the company to keep their skills and knowledge up to date.

Inspector's evidence

There was a regular pharmacist, a dispenser, a counter assistant and a pharmacy student present during the inspection. During the evening there were more walk-in prescriptions than might be expected as the Hertford County Hospital out-of-hours service was close by and so it was not a quiet time. The pharmacist said that she always had a break between dispensing and checking items when she was working on her own, to reduce the risk of dispensing errors. The staffing hours allocated to the pharmacy was said to be based on the till trade, which was quiet at that time. The pharmacist reported that multi-tasking at this time could be challenging.

The dispenser and counter assistant both reported that they had had annual appraisals. The pharmacy student had not had an assessment of his training needs, which would be beneficial to identify if there were areas where he needed more support in the roles he undertook.

Training time was allocated to the staff for training, and they were provided with formal training from the 'Tesco Academy' which the staff said was useful to remind them about current medications and changes to the law.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was clean, tidy and bright. The dispensary area was large and adequate for the volume of prescriptions dispensed. And there was enough bench space for dispensing prescriptions safely. Each member of staff had their own workbench allowing them to socially distance from each other most of the time. There was a screen in place at the front counter to protect both the staff and customers. There were markings on the floor to show two metre distancing.

There was a consultation room which was also clean, tidy and bright and had adequate space for the services provided. It was kept locked and there was no confidential material accessible to people receiving services in the room, even if the pharmacist had to leave the member of the public alone for a few minutes. It was cleaned after each flu vaccination.

When the pharmacy closed, blinds were pulled up over the dispensed medicines and pharmacy-only medicines so that they could not be viewed by the public. Staff had access to the toilet facilities in the store, which had suitable handwashing facilities. And the dispensary had its own sink, with hot and cold running water.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective. And it gets its medicines from reputable sources. Some systems for monitoring higher-risk medicines are not robust. So, some people may not get the advice they need to take their medicines safely.

Inspector's evidence

Access to the pharmacy at the same level as the store and was well signposted from the car park. Services were advertised on the wall of the pharmacy. Large-print labels were available for those people with poor eyesight. There was a hearing loop. It was reported that the extended hours which the pharmacy opened provided a service for people using the out-of-hours prescribing service.

The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions where the person was waiting were put into red baskets to highlight this fact. Computer-generated labels attached to dispensed medicines included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced. Carrier bags used to hold dispensed medicines were sealed across the top using staples to prevent other items falling into them.

Schedule 4 controlled drug prescriptions were not always highlighted to staff who were to hand them out. This could increase the chance of these items being given out more than 28 days after the date on the prescription. Prescriptions for warfarin, lithium or methotrexate were usually flagged by the dispensing staff so team members could ask about any recent blood tests or the person's current dose when the prescription was collected. But if the dispensing staff did not flag the prescription, the counter staff would not always notice the medicine and ask the same questions. So, the pharmacy could not show that it was always monitoring these patients in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were routinely counselled about pregnancy prevention. Appropriate warnings stickers were not available for use if the manufacturer's packaging could not be used. The pharmacist said that she would get some, as a matter of urgency.

The pharmacy was taking part in the current seasonal flu vaccination campaign. Booking was online and the pharmacist said that she could alter the hours available for appointments. Only when she had enough staff for safe service provision, would she allow appointments to be made. Enough time was allowed for each vaccination to accommodate the cleaning required in between each appointment. At the time of the inspection, the company had reduced the availability of vaccinations to only those eligible for NHS vaccinations which had greatly reduced the number of people treated at this pharmacy so far. The responsible pharmacist present was able to undertake vaccinations and the patient group direction was present and in date and she had done the appropriate training for a safe service.

A few people were being supplied their medicines in multi-compartment compliance packs. These packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines. There was a list of packs to be

dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs.

The pharmacy got its medicines from licensed wholesalers and stored them on shelves in a tidy way. There were 'use first' stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done now, although it had been a bit irregular in the past few months. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.