

# Registered pharmacy inspection report

**Pharmacy Name:** Tesco Instore Pharmacy, George Westwood Way,  
BECCLES, Suffolk, NR34 9EJ

**Pharmacy reference:** 1111905

**Type of pharmacy:** Community

**Date of inspection:** 10/11/2022

## Pharmacy context

This is a supermarket pharmacy situated in a town centre, serving the local population. In addition to dispensing medicines the pharmacy provides flu vaccinations. And it supplies people with medicines in multi-compartment compliance packs to help them manage their medicines.

## 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	1.2	Good practice	The pharmacy proactively reviews dispensing incidents and continuously learns from them.
<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 identifies and manages the risks associated with its services well. It keeps all the records it needs by law to ensure that its medicines are supplied safely and legally. And it asks people who use the pharmacy for their views. The pharmacy's team members understand their role in protecting vulnerable people. They undertake regular training to keep people's information safe. They record and review any mistakes they make when dispensing medicines to help prevent similar errors in the future.

### Inspector's evidence

Standard operating procedures (SOPs) were available electronically and were up to date. SOPs were included as part of the team members electronic learning modules. Team members had completed the training for SOPs relevant to their roles. Locum pharmacists were provided with a link to the online version of SOPs when they registered with Tesco. Team members were requested by the pharmacy manager to re-read certain SOPs if there had been an error or an incident. Internal audits were carried out by the pharmacy manager to ensure the pharmacy was completing tasks in line with SOPs.

The team carried out checks daily using a handheld device, any issues found were reported to the store maintenance team. Checks were split into daily tasks and included confirming the RP records had been completed, if notices were displayed, and if the fridge temperature was monitored and recorded.

The pharmacy had processes to record dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). When a near miss was identified it was handed back to the dispenser who had dispensed the prescription and they were asked to identify the mistake and rectify it. A record was then made on the near miss log book. Near misses were observed to be recorded consistently. Near misses were reviewed periodically by the team and an analysis was completed to identify where the near misses occurred in the dispensing process and the team then thought of steps or actions that could be taken to avoid reoccurrence. As a result of past reviews medicines which looked-alike or sounded-alike were marked with warning labels. And pravastatin and pregabalin had been separated on the shelves. The team routinely moved items to separate them more clearly or moved items from the top 50 shelves if commonly involved in picking errors.

The pharmacy team carried out a third check on all bagged prescriptions before they were handed out to people. This was either completed by trained team members or the responsible pharmacist (RP). Trainee team members carried out a check but were required to obtain a check from the RP. The team members said the number of dispensing errors had greatly reduced since this process had been introduced. The RP had not had to deal with any reported errors while she had worked at the pharmacy. She was able to describe the steps that would be taken in the case that there was one. This included completing a dispensing incident report form. The team had a poster displayed in the pharmacy which showed when the last error had occurred.

The company published and sent a Safety Starts Here bulletin to all pharmacy teams. This included details of any incidents that had occurred as well as the learning from the errors.

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the

tasks that could and could not be carried out in the absence of the RP. Team members were not able to access the pharmacy if there was no pharmacist present in the morning. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure and surveys were carried out in store where colleagues from the store would speak to people who had used the pharmacy. Most people were generally happy with the service provided by the pharmacy.

Records for private prescriptions, emergency supplies, unlicensed medicines, RP records and controlled drug (CD) registers were well maintained. CDs that people had returned were recorded in a register as they were received. CD balance checks were completed at regular intervals.

Patient confidentiality was protected using a range of measures. Prescriptions awaiting collection were stored in the dispensary and were not visible to the public. Team members all completed annual training about information governance on the Tesco Academy. Team members had individual smartcards to access NHS systems. Pharmacists had access to Summary Care Records and consent to access these was gained from people verbally. Confidential waste was segregated in designated bins and left in an allocated secure area from where it was sent for destruction.

The team had completed safeguarding training on the Tesco Academy; in addition to this the RP had also completed the level 2 safeguarding course. The team would let the RP know if they had any concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members for the services provided, and they work effectively together and are supportive of one another. They have the appropriate skills, qualifications, and training to deliver services safely and effectively. Team members get time set aside for ongoing structured training. This helps them keep their knowledge and skills up to date.

### Inspector's evidence

At the time of the inspection the team comprised of the RP who was a locum pharmacist and a trained dispenser. The pharmacy was open extended hours and the pharmacy manager usually worked the late shift to ensure there was pharmacist cover. There was an overlap between the two pharmacists and most appointments for services were booked during this time. Other team members who were not present during the inspection included two trained dispensers and two trainee medicines counter assistants. Team members explained that once all staff were trained there would be enough staff. At the time of the inspection, the trained dispensers were working over-time to ensure there was enough cover. The RP was complimentary about the level of support staff at this pharmacy. Team members were up to date with their workload.

The dispenser counselled people on the use of over-the-counter medicines and asked appropriate questions before recommending treatment. Team members completing their formal training were given protected learning time to complete their work. The pharmacy manager was their supervisor. Ongoing training was completed on an online learning portal: 'Tesco Academy'. The pharmacy manager received a bulletin with details of what modules needed to be completed. Modules included mandatory health and safety training as well as over-the-counter medicines, new medicines and training for new services being launched such as the flu vaccination service. Team members were provided with time to complete these during working hours but some preferred to complete training at home.

Staff performance was managed by the pharmacy manager with annual reviews carried out. The RP also gave team members immediate feedback. During the review a discussion was held as to how the team had performed as a whole and how the individual had played a part in this. Team members were provided with an opportunity to progress in their roles and the dispenser had recently completed the training to provide the smoking cessation service and was due to start the pharmacy technician training course.

The pharmacy manager attended a weekly conference call for the area. In her absence this was attended by one of the dispensers. Due to the shifts team members worked things were discussed as they came up, notes were made so that team members who were not working at the time could read these when they started their shifts. The pharmacy also received a Pharmacy Healthcare News bulletin from their head office team. All team members were required to read this and sign the document once they had completed it. The latest bulletin had information relating to flu vaccinations and blood pressure checks. There was an open working relationship in the team and team members felt that they were able to raise concerns to the pharmacists.

Locum pharmacists were not set numerical targets. However, team members explained targets were set for services offered.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy was clean; there was ample workspace which was allocated for certain tasks. A clean sink was also available in the dispensary and consultation room. Cleaning was carried out by the store janitor and team members. Medicines were arranged on shelves in a tidy and organised manner. The room temperature and lighting were adequate for the provision of healthcare. The store temperature was regulated. The premises were kept secure from unauthorised access.

A large, clean, signposted consultation room was available. The room allowed for conversations to be held inside which would not be overheard. The room was locked when not in use. Paperwork and records with people's private information was held in the room in a cabinet; the RP said that people were not left unattended in the room. Prepared medicines were held securely in the dispensary out of the sight of people using the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

### Inspector's evidence

Consideration had been given to ensuring that pharmacy services were accessible to all patients. There was step-free access into the store with power-assisted doors and there was a hearing loop available. The team was able to produce large print labels. People were signposted to other services where appropriate and the team used either a signposting folder with details of local services or as most team members lived locally, they had knowledge of services available. Services were advertised to people using leaflets and posters and were promoted on the instore tannoy system.

Team members felt the flu vaccination and blood pressure services had the most impact locally. With the new blood pressure service, the team members were able to loan people a monitor that would record their blood pressure over a 24-hour period if they felt necessary and based on the results make a referral to their GP. The locum pharmacist was able to provide the service and described using the services folder which had all the information required including referral routes.

The pharmacy had an established workflow in place. Most prescriptions were received electronically. These were printed out and arranged alphabetically. Prescriptions were dispensed by the dispensers and checked by the RP. Dispensed and checked by boxes were available on the labels; these were initialled by team members to help maintain an audit trail. The pharmacist completing the clinical check also annotated the prescription as did the team member who carried out a third check when handing out the prescription. The pharmacy team also used baskets for prescriptions to ensure that people's prescriptions were separated and to reduce the risk of errors. Colour-coded baskets were used for walk-in prescriptions to ensure these were prioritised.

The pharmacist was aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). People in the at-risk group who were not part of the PPP were referred back to their prescriber. Shelf edges near where sodium valproate was stored were highlighted to prompt team members. Team members confirmed that additional warning labels and cards were available if they weren't able to dispense the medicine in its original container. Team members recalled completing training on dispensing sodium valproate when the guidance had initially changed.

Additional checks were carried out when people collected medicines which required ongoing monitoring. For medicines such as methotrexate a laminate was attached to the prescription which prompted team members of the checks they were required to complete. The pharmacy did not have many people who collected warfarin as most local surgeries had switched people to newer anticoagulants which did not require the same level of monitoring.

Flu vaccinations were only provided by the pharmacy manager. The pharmacist tried to provide these when there was an overlap between the two pharmacists.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. Individual record sheets were available for each person. Any changes or missing items were queried with the surgery and recorded on the sheets. Separate coloured baskets were used to store these prescriptions.

There were no assembled multi-compartment compliance packs available. Team members showed a sample backing sheet which had product details, and there was an audit trail in place to show who had dispensed and checked the packs. Mandatory warnings were missing from the backing sheet, but the RP said these were included on the labels attached. Information leaflets were supplied monthly.

Medicines were obtained from licensed wholesalers and stored appropriately. This included medicines requiring special consideration such as CDs. Fridge temperatures were monitored daily and recorded using the hand-held device. The team member was unsure as to how to bring up the report for previous temperature records. She was able to describe the process she would follow if the temperature was outside of the required range and confirmed it had not been. The fridge temperature was within the required range for the storage of medicines at the time of the inspection. CDs were kept securely.

Date checking was done on a quarterly basis with team members allocated sections. No date-expired medicines were observed on the shelves sampled. A date-checking matrix was available. Short-dated stock was marked and a record was also made. Out-of-date and other waste medicines were segregated and then collected by licensed waste collectors. Drug recalls were received electronically from head office, printed, actioned, and filed.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy had glass, crown stamped measures, and tablet counting equipment. Equipment was clean and ready for use. The pharmacy had a medical grade fridge and a legally-compliant CD cabinet. Up-to-date reference sources were available including access to the internet. A blood pressure monitor was available. This was fairly new and would be replaced by the head office team at regular intervals. The cholesterol monitor was calibrated by the team on a weekly basis. Computers were all password protected and screens faced away from people using the pharmacy.

### 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.