

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Harbour Road, SEATON,
Devon, EX12 2PB

Pharmacy reference: 1109353

Type of pharmacy: Community

Date of inspection: 22/07/2019

Pharmacy context

This is a community pharmacy inside a Tesco supermarket in Seaton, Devon. It is open seven days a week. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It also dispenses private prescriptions and provides a substance misuse service. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), flu vaccinations and the NHS New Medicine Service (NMS). It also supplies medicines in multi-compartment compliance aids to people living in their own homes.

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 identifies and manages risk appropriately. Team members record their errors and review them, generating clear actions to improve safety. They learn from their mistakes and make changes to stop them from happening again. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and acts appropriately on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy keeps the records required by law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had processes in place to manage and reduce risk. Near misses were routinely recorded and entries in the near miss log contained a reflection on why the error occurred and actions taken to prevent a reoccurrence. Following several near misses where the incorrect strength of medicine had been selected, the pharmacy team had tidied the shelves holding the stock, and clearly separated different strengths. Visual reminders had been placed on the shelf edges of commonly confused medicines such as different formulations of tramadol.

Dispensing incidents were recorded on the pharmacy incident management system and were sent to the company's head office. A root cause analysis was also completed to identify the reasons for the error. Incidents were reviewed by the responsible pharmacist (RP) and the staff in the pharmacy. Following a hand-out error where a person had been given a bag containing someone else's medicines, all staff were reminded to check the address of the person collecting.

Pharmacy team members had weekly meetings to discuss any incidents and errors. 'team five' patient safety reviews were completed by the RP and discussed with staff. The pharmacy received a monthly 'safety starts here' document from the company head office which was read and reviewed by all staff.

The RP described how, before implementing a new service, he would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. He would review staffing levels to ensure provision of the service could be maintained and would check that he and his staff had access to the appropriate tools and training to provide the service.

Standard operating procedures (SOPs) were up to date and had been recently reviewed and adopted by the RP. Competence and understating of the SOPs was assessed by a verbal quiz and observations. The SOPs were signed by the appropriate staff. A dispenser could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey. Following feedback that people were not aware that there was a private room to have conversations with the pharmacist, the RP now proactively offered the use of the consultation room. A complaints procedure was in place and was displayed in the customer charter leaflet.

Adequate public liability and professional indemnity insurances were in place. Controlled drug (CD)

registers were maintained appropriately. Balance checks were completed weekly. A random balance check of a CD was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions were held on the patient medication record and were generally in order. Emergency supplies were also recorded on the PMR and mostly contained the nature of the emergency. Some supplies at the request of the prescriber had been incorrectly recorded as requested by the patient. Specials records were maintained, and certificates of conformity were stored with all required details completed.

All staff had completed training on information governance and the General Data Protection Regulation (GDPR) and had signed the associated policies. Patient data and confidential waste was dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. NHS Smart cards were used appropriately. Verbal consent was obtained before Summary Care Records were accessed. Records of access were kept along with the reason.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training, and the remaining staff had completed level 1. A safeguarding policy was in place and signed by staff and local contacts were available. The RP also had an app on his telephone to enable him to easily access local safeguarding contacts. Staff were aware of signs of concerns requiring escalation to other agencies.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are generally appropriately trained for their roles and they keep their skills and knowledge up to date. They usually receive time to learn during working hours. Team members are confident to suggest and make changes to improve their services. They communicate well with each other.

Inspector's evidence

At the start of the inspection, staffing consisted of a locum pharmacist and a medicines counter assistant (MCA). A second MCA, a dispenser and the pharmacist manager, who became the RP, commenced their shifts during the inspection. Before the other staff members arrived, the MCA was covering both the healthcare counter and dispensing prescriptions. She said she had not yet received her training materials for the 'gold' course used by the company to train dispensers. Later in the inspection, the RP said that these had been ordered and that he would chase them. No evidence was seen to support this.

The team had a good rapport but reported that they sometimes struggled with the workload. The dispenser who arrived during the inspection had been asked to work extra hours to provide additional support. Staff worked regular days and hours. Absences were usually covered rearranging shifts, or by part-time staff increasing their hours. In an emergency, the manager would call on support from another local branch.

The pharmacy supported its team members to complete training modules. The modules were available through an online programme called Tesco Academy. Several modules were mandatory, and the team members were usually provided with time during working hours to complete them. But some staff said that they did not have time during work and preferred to complete them at home. The modules could also be completed voluntarily if a team member felt they wanted to learn about a specific process or healthcare topic.

Staff were set yearly development plans and had six-monthly performance reviews. But these were overdue. There were plans to complete these when a new pharmacist manager commenced their role in the coming months. The team gave each other regular ad hoc feedback and there was a clear culture of openness and honesty.

The staff felt empowered to raise concerns and give feedback to the RP, who they found to be receptive to ideas and suggestions. Staff reported that they were able to make suggestions for change to improve efficiency and safety. Staff were aware of the escalation process for concerns and a whistleblowing policy was in place.

The RP said the targets set were manageable and that they did not impede his professional judgement. He described that all services undertaken were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. It has a consultation room for private conversations. It is appropriately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy was located at the rear of a large supermarket. A healthcare counter led to a spacious dispensary. A consultation room was available which presented a professional image and had health-related posters and information displayed. The room was locked when not in use. No confidential information was stored in the room.

The supermarket stored some of its stock areas in the registered premises. On the day of the inspection there were boxes of child car seats piled approximately seven feet high, which obscured the view from the pharmacy. The RP said that the supermarket did not use the pharmacy area to store inappropriate items, such as alcohol.

The dispensary stock was generally organised and tidy. Most of stock was stored in pull-out drawers. Some of these drawers were broken and required considerable force to open. This had been reported to the maintenance department but no repairs had taken place. Fast moving lines, larger items, creams and liquids were stored on shelves. No stock or prescriptions were stored on the floor, and there were dedicated areas for dispensing and checking. Prescriptions awaiting collection were stored in a retrieval system.

Cleaning was undertaken each day by dispensary staff and by the supermarket cleaner once a week. Cleaning products were available, as was hot and cold running water. The lighting and temperature of the pharmacy were appropriate for the storage and preparation of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. It supplies medicines safely and gives additional advice to people receiving high-risk medicines. But it does not usually make a record of this advice which makes it difficult to show that it has been given. The pharmacy obtains its medicines from reputable suppliers. It generally stores them securely and regularly checks that they are still suitable for supply. The pharmacy deals with medicines returned by people appropriately.

Inspector's evidence

The pharmacy was wheelchair accessible, as was the consultation room. Services provided by the pharmacy were advertised on the wall of the consultation room. The pharmacy could make adjustments for those with disabilities including printing large print labels. A hearing loop was available. The supermarket offered the use of electric scooters to allow people to navigate the store more easily.

The dispenser explained that if a person requested a service not available at the pharmacy, she would refer them to a nearby pharmacy, phoning ahead to ensure it could be provided there. But at the start of the inspection, a person arrived requesting urine testing. The MCA informed them that they could not offer the service but did not offer an alternative provider. A range of leaflets advertising company and local services were available, as was a folder containing details of local organisations offering health-related services.

Baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and owings. The labels of dispensed items were initialled when dispensed and checked.

Coloured labels were used to highlight fridge items and CDs including those in schedule 3 and 4. Prescriptions were also labelled if they contained items that may require additional advice from the RP, such as high-risk medicines. Each high-risk medicine, such as warfarin, lithium and methotrexate, had an SOP to cover the hand-out process. Blood levels and dosages were checked and additional counselling and support materials were offered to the patient. Records of these conversations were not routinely made on the PMR.

The RP had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Stickers were available for staff to highlight the risks of pregnancy to patients in the at-risk group receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible patients.

The patient group directions covering the locally commissioned minor ailments scheme were found to be in date and had been signed by the pharmacist who was accredited to provide the services. Prescriptions containing owings were appropriately managed, and the prescription was kept with the balance until it was collected.

The process for the dispensing of multi-compartment compliance aids provided for people living in their own homes was acceptable. Each compliance aid had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets

(PILs) were supplied at each dispensing, or with the first compliance aid of four in the case of weekly supply. When required medicines were dispensed in boxes and the dispenser was aware of what could and could not be placed in compliance aids. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the checking process.

Stock was obtained from reputable sources including Alliance, and AAH. Specials were obtained from both Alliance Specials and AAH Specials. The pharmacy did currently not have the hardware, software or amended SOPs to be compliant with the Falsified Medicines Directive (FMD). But staff had been trained on the process of scanning and making visual checks on packs of medicines. The dispensary shelves were tidy and organised. The stock was arranged alphabetically and was date checked each week and the entire dispensary would be checked every three months and recorded on a matrix. Spot checks revealed no date expired stock or mixed batches. Some pharmacy (P) medicines had been reduced and were stored on the healthcare counter, meaning that access by the public was unrestricted. These items included paracetamol and codeine tablets, and larger packs of Nurofen tablets.

The fridge in the dispensary was clean, tidy and well organised. Records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. Staff were aware of the steps taken if the fridge temperature was found to be out of range, which was to monitor every 30 minutes until back in range. CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded.

Patient returned medication was dealt with appropriately, and a hazardous waste bin was in use. Patient details were removed from returned medicines to protect people's confidentiality. Drug recalls were dealt with promptly and were annotated with details of the person actioning and the outcome. These were always signed off by the RP.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses a range of appropriate equipment and facilities to provide its services. It keeps these clean and well maintained.

Inspector's evidence

Validated crown-stamped measures were available for liquids. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. Reference sources were available and the pharmacy had online access to online materials for the most up to date information.

The dispensary sink was clean and in good working order. All equipment including the dispensary fridge was in good working order and PAT test stickers were visible and were in date. The blood pressure and blood glucose meters were replaced or calibrated regularly.

Dispensed prescriptions were stored in a retrieval system with the corresponding bagged items stored in numbered boxes in the dispensary, out of sight of customers. Computers were positioned so that no information could be seen by customers, and phone calls were taken away from public areas.

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.