

Registered pharmacy inspection report

Pharmacy Name: Tesco Instore Pharmacy, Cromwell Road, WISBECH, Cambridgeshire, PE14 0RH

Pharmacy reference: 1120886

Type of pharmacy: Community

Date of inspection: 08/03/2023

Pharmacy context

This community pharmacy is in a large out-of-town supermarket. Its main activity is dispensing NHS prescriptions and providing advice to people over the counter. It supplies medicines in multi-compartment compliance packs to a small number of people who this help to take their medicines correctly. And it offers seasonal flu vaccinations. The pharmacy can also provide blood pressure, blood glucose and cholesterol checks.

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	3.5	Good practice	The dispensary is very well-organised and clean throughout. And the pharmacy's team members keep the dispensing benches clear of clutter. They use designated parts of the benches for dispensing and checking prescriptions to reduce the chance of mistakes happening.
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

Overall, the pharmacy identifies and manages the risks associated with its services well. It reviews its processes when things go wrong to reduce the likelihood of the same mistake happening again. It has up-to-date procedures which tell staff how to work safely. And it generally makes the records it needs to by law. The pharmacy's team members protect people's information appropriately.

Inspector's evidence

The pharmacy had written procedures for staff to support safe ways of working and these were reviewed regularly. There was a process to make sure staff and locum pharmacists read the procedures and any updates about. Team members were seen to follow procedures relating to dispensing; items were signed by the people who dispensed and checked them to create an audit trail and there was a third check just prior to hand out. Baskets were used to keep different people's prescriptions separate. And there were visual prompts at dispensing and checking areas to remind staff about best practice when carrying out these activities. The pharmacy's team members understood what they could and couldn't do if there was no responsible pharmacist (RP) on the premises. Team members could be identified by members of the public as they wore uniforms and had name badges.

The dispensers recorded mistakes they made and corrected during the dispensing process (near misses). The records seen had information about why mistakes had happened and what was being done to try to prevent similar events happening again. Dispensing mistakes which had reached a patient (known as dispensing errors) were also recorded and these were reported to head office. The pharmacy could show how it used mistakes to learn and improve its ways of working. Details of mistakes were shared with the team to help reduce the likelihood of a similar mistake happening. To prevent common selection errors, affected products had been clearly separated had separated. Staff were able to explain how a complaint should be handled and would refer to the pharmacist on duty when needed. And staff would report the matter to head office if it couldn't be resolved locally.

The pharmacy had professional indemnity and public liability insurance in place. There was a notice displayed for the public showing details of the current RP on duty. A paper record about the RP was available and was up to date. Private prescriptions were recorded electronically. When checked, several entries did not have the correct details for the prescriber and/or the prescriber's address. The team agreed to make sure the entries were made correctly in future. Records viewed about controlled drugs (CDs) were up to date and were complete. Running balances were recorded and checked regularly. CDs returned by people for destruction were recorded as soon as they were received. And there was an audit trail for destroyed CDs.

When asked, staff understood the need to keep people's information private. There were written procedures to protect people's information and a notice was displayed telling people about how they used and protected people's data. Team members received refresher training about information governance each year. Computer screens containing patient information could not be seen by the public. Confidential waste was separated from normal waste and disposed of securely. Members of the team used smartcards to access NHS prescriptions and did not share passwords for their smartcards. The RP had completed level 3 safeguarding training and team members had received company-led

training on the topic.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained staff members to provide its services effectively. It provides ongoing training to help keep its team members skills and knowledge current. And its team members know how to sell medicines over the counter safely. The pharmacy has good systems in place to make sure important information is passed on to everyone involved in pharmacy services.

Inspector's evidence

The pharmacy team comprised a pharmacy manager, three dispensing assistants and a pharmacy technician. During the inspection, two of the regular locums were working at the pharmacy and were accompanied by an employed member of staff. The pharmacy also had access to store-based multiskilled staff who could help out with pharmacy tasks when needed. The team was able to cope with the workload during the visit. The use of regular locum pharmacists helped to provide better continuity of care for people; locum pharmacists actively followed up New Medicine Service consultations and kept a record of their attempts to contact people. The locum pharmacists explained the pharmacy manager also made sure they were kept well informed about any new SOPs or other important information. And information about team meetings and reviews of dispensing mistakes was readily available to the whole team.

The pharmacy manager kept a local record to track ongoing training undertaken by the team. This included training on updated SOPs, mandatory refresher training about information governance, and other training modules that were provided by the company. Staff were aware of this tracker and updated it themselves once they completed the corresponding training materials. The team members sometimes got time at work to do training but also did some of their training in their own time.

When asked, team members could explain what they could and couldn't do when there was no pharmacist on the premises. And they knew that sales of emergency hormonal contraception should be overseen directly by the pharmacist. They understood that certain medicines could be abused or misused, including codeine-containing medicines and pseudoephedrine, and could explain the maximum amounts that should be sold over the counter. One member of staff was observed asking appropriate questions before selling co-codamol. The pharmacy didn't sell codeine linctus or Phenergan linctus.

The pharmacy team appeared to work well together and were seen discussing various queries with the pharmacists. The pharmacy technician said he felt able to make suggestions about how to improve the way the pharmacy worked. He described changing how he dispensed medicines into multi-compartment compliance packs, keeping the used foils and external packaging separate to reduce the chances of de-blistered foils being put back in the packaging and returned to the dispensary shelves. This change had come about because of a mistake happening.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for the services the pharmacy provides and they are very well-organised and clean. The pharmacy can offer people a place to have a conversation in private about their healthcare.

Inspector's evidence

The pharmacy was of a suitable size for the volume of prescriptions dispensed and access to the premises was well-controlled. The lighting and ambient temperature was appropriate for safe working and storing medicines. Dispensing stock was kept in the dispensary and pharmacy only medicines were kept behind the counter. The premises could be secured against unauthorised access. The premises were clean throughout and were very tidy. Dispensing benches were kept clear of clutter and there were sections of bench designated for specific tasks such as accuracy checking to reduce risks during the dispensing process. The pharmacy team had access to the store's hygiene and rest facilities including handwashing sinks. There was a sink in the dispensary for preparing medicines; this was clean and had hot and cold running water.

There was some seating close to the counter for people waiting for services. There was also a well-screened private consultation room that the team used to provide services such as flu vaccinations and health checks. This was clean and tidy and large enough for the activities undertaken. There was no confidential information on display in this room.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its services effectively. The pharmacy stores its medicines in a very organised way to reduce the risks of mistakes happening. Its team members prepare compliance packs safely. And the pharmacy's team members understand the checks they need to make and the information they need to give to people when supplying valproate-containing medicines. Some additional care needs to be taken to make sure medicines on hand to respond to anaphylactic reactions are in date.

Inspector's evidence

The pharmacy's opening hours were displayed at the counter, on the pharmacy leaflet, and on the company's website. There was some health information literature about self-care displayed at the counter. And there were notices about the services the pharmacy offered displayed. The pharmacy had an induction hearing loop to assist people who wore hearing aids. There was ample free parking on site. And the pharmacy, including the consultation room, was readily accessible to people with wheelchairs or prams.

The pharmacy supplied medicines in multi-compartment compliance packs to a small number of people who lived in their own homes. The pharmacy had individual records for the people receiving these packs and added notes to these records when there were changes or other interventions. There were no completed packs available during the visit, but the pharmacy technician explained how packs would be labelled with the dose and a description of the medicines. And the team members would create an audit trail on the packs to show who had dispensed and checked each pack. Patient information leaflets were supplied every four weeks.

With regards to supplying medicines which contained valproate, the pharmacy had the current safety literature about pregnancy prevention and pharmacists knew what they needed to do when supplying these medicines to people in the at-risk group. The pharmacy highlighted some prescriptions for CDs so that members of staff could check they were still valid when handing the medicines out. But not all prescriptions for CDs that didn't require safe custody were marked. This could increase the chance of some prescriptions being handed out beyond the valid date of the prescription. The pharmacy used alert stickers to flag any prescriptions where the pharmacist wanted to speak with the person when the medicines were handed out. Or where additional checks needed to be made.

The pharmacy were actively supporting people started on new medicines. There was good evidence about the pharmacy's attempts to contact people to check how the person was and if they were experiencing issues with their new medicines. On occasions, people had been advised to contact their GP because they were experiencing side effects or because the medicine did not appear to be having the desired effect. There were records made of these interventions that other pharmacists could refer to and this helped with the continuity of care for people.

The pharmacy got its medicines from licensed suppliers. It had experienced some difficulties ordering medicines including some antibiotics, but these issues were reducing somewhat. Medicines were stored very tidily in large basket-type drawers in the dispensary. These were all very clearly marked and

contained prompts to be more careful when selecting medicines that sounded or looked alike. Waste medicines were stored in designated bins. There was a process to complete and record date checks of medicines regularly. When stock in the dispensary was spot-checked, there were no out-of-date medicines found. However, adrenaline ampoules and an adrenaline pen kept as part of a kit for managing anaphylactic reactions resulting from flu vaccinations had expired in October 2022. These were removed during the inspection. Medicines were kept in appropriately labelled containers though the date of opening had not been added to some liquid preparations where this was needed to assess if still fit-for-purpose. The pharmacist agreed to do this in future. Medicines that needed to be kept cold were stored in the pharmacy fridge. The maximum and minimum fridge temperatures were monitored and recorded and had remained within the required range. There was enough storage capacity in the fridge and no evidence of ice build-up.

The pharmacy was made aware of safety alerts and medicine recalls by their head office and there was a system to check and respond to these. A record was kept showing what the pharmacy had done in response to these to stop affected medicines reaching people.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it has systems in place to monitor that its equipment is working properly.

Inspector's evidence

Testing equipment for blood glucose, cholesterol and blood pressure appeared clean and in good working order. These items were stored securely in the consultation room. The pharmacy had a range of clean, glass, validated measures for measuring liquid medicines. Some of these were marked to use with methadone only to prevent cross-contamination. There was also a range of counting triangles for dispensing tablets and one of these was used solely for methotrexate; it and some tweezers were kept in a separate location.

The pharmacy had access to online references sources to help with clinical checks and professional advice. Patient medication records were held securely in the pharmacy and screens containing patient information could not be seen by the public.

The pharmacy's fridge had enough storage space for the amount of stock and dispensed lines that needed refrigeration. The fridge temperature at the time of the inspection was 5.5 degrees Celsius and there was evidence that the pharmacy checked and recorded the maximum and minimum fridge temperatures each day. The records seen showed the temperatures had remained within the required range for storing medicines safely.

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.