

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Ben Travers Way,
BURNHAM-ON-SEA, Somerset, TA8 1EZ

Pharmacy reference: 1111906

Type of pharmacy: Community

Date of inspection: 13/02/2020

Pharmacy context

This is a community pharmacy located in a large supermarket in Burnham-on-Sea. It serves its local population which is mostly elderly. The pharmacy opens seven days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, offers drug misuse services and supplies medicines in multi-compartment compliance aids for people to use 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 has written procedures to help make sure the team works safely. Pharmacy team members record and review some mistakes that happen and use this information and learning to avoid future mistakes. But a more consistent approach could be taken to recording errors so that learning opportunities are not missed. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information well and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy generally maintains the records that it must keep by law.

Inspector's evidence

Processes were in place for identifying and managing risks. But near miss recording was inconsistent and only 1 near miss was recorded in January, for example. The pharmacy team explained that this was due to a lack of consistency in pharmacist cover and a lack of pharmacy management. The pharmacist reported that she reviewed near miss incidents when they occurred and explained that she would discuss these with the pharmacy team. Some examples of near miss logs were also seen from previous months. 'Look alike' and 'sound alike' medicines such as sildenafil and sertraline were also separated on the dispensary shelves.

Dispensing errors would be reported electronically to the superintendent's office and these would all have a root cause analysis carried out to identify any learning points. Based on a previous error involving insulin, the pharmacist had put a notice on the fridge to alert staff to take more care when dispensing different forms of this medicine. The pharmacist also wrote a report on the error which staff had read and discussed.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and those examined had been reviewed within the past two years. The pharmacy team understood what their roles and responsibilities were. On questioning, they explained that they would refer to the pharmacist if they had any queries.

There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacist reported that a Community Pharmacy Patient Questionnaire (CPPQ) is carried out annually to gather feedback about the pharmacy from the public.

Public liability and indemnity insurance was held and was valid and in date. Records of controlled drugs (CD) and patient returned CDs were retained. A sample of a random CD was checked for record accuracy and was seen to be incorrect at the time of the inspection. The inspector advised that the local CD accountable officer should be notified if the discrepancy could not be resolved. The controlled drug

balance was seen as being checked weekly. Out of date CDs were separated from normal CD stock and labelled appropriately.

The responsible pharmacist record was retained and the responsible pharmacist notice was displayed in pharmacy where the public could see it. The fridge temperatures were recorded daily and were within the 2 to 8 degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy is date checked four times in a year and records of this were seen to be completed appropriately. The private prescription records were retained but some entries omitted the prescriber's name and address. The emergency supply records were retained and were in order. The specials records were retained but entries occasionally omitted the prescriber's name and address.

The computers were password protected and the screens were not visible to the public. Confidential information was stored securely. The consultation room was kept locked when not in use. The pharmacy team had signed to say that they had read the information governance and data protection policy. Confidential waste paper was collected in confidential waste bins and this was collected an external contractor. Staff had completed training on the General Data Protection Regulation (GDPR).

There was a safeguarding children and vulnerable adults training which staff were required to complete. The pharmacist explained that she was confident at identifying the signs to look out for which may indicate safeguarding issues in both children and adults. Contact details were not readily available for local safeguarding advice, referral and support and the pharmacist agreed to address this.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist and two dispensing assistants present during the inspection. They were seen to be working well together and supporting each other. Staffing levels were seen as being sufficient for the services provided during the inspection. All staff had either completed or were undertaking appropriate training courses for their roles. The pharmacy team did not currently have a pharmacy manager and they reported that this had led to problems with the scheduling of training. But a manager from a different department was offering support until a new pharmacy manager was starting in April 2020.

The pharmacy had long opening hours and dispensing staff generally did not work after 8:00pm. This meant that the pharmacist had to cover the pharmacy on their own until the pharmacy closed at 11:00pm. The pharmacist reported that she maintained a mental break between the dispensing and checking processes if self-checking was required.

Staff performance was monitored and reviewed formally once a year against key performance indicators. In these reviews, a development plan would be introduced to help further develop and train the members of staff. But staff reported that these had not been completed recently.

The staff completed training run by the company and would be assessed on to ensure they were kept up to date with relevant healthcare information. The pharmacist reported that she had recently completed a CPPE package on 'look alike' and 'sound alike' medicines and reported that this had made her more aware of potential selection errors that could occur during the dispensing process.

A dispensing assistant reported that staff huddles were held on an ad-hoc basis. During these meetings, staff would discuss recent near misses and errors as well as any business updates. Tesco head office regularly released updates and these were read and discussed by staff. There was a board in the pharmacy which was used to communicate information to staff in between shifts.

Staff explained that they were comfortable to raise concerns to their area manager or head office if necessary. There was a staff feedback policy where they could provide feedback to the company about where they work. There was a whistleblowing policy in place and the pharmacy team were aware of this. There were targets in place in the pharmacy but the team explained that they did not feel any pressure to deliver these targets and that they would never compromise their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect people's private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was located towards the rear of a large supermarket. The dispensary was separated from the supermarket by a medicines counter to allow for preparation of prescriptions in private. The pharmacy was equipped with older fixtures and fittings and it was clean and professionally presented.

The dispensary was equipped with dispensary drawers. Some drawers did not stay fully closed and protruded into the dispensary area. This may present an increased risk of accidents to staff. The pharmacist explained that this issue had been reported to maintenance and was due to be repaired in March 2020. The pharmacy team reported that they were taking extra care until the drawers were fixed.

There was a sink available in the dispensary and consultation room with hot and cold running water with sanitiser to allow for hand washing and the preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical manner and the shelves would be cleaned when the date checking was carried out. The consultation room was kept locked when not in use and was well soundproofed. Patient information was stored securely.

Ambient temperature was suitable for the storage of medicines and this was regulated by an air conditioning system. The lighting throughout the pharmacy was appropriate for the delivery of services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy generally obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Pharmacy services were displayed on leaflets and posters around the pharmacy. There was step free access into the store and space to move to a wheelchair or pushchair around the pharmacy area. Seating was available for patients and customers waiting for services. There was a hearing loop available for people with hearing difficulties. Large label printing was available for people with sight difficulties.

The pharmacy team dispensed multi-compartment compliance packs for 21 patients in their own homes. These were dispensed on medicines counters located behind the main dispensary to reduce distractions to staff. One multi-compartment compliance pack was examined but the initials of the dispenser was omitted on the packs examined. The pharmacist had signed to say that the packs had been accuracy checked. Descriptions were routinely provided for the medicines contained within the compliance packs. Patient information leaflets were not included in the packs examined and the pharmacist agreed to supply these regularly.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during dispensing to valproate to all patients who may become pregnant. The pharmacist reported that she would check that that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

The pharmacy obtained medicinal stock from suppliers such as Alliance, AAH or Oakwood. Specials were ordered via Lexon Specials. There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and seen as being used for the disposal of medicines returned by patients. Pre-filled syringes of midazolam 7.5mg oral mucosal solution was found in the regular designated medicinal waste bin rather than being identified and destroyed as a CD. A bin for the disposal of hazardous waste was available for use at the time of the inspection. But this was seen as being used to dispose of some non-hazardous waste medicines.

The pharmacy team were aware of the European Falsified Medicines Directive (FMD). Tesco head office was currently in the process of rolling out the hardware and software to the pharmacy. The majority of medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. But the following medicines were stored without the following particulars on the container:
Meloxicam 15mg tablets without a form, batch number and expiry date
Venlafaxine 150mg XL capsules without a batch number

Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridge was in good working order and the stock inside was stored in an orderly manner. The pharmacist reported that MHRA drug alerts and recalls came to the

team electronically and these were actioned appropriately. Records to demonstrate this were kept and audit trails were used.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for dispensing CDs. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge in use which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

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.