

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, Newport Road, STAFFORD,  
Staffordshire, ST16 2HE

**Pharmacy reference:** 1111728

**Type of pharmacy:** Community

**Date of inspection:** 15/09/2020

## Pharmacy context

This is a community pharmacy located within a large Tesco supermarket close to the centre of Stafford. The pharmacy is open extended hours over seven days. The inspection was completed during the COVID-19 pandemic. The pharmacy dispenses prescriptions and sells a range of over-the-counter (OTC) medicines. It offers several additional NHS and private services including NHS Medicines Use Reviews (MURs), private health checks and seasonal 'flu vaccinations, although some of these have been suspended during the 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
<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 effectively manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again.

### 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. The SOPs had been reviewed by head office in May 2020 and had been uploaded to the individual staff members learning portal for easy access and to be able to track training. Roles and responsibilities of staff were highlighted within the SOPs. Safe and legal checks were carried out daily and recorded electronically.

Near miss logs were in place and the dispenser involved was responsible for correcting their own error (where possible) to support ongoing learning. The error was discussed with the dispenser at the time of the incident to see if there were any learning points and this was recorded on the near miss log to aid the review process. A regular review of the near miss log was carried out by the pharmacy manager and documented to share the learning points. Pertinent learning points were included in the monthly submission to head office as evidence of ongoing review. Various LASA (look alike, sound alike) medicines were highlighted or separated to reduce the risk of them being selected in error. Dispensing incidents were investigated and recorded on a PIR (pharmacy incident review) form online. Every dispensing incident had an action plan to prevent reoccurrence.

A COVID-19 workplace risk assessment had been carried out for the pharmacy and individual risk assessments for members of the team had been completed. The daily tasks were planned to facilitate social distancing within the pharmacy department and staff were assigned a particular role for their shift so that they mostly stayed within a defined area such as the medicines counter or dispensary. Individual workplace risk assessment outcomes were taken into account when assigning tasks. Staff were not wearing PPE within the dispensary but used it when they left the dispensary to speak to people in the retail area or consultation room. The 'flu vaccination service had been redesigned by head office and various steps had been put in place to reduce the risks to patients and pharmacy staff.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A member of staff answered questions related to high-risk medicine and valproate dispensing correctly. Pharmacy staff were wearing uniforms and name badges which stated their job role. The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions.

A complaints procedure was in place. The RP explained the process for handling a complaint or concern. He said that he would speak to the person first and would try to resolve the issue and would provide contact details for head office if the complaint was unresolved. A customer leaflet was available which explained the complaints process. The pharmacy gathered customer feedback by completing an annual

customer survey and by using customer survey cards. The team explained the process using an example of a dispensing error and complaint from earlier in the year. The team had reviewed their dispensing processes and added additional checks after reflecting on the error.

The pharmacy had professional indemnity insurance arrangements in place. The Responsible Pharmacist (RP) notice was clearly displayed and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A regular CD balance check took place and was documented in the CD register. A random balance check matched the balance recorded in the register. A patient returned CD register was used.

The branch had an information governance (IG) policy and various training and policy documents had been read by pharmacy staff. Confidential waste was stored separately from general waste and securely destroyed offsite. The team had NHS Smartcards and confirmed that passwords were not shared. The pharmacy had a safeguarding policy and a list of local safeguarding contacts was available. The pharmacy professionals had completed level 2 training on safeguarding children and vulnerable adults and the other team members had completed an e-Learning package. The store had a Community Champion that worked with local groups, including a Women's Aid organisation.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy team comprised of the pharmacy manager (pharmacist), a duty pharmacy manager (pharmacist), a pharmacy technician, two dispensing assistants and two trainee dispensing assistants. Accredited training courses were provided by Buttercups in conjunction with Tesco. Bronze and Silver awards were medicines counter assistant training courses and the Gold award was dispensing assistant training. Trainees were enrolled on appropriate courses and they had regular training time allocated. Holidays were booked with the pharmacy manager and cover was provided by other staff members as required. Six multi-skillers were available within the store for contingency cover.

Pharmacy staff completed on-going training using the Tesco learning portal. 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. Staff enrolled on accredited training courses had regular training time. Pharmacy staff had recently completed training on the 'flu vaccination service in preparation for the launch date.

Due to the extended opening hours and different shift patterns, written communications ensured that all members of staff were informed. There was a company whistleblowing policy in place and the pharmacy staff could raise any concerns with the pharmacists, store management team or a confidential whistleblowing helpline.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

### Inspector's evidence

The pharmacy was smart in appearance and was well maintained. Maintenance issues were reported to the maintenance department through the store's general office. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter. A locked area of the stockroom was used to store pharmacy consumables, archived paperwork and patient returned medicines. Access to this area was restricted to pharmacy staff. A plastic screen had been installed across the medicines counter to provide additional COVID-19 protection.

The dispensary was an adequate size for the services provided and 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 professional in appearance. The door to the consultation room remained locked when not in use.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff and an in-store cleaner. The cleaning frequency had been increased during the pandemic. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap were available. The store had an air conditioning system which heated and cooled the store. Lighting was adequate for the services provided.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

### Inspector's evidence

The pharmacy had step-free access from a large free car park. A hearing loop was available. The pharmacy opened for longer hours than many other pharmacies in the area, including late nights and weekends. The range of services provided was displayed and pharmacy leaflets explaining each of the services were available for customers. The pharmacy staff used local knowledge and the internet to refer patients to other providers for services the pharmacy did not offer.

The 'flu vaccination service was due to start the week after the inspection. The team was expecting demand for the service to be even higher than usual due to the COVID-19 pandemic. Head office had provided various policies and training which had been read by the team and used to create their local implementation plan. Various changes had been made to the service provision in light of the pandemic such as, using an online booking system and making each appointment longer than last year, in order to give the team time to clean the consultation room between each appointment. The online booking system meant that much of the administration had been completed before the appointment which reduced the time spent in the consultation room. A plastic screen had been fitted in the consultation room as an additional safety measure.

Dispensing baskets were used to keep medication separate. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. A final 'hand out' check was done for every prescription. When a prescription was collected the bag would be opened and the dispenser or pharmacist would check that the items were correct. This was done in addition to the accuracy check and was undertaken to satisfy the RP at the time of handing out that the prescription was correct. The medicines were scanned at the point of hand-out for the Falsified Medicines Directive and 'decommissioned'.

A prescription collection service was offered, and various options were available dependent on what the person preferred, and their surgery accepted. The pharmacy kept a list containing the items that the patient had requested and chased any outstanding items ahead of the person returning to pick up their prescription.

Multi-compartment compliance packs were supplied to people in the community. Prescriptions were requested from the surgeries in advance to allow for any missing items to be queried with the surgery ahead of the intended date of collection or delivery. Patient record sheets were used to show which medicines each person had in their compliance packs, where these should be placed, and details of any other items they had regularly. A sample of dispensed MDS prescriptions were seen to have been labelled with descriptions of medication and there was an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets were supplied regularly with packs.

Stickers were attached to completed prescriptions to highlight people suitable for certain services or

that needed fridge or CD items adding. The RP was aware of the additional counselling required for certain people prescribed valproate and a purple folder containing stickers, leaflets and information was available and an audit had been carried out.

No out-of-date stock was seen during the inspection. The dispensary was date checked every three months and recorded. 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. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts from head office on the intranet.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day and overnight were in place. Substance misuse prescriptions were dispensed in advance and this helped reduced work-load pressure and the risk of dispensing incorrect doses when the person came to collect the prescription. There was a fridge used to store stock medicines and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8° Celsius.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. The pharmacy team uses the equipment in a way that keeps people's information safe.

### Inspector's evidence

The pharmacy had a range of up to date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Fluid resistant facemasks, visors, gloves and aprons were available for staff to wear. Computer screens were not visible to the public as they were excluded from the dispensary. 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.

### 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.