

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Leicester Street,
BEDWORTH, Warwickshire, CV12 8SX

Pharmacy reference: 1109451

Type of pharmacy: Community

Date of inspection: 29/10/2019

Pharmacy context

This is a community pharmacy in a supermarket and it is open seven days a week. It sells a range of over-the counter medicines and dispenses prescriptions. It administers flu vaccinations in the winter season. The pharmacy offers a range of Health Checks including blood pressure, glucose and cholesterol.

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	1.2	Good practice	Members of the pharmacy team have safe and effective working practices. They record and review mistakes that happen during the dispensing process so that they can learn from them and further improve the safety of the pharmacy's services.
2. Staff	Standards met	2.2	Good practice	The pharmacy supports its team members well to keep their skills and knowledge up to date.
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 has safe and effective working practices. It keeps the records it needs to by law to ensure medicines are supplied safely and legally. Members of the pharmacy team monitor the safety and quality of the services they provide so that they can improve and further protect people's safety. They record and review their mistakes so that they can learn from them. The pharmacy keeps people's private information safe. And it asks people for their feedback to improve services where possible. Members of the pharmacy team understand how they can help to protect vulnerable people.

Inspector's evidence

The pharmacy had the right responsible pharmacist (RP) notice on display and the RP records were complete. A range of up to date standard operating procedures (SOPs) were available in the pharmacy and these had been read and signed by members of the pharmacy team. Roles and responsibilities of staff members were outlined in the SOPs. And when asked, members of the pharmacy team were clear about the tasks they could not undertake in the absence of a pharmacist.

Members of the pharmacy team recorded and reviewed near misses. But actions taken to prevent recurrence and learning points recorded were very brief, making it harder to allow any meaningful analysis. Dispensing errors were recorded on the pharmacy computer with a copy of the information sent to head office. A root cause analysis was undertaken when a dispensing error occurred to identify why it happened and what should be done to prevent it from happening again. The pharmacy manager said that members of the pharmacy team followed good dispensing practices and they did not make many dispensing mistakes. The pharmacy's last reportable incident was about 18 months ago which had been fully reviewed and the team had revisited their dispensing and checking procedures. The pharmacy received a weekly 'safety starts here' bulletin from head office. It informed the team about common dispensing errors or any professional issues that had occurred within the company. And it also included guidance about ways of minimising similar incidents happening again.

The pharmacy had a complaints procedure in place. But this was not advertised in the pharmacy and the pharmacy's practice leaflets were not available. So, some people may not know how they can make a complaint about a pharmacy service. A survey of people who used the pharmacy was undertaken annually. And the latest survey results were very positive with 97% of respondents rating the pharmacy as very good or excellent. Consecutive survey results showed that respondents had been somewhat dissatisfied with the comfort and convenience of the waiting areas. The pharmacy had a couple of chairs available for people waiting for services. The pharmacy manager said it was not possible to add any more chairs due to space constraints and the overall layout of the pharmacy.

The pharmacy had appropriate indemnity insurance arrangements. Records about CDs were kept in line with requirements and running balances were checked at regular intervals. A random CD check showed that the amount of stock in the cabinet matched the running balance in the register. CDs returned by people for disposal were recorded in a separate register when received and denaturing kits were used for safe disposal. Records about private prescriptions, emergency supplies and unlicensed specials were in order.

Members of the pharmacy team had all signed confidentiality agreements and had undertaken training

about the General Data Protection Regulation. People's personal information was kept away from the public view. Confidential waste was separated and collected by a waste contractor. The pharmacy's computers were password protected and they were positioned away from public view. Members of the pharmacy team used their own smart cards to access electronic prescriptions.

Members of the pharmacy team had all completed safeguarding training relevant to their job roles. And they were clear about what they would do and who they would report to if they had any safeguarding concerns. Contact details for local safeguarding agencies were available for staff to escalate any safeguarding concerns. The pharmacy manager had completed Level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained staff to provide its services safely. Members of the pharmacy team work well together, and they are supported with regular training to help keep their skills and knowledge up to date. And they feel comfortable about raising any concerns or offering suggestions to help improve the pharmacy's services.

Inspector's evidence

The pharmacy employed a full-time pharmacy manager and a regular pharmacist. They covered most the pharmacy's opening hours between them. Locum pharmacists were employed to cover the remaining hours and annual leave. On the day of the inspection, the pharmacy manager, a pharmacy technician, a trained dispenser and a trainee medicines counter assistant were on duty. The team members were managing their workload comfortably and appeared to work well together. The pharmacy manager had worked for the same branch for quite a few years and said he was very well supported by the area manager and the head office.

Members of the pharmacy team had access to on-going training via the company's training portal to help keep their skills and knowledge up to date. Individual training records were kept and available in the pharmacy. The team members had designated training time in the pharmacy and they had recently completed training about age-restricted sales.

The pharmacy had a whistleblowing policy and members of the pharmacy team had all signed the policy. A team member said she felt comfortable approaching the pharmacy manager about any concerns she may have. And she could also raise concerns with the store manager or regional manager. The pharmacy had annual performance appraisals with regular informal reviews which looked at areas for improvement or opportunities for further development.

The company had targets and incentives in place. The pharmacy manager explained the branch was performing well against the targets. And he felt able to decide when it was safe and appropriate to deliver services and did not feel under undue pressure to achieve the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe, secure and suitable for the services it provides. And it has facilities to protect people's privacy when using the pharmacy's services.

Inspector's evidence

The pharmacy was clean but somewhat cluttered in places. The dispensary was adequately maintained, and it had enough storage and work bench space to allow safe working. The pharmacy's shelving was dusty, and a couple of shelves needed repairing. Stock medicines could have been better organised. The sink in the dispensary for preparation of medicines was clean and it had hot and cold running water. Hygiene facilities were available for the members of the pharmacy team away from the pharmacy. Antibacterial hand-wash and alcohol hand gel were available. The room temperature was suitable for the storage of medicines and the pharmacy was well-lit throughout. The pharmacy's consultation room was suitable for private conversations and it was kept locked when not in use. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls. And it was secured against unauthorised access when it was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. Its services are available over extended hours and are accessible to people. People receive the advice and support they need to help them take their medicines safely. And the pharmacy obtains its medicines from reputable suppliers and manages them properly. It takes the right action in response to drug recalls and safety alerts, so that people only get medicines and devices that are safe to use.

Inspector's evidence

The pharmacy was well signposted from the rest of the store and was accessible via level access through the automatic doors. And the area leading to the pharmacy was clear of slip or trip hazards and its wide aisles could comfortably accommodate wheelchairs and scooters. There was a hearing induction loop available for people with hearing aids. A range of leaflets and posters were on display providing information about various healthcare matters. Members of the pharmacy team used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy.

The workflow in the dispensary was organised and baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. 'Owing' notes were issued to keep an audit trail when a prescription could not be fully supplied. Members of the pharmacy team initialled 'dispensed by' and 'checked by' boxes on the dispensing labels. This was to keep an audit trail of staff involved in each stage of the dispensing process.

The uptake of the pharmacy's seasonal flu vaccinations service was good. It had an in-date patient group direction in place and the pharmacists had received appropriate training to deliver the service. The vaccines were stored in accordance with the manufacturer's instructions. And the anaphylaxis kit was in-date. Each person requiring the vaccination was required to complete a consent form before being administered the vaccine. And the copy of the consent form was sent to the person's GP where appropriate. A needle stick injury procedure, a chaperone policy and protocol to follow in the event of fainting or seizure were available in a folder but these were not displayed in the consultation room. The pharmacy manager said he would ensure these are displayed in the consultation room.

Members of the pharmacy team were aware of the valproate pregnancy prevention programme (PPP) and knew which people needed to be provided with additional advice about its contraindications and precautions. The pharmacy had one person in the at-risk group who was taking valproate and a note had been made on the person's record to show that they had been counselled about the PPP. The pharmacy had a small number of people taking warfarin and the team routinely enquired about people's latest blood test results. And there was evidence to show that these had been recorded on the patient medication record. The pharmacy did not have a specific system to highlight Schedule 4 CDs. But the pharmacy manager said that most medicines were collected within the 28-day expiry period and the prescription retrieval bays were checked each month for any expired prescriptions. When asked, members of the pharmacy team were aware that all CD prescriptions were valid for 28 days.

Medicines were obtained from licensed wholesalers and unlicensed specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy-only medicines

were stored out of reach of the public. At the time of the inspection, the pharmacy was not yet compliant with the Falsified Medicines Directive (FMD). Members of the pharmacy team were aware of the FMD. But they were awaiting further guidance from their head office. Medicines requiring cold storage were kept in a pharmaceutical refrigerator and these were stored between 2 and 8 degrees Celsius. The maximum and minimum fridge temperatures were monitored and recorded daily. All CDs were stored appropriately. Medicines returned by people for disposal were separated into designated bins. Stock medicines were date checked at regular intervals and records were available in the pharmacy. Short-dated medicines had been marked for removal at an appropriate time. Liquid medicines with limited stability had been marked with the date of opening. The pharmacy received drug alerts and recalls via email from head office. Records of these and the actions taken by members of the pharmacy team were kept to provide an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs for the services it provides.

Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and computer terminals were not visible to people visiting the pharmacy. A consultation room was available for private counselling. A range of clean, crown-stamped, glass measures were available. And equipment for counting loose tablets and capsules was clean. A separate triangle was used for cytotoxic medicines to prevent cross contamination. The blood pressure monitor was replaced annually. The glucose and cholesterol meters were calibrated weekly using control solutions and records of checks were kept in the pharmacy. All electrical equipment appeared to be in good working order.

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.