

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, Swan Shopping Centre,  
Coventry Road, Yardley, BIRMINGHAM, B26 1AD

**Pharmacy reference:** 1109456

**Type of pharmacy:** Community

**Date of inspection:** 13/05/2019

## Pharmacy context

This is a community pharmacy located within a large supermarket in Yardley. People using the pharmacy are from the local area and usually visit whilst using the supermarket. The pharmacy is open extended hours over seven days. It dispenses NHS prescriptions and provides NHS funded services. Private services are also available, and these include travel vaccinations, medicines used to treat erectile dysfunction, anti-malarial medication and meningitis B 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's working practices are generally safe and effective. It responds well to people's feedback and tries to make improvements to the quality of its services. It protects people's private information and keeps the records it needs to by law. The team follows written instructions to make sure it works safely. But some team members do not always properly understand some of the procedures and so they may not always work effectively.

### Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs had been prepared by the Superintendent Pharmacist's Office in June 2018. Signature sheets were used to record staff training. But most of the training records were unavailable for inspection so they could not demonstrate it had been completed. However, the pharmacy manager was certain that training had been completed. Roles and responsibilities of pharmacy staff were highlighted within the SOPs. Compliance with the handing out prescriptions SOP was checked in the absence of SOP training logs and the process matched the SOP. There were some aspects of the SOPs not being followed in branch, such as, frequency of the near miss review.

Near miss logs were in place and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. A dispensing assistant explained that each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. The pharmacy manager explained that near misses were reviewed when they got to the bottom of the page in the record book. This meant that near misses were reviewed every few months and the SOP stated that they should be reviewed every week. The number of near misses recorded was low compared to the number of items dispensed which could mean that they are not all being recorded. Each page of the near miss record had a space for recording patterns, trends and action points. This was not always completed and when a record had been made it was a vague action point. Some stickers had been placed by certain medicines within the dispensary to assist the dispensing process.

Dispensing incidents were investigated and recorded. A sample of previous incident review forms was seen and were stored in the patient safety folder. Every dispensing incident had a bullet point action plan and the error was shared with the team as a learning opportunity. Safe and legal checks were carried out daily and recorded in a folder. External auditors completed additional and shared their feedback with the pharmacy manager. The last audit had been carried out in February 2019 and the pharmacy scored 100%.

Pharmacy staff were wearing uniform and were wearing name badges including their job role. Members of the team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant answered questions about Responsible Pharmacist (RP) absence incorrectly and said that she would sell pharmacy medicines and hand out completed prescriptions if the RP was absent from the pharmacy. She was unsure about the quantity of pseudoephedrine she could sell and would refer multiple pack requests to the RP..

There was a complaints procedure explained in the SOPs. A poster that summarised the complaints procedure was displayed. People could give feedback to the pharmacy team in several different ways; verbal, online survey, written and the annual CPPQ survey. Comments from the online survey were sent to the pharmacy manager and there were examples of people sharing their positive experiences when using the pharmacy. The pharmacy team tried to resolve issues that were within their control and provided details for the Pharmacy Superintendent's Office if someone wanted to make a formal complaint.

The pharmacy had up to date professional insurance arrangements in place. The Responsible Pharmacist (RP) notice was prominently displayed and the RP log was seen to comply with requirements.

Controlled drug (CD) registers were generally in order. But some headers were missing, so they were technically not compliant with the law. CD balance checks were completed weekly and recorded in the register. Two random balance checks matched the balances recorded in the register.

A patient returned CD register was in use and returned CDs were destroyed promptly after receipt. Emergency supplies were recorded in a record book. A sample of entries was seen to comply with legal requirements and included a full reason for any emergency supplies being made. Private prescriptions were recorded electronically and there were incorrect details recorded on the entries seen. Specials records were maintained with an audit trail from source to supply. NHS Medicine Use Review (MUR) consent forms were seen to have been signed by the person receiving the service.

Confidential waste was stored separately to normal waste and sent offsite for destruction. No patient information could be seen from the customer area and members of staff from different departments did not access the pharmacy. Pharmacy staff had their own NHS Smartcards and confirmed that passcodes were not shared. Verbal consent was gained for summary care record (SCR) access and this was recorded on the patient medication record (PMR) system.

Pharmacy staff answered hypothetical safeguarding questions correctly. The RP had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding. Local safeguarding contacts were displayed in the dispensary. The pharmacists and pharmacy staff completed annual eLearning training on safeguarding.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The team members try to plan absences, so they always have enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of: a pharmacy manager (pharmacist), two store pharmacists, four dispensing assistants and a trainee medicine counter assistant. Accredited training courses were provided by Tesco in conjunction with Buttercups. Bronze and Silver were medicines counter assistant training courses and Gold was dispensing assistant training. Trainees were enrolled on training courses and had regular training time. Two 'multi-skillers' usually worked in other departments in the supermarket and had completed relevant training to enable them to assist on the medicine counter when needed.

The pharmacy manager reviewed staffing levels and core rotas regularly based on a budget set by head office. He used till data and personal knowledge of the peaks and troughs in dispensing patterns to plan the core rota to meet customer need. Pharmacy were one of the departments within the store that was encouraged to spend all of their salary budget and had leeway to spend extra if and when required. Staff requested their annual leave in advance and the rotas were planned four or eight weeks in advance to ensure holidays were covered.

Pharmacy staff completed on-going training using either the Tesco eLearning system or Buttercups. Modules included mandatory health and safety training, safeguarding, new pharmacy products, medical conditions and pharmacy services. Members of staff had job descriptions and a performance review with their line manager every year.

The pharmacy team appeared to work well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. A weekly 'Team 5 briefing' was available in a clearly marked folder for pharmacy staff. Due to the extended opening hours and different shift patterns written communication ensured that all members of staff were informed, and staff members signed the briefing as evidence they had read it. The pharmacy manager shared branch specific information with the team verbally and there was a communications book.

There was a company whistleblowing policy in place and pharmacy staff explained that they would raise any concerns with the pharmacists or store management team. A staff forum was available within the store. Staff took part in an annual staff satisfaction survey and felt comfortable sharing ideas and suggestions with the pharmacy manager or store management team.

The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. Targets were in place for services; the RP explained that he would use his professional judgment to offer services e.g. MURs when he felt that they were appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

### Inspector's evidence

The pharmacy department was smart in appearance and was well maintained. Any maintenance issues were reported to the in-store maintenance team. The dispensary was an adequate size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops.

There was a private soundproof consultation room which was used by the pharmacist during the inspection. The consultation room was professional in appearance. The door to the consultation room was locked when not in use to prevent unauthorised access.

The pharmacy was cleaned by both the dispensary staff and the store cleaners and was clean and tidy. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap available.

The supermarket had an air-conditioning system which heated and cooled the premises. The system regulated the air temperature to ensure it was within a suitable range. Lighting was adequate for the pharmacy services provided.

Alcohol and tobacco sales could not take place at the pharmacy counter and there was a till restriction to prevent alcohol being sold inadvertently. Prepared prescription medicines were stored securely, and pharmacy medicines were stored behind the medicines counter, so sales could be supervised.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access and generally well managed. The team members are helpful and make sure people have all the information they need so that they can use their medicines safely. Pharmacy staff check their stock regularly to make sure they are fit for purpose.

### Inspector's evidence

The pharmacy had step free access from a large free car park. The pharmacy had a hearing loop available. Any people requesting a home delivery service were referred to other local pharmacies. The pharmacy opened for longer hours than many other pharmacies which included late nights, and Saturday and Sunday.

The range of services provided was displayed and up to date. A range of pharmacy leaflets explaining each of the services was available for customer. The pharmacy staff used local knowledge and the internet to refer patients to other providers for services the pharmacy did not offer.

Dispensing baskets were used to keep medication separate. Different coloured baskets were used to prioritise workload. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions.

As the pharmacists worked alone in the dispensary at the start and end of the day, they were required to self-check prescriptions. The RP explained that he took a mental break between dispensing and checking a prescription, in order to minimise the risk of an error

A range of private services were available using patient group directions (PGD). A range of up-to-date PGD's were seen and these named the pharmacists accredited to offer the service. People could book an appointment for the service in branch or by telephone.

A prescription collection service was in operation. The pharmacy had audit trails in place for the prescription collection service and prescriptions collected were routinely checked against requests and discrepancies followed up. The pharmacy offered different services dependent on what the person preferred, and the surgery allowed.

Notes were attached to prescriptions to assist counselling and hand-out messages, such as, eligibility for a service, specific counselling or fridge item. A purple folder containing stickers, leaflets and information for ladies prescribed sodium valproate was available and staff were aware of the additional counselling required.

No out of date stock was seen during the inspection. The dispensary was date checked every three months and recorded. Short dated medicines had a rubber band attached and were listed so they could be removed prior to expiry. Medicines were obtained from a range of licenced wholesalers. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once opened were marked with a date of opening. The RP was aware of the Falsified Medicines Directive (FMD). He explained that the company was trialling it in two of its pharmacies but there had not been any changes made in this

branch.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the keys were in place. There were two medical fridges in place to hold stock medicines and assembled medicines. These were well organised. Temperature records were kept, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°C. Patient returned medicines were stored separately from stock medicines in designated bins.

The pharmacy received MHRA drug alerts from head office on the intranet and by email. Each alert was marked to show it had been actioned and stored in a drug recall folder.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has most of the appropriate equipment and facilities to provide the services it offers.

### Inspector's evidence

The pharmacy had a range of up-to-date reference sources. Internet access was available. This was mainly used for printing replacement patient information leaflets and for accessing the intranet.

The pharmacy had equipment used for pharmacy services that was appropriately maintained and calibrated. The blood glucose machine was calibrated weekly using a test solution and recorded in a calibration diary.

Patient records were stored electronically, and access was password protected. There were enough terminals for the workload currently undertaken. Screens were not visible to the public. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing

A 100ml clean, crown stamped measures was available. Smaller measures that were suitable for measuring up to 10ml for liquid antibiotics were not available as the team said they had broken. A 5ml medicine syringe and a small plastic measuring cup were being used, which could potentially lead to inaccuracies when preparing liquid medicines. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines.

### 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.