

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Jarman Way, HEMEL
HEMPSTEAD, Hertfordshire, HP2 4JS

Pharmacy reference: 1108765

Type of pharmacy: Community

Date of inspection: 04/07/2019

Pharmacy context

The pharmacy is located in-store in a large supermarket and has healthy living pharmacy status. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection, anti-malaria medicines, meningitis and seasonal flu vaccination.

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

The pharmacy's working practices are safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy manages risk and keeps people's information safe. The pharmacy asks its customers for their views. The pharmacy has written procedures which tell staff how to complete tasks effectively. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand their role in protecting vulnerable people.

Inspector's evidence

Near misses were recorded, reviewed and actions taken to prevent a repeat near miss event were completed for each incident. Incidents were recorded on pharmacy incident report forms. Monthly and annual patient safety reviews (PSR) were completed and learning points were shared with pharmacy team members. An additional checking step had been added to the dispensing process. The prescription and medicines were first checked by the dispenser, then the pharmacist and there was a final re-check of the bagged prescription at the point of transfer to the patient. Taking a mental break during dispensing and checking had also been emphasised. The pharmacist explained that underlining 'tablets' or 'capsules' on the prescription minimised picking the incorrect form of ramipril. Likewise, underlining a few letters of the name of the medicines highlighted the difference between medicines with similar names including amlodipine and amitriptyline. 'Look alike, sound alike' (LASA) medicines had been identified and separated on the dispensary shelves to reduce picking errors.

Workflow: baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated, and medicines were picked from reading the prescription. There were separate dispensing and checking areas. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines. There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For 'manufacturer cannot supply' items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

Multi-compartment compliance aids were prepared for a number of patients according to a matrix. The pharmacy managed prescription re-ordering on behalf of patients. The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a compliance aid. Using the compliance aid was explained to new patients in a Medicines Use Review (MUR). Each patient had their own basket to contain their discharge summaries, notes and medicines.

Labelling included a description to identify individual medicines and patient information leaflets (PILs) were supplied with each set of compliance aids. High-risk medicines such as alendronate were supplied separately from the blister pack. There were currently no controlled drugs (CDs) supplied in blister packs. Levothyroxine and lansoprazole were supplied in blister packs and special instructions were

highlighted on the backing sheet. Backing sheets were stapled to the lid of the blister pack to avoid becoming detached.

The annual patient questionnaire had been conducted and had resulted in positive feedback. As a result of comments regarding somewhere to have a quiet word with the pharmacist, all staff offered members of the public the use of the consultation room if preferred when visiting the pharmacy. There was a practice leaflet on display. Staff were up to date with training in standard operating procedures (SOPs) which included responsible pharmacist procedures and a complaints procedure.

To protect patients receiving services, there was valid professional indemnity insurance in place. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Specials records were complete. Private prescription and emergency supply records were electronic. Some private prescription prescriber details were not completed, and the nature of the emergency was not always clear. Patient group directions for meningitis ACWY, malaria prophylaxis and erectile dysfunction were signed and in date.

The CD registers were complete and the balance of CDs was audited weekly in line with the SOP. A random check of actual stock of two strengths of a CD reconciled with the recorded balance in the CD registers. Footnotes correcting entries were signed and dated. Invoice number and name of supplier but not their address was recorded for receipt of CDs. Patient returned CDs were recorded in the destruction register for patient returned CDs.

The information governance (IG) folder included staff training records. IG procedures included 'How we look after and safeguard information about you', data security and protection and business continuity plan. A notice regarding Tesco and people's personal data was displayed. Confidential waste paper was collected for safe disposal and there was a cordless phone to enable a confidential conversation. Staff were using their own NHS Smart cards. Staff had undertaken safeguarding and dementia friends training and the pharmacists were accredited at level 2 in safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload within the pharmacy and works well together. The team members are supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

Inspector's evidence

Staff comprised: two regular full-time pharmacist, regular locum pharmacists, four part-time dispensers enrolled on or completed accredited training, one student medicines counter assistant who covered holidays and a new part-time staff member.

Training was provided online by head office. Staff had their own training profile and regular training topics appropriate to their role. Topics included safeguarding and travel health and included a knowledge section to study followed by a quiz. Mandatory training included health and safety. Staff had completed children's oral health and risk management. Pharmacists had completed training in relation to administering vaccinations.

There were annual staff appraisals to monitor performance and development. New starters had an appraisal to monitor the probationary period. Staff were able to provide feedback and had suggested where to display safeguarding contact details and daily tasks for locum referral. There was a whistleblowing policy. Targets and incentives were not set in a way that affected patient safety and wellbeing.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and suitable for the provision of its services.

Inspector's evidence

The premises were clean and tidy and presented a professional image. A cleaner regularly cleaned the floors and was accompanied by pharmacy staff. Staff lavatory facilities were not seen during the visit, but handwashing equipment was provided. The consultation room was locked when not in use and protected patient privacy. There were health related leaflets displayed. There was sufficient lighting but the effect of the air conditioning from the main store did not reach the pharmacy, so fans were in use.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective, and it gets its medicines from reputable sources. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely. The pharmacy team makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe and effective.

Inspector's evidence

There was wheelchair access and large font labels could be printed to assist visually impaired people. There was a hearing loop to assist hearing impaired people. Staff could converse in Amharic, Arabic, Punjabi, Hindi and Gujarati to assist patients whose first language was not English. Patients were signposted to other local services including urgent care, out of hours doctor's service, genito-urinary medicine clinic and nearby pharmacies for stop smoking service. Referrals were recorded.

Staff had completed children's oral health training and risk management training in line with quality payments criteria. The pharmacist had risk assessed 'LASA' medicines. The pharmacy had participated in health campaigns to increase public awareness in blood pressure, 'wear pink for cancer', Stoptober and stroke. Audits had been conducted including referral for prescription of a proton pump inhibitor for gastric protection if taking non-steroidal anti-inflammatory drugs (NSAID), use of inhalers in 5 to 15 year olds in the treatment of asthma and patients taking sodium valproate in the at-risk group. There was a folder of information to give to at-risk patients regarding risk of taking sodium valproate in pregnancy and the pregnancy prevention programme. The pharmacist described the procedure for supplying isotretinoin and interventions which would be recorded.

Prescriptions for schedule 4 CDs were highlighted and marked with the expiry date after which the CD could not be given out. The pharmacist would see the expiry date at the last check before transfer to the patient. Other prescriptions not collected after two months were removed from the retrieval system. 'Speak to pharmacist' stickers were attached to prescriptions to highlight any high-risk medicines being supplied such as warfarin and methotrexate. The pharmacist would then counsel the patient on how best to take their medication.

People taking warfarin were asked about blood test dates and for their record of INR which was not always recorded on the PMR. The dose of the warfarin and the colour of tablets in relation to strength of warfarin was explained. Advice was given about side effects of bruising and bleeding. Advice was given about diet containing green vegetables and over-the-counter medicines such as herbal remedies which could affect INR. People taking methotrexate were reminded of the weekly dose and taking folic acid on a different day. Advice was given to visit the doctor if sore throat or fever developed. Warning cards for high risk medicines such as lithium, prednisolone and warfarin were available to give to members of the public.

Medicines and medical devices were obtained from Alliance, AAH and Lexon. Floor areas were clear,

and stock was neatly stored on the dispensary shelves. Stock was date checked and recorded. Short-dated stock was enclosed in rubber bands to highlight it. No date expired medicines were found in a random check. Liquid medicines were marked with the date of opening. Medicines were generally stored in original manufacturer's packaging. Cold chain items were stored in the medical fridge. Waste medicines were stored separately from other stock in pharmaceutical waste bins. Falsified Medicines Directive (FMD) hardware and software was not operational at the time of the visit. Drug alerts were printed and displayed for one month to check stock did not contain affected batches. Annotated drug alerts were filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

Current reference sources were online and included BNF. The medical fridge was in good working order. Minimum and maximum temperatures were monitored daily and found to be within range 2 to 8 degrees Celsius. The CD cabinet was fixed with bolts. Adrenalin injection devices for use in the event of anaphylaxis were in date. Health check equipment to measure blood pressure, glucose, cholesterol, height and weight was in date. Head office replaced the blood pressure monitor regularly. Sharps and clinical waste bins were in the consultation room.

Confidential waste paper was collected for safe disposal and there was a cordless phone to enable a confidential conversation. Staff were using their own NHS Smart cards. The consultation room protected patient privacy and staff signposted members of the public to go there for a quiet word if preferred.

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.