

Registered pharmacy inspection report

Pharmacy Name: Weston General Hospital, Pharmacy Department,
Grange Road, Uphill, WESTON-SUPER-MARE, Avon, BS23 4TQ

Pharmacy reference: 1028763

Type of pharmacy: Hospital

Date of inspection: 12/11/2019

Pharmacy context

This is a hospital pharmacy located in Weston General Hospital in Weston-super-Mare. The hospital has 270 beds and serves a resident population of around 212,000 people in North Somerset with over 70% of people living in the four main towns of Weston, Clevedon, Portishead and Nailsea. The pharmacy opens six days a week. The pharmacy supplies medicines for inpatients and for ward stock. The pharmacy is not open to the public. The pharmacy team also have a service level agreement with a hospice on site and supply medicines to them on a named patient basis.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.1	Good practice	The pharmacy team regularly record near misses.
		1.2	Good practice	The pharmacy team regularly review the safety and quality of pharmacy services well.
2. Staff	Good practice	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive time to complete it.
		2.4	Good practice	The pharmacy team maintain a clear and embedded culture of openness, honesty and learning.
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. 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 and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

Processes were in place to record, review, and learn from adverse incidents. Near miss logs were retained and were regularly collated and fed back to the pharmacy team. Individual staff members would be coached on their near misses where appropriate. The pharmacy team record all errors on the Datix system and then a root cause analysis would be carried out. Audits of errors were regularly carried out to identify any trends. Based on previous incidents where drug charts had been lost in the pharmacy, an end of day checklist had been utilised by staff to ensure that these could be found more easily.

The team also used a dispensing robot to reduce the likelihood of picking errors when dispensing. There was an established workflow in the pharmacy and audit trails for the dispensing process were being used by the members of staff. Standard operating procedure (SOPs) were in place and these were reviewed regularly. All staff had read the SOPs but there was no audit trail to indicate that staff had signed them.

There was an NHS complaints procedure in place, which was detailed on leaflets around the hospital and on the Weston Area Health NHS Trust website. Patients could give feedback about the hospital services using the 'NHS Friends and Family Test'.

Private prescription, controlled drug (CD), specials, fridge temperature, responsible pharmacist and date checking records were retained and were in order.

The staff had all signed confidentiality agreements and attended annual training about information governance and how to protect patient information and data. The computers were all password protected and access was appropriate to the responsibility of the staff. The staff had all completed safeguarding training for both vulnerable adults and children. Safeguarding training was carried out regularly. Appropriate indemnity insurance was in place.

Principle 2 - Staffing ✓ Good practice

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

In the department, there were eight pharmacists and two of these were independent prescribers. There were five accuracy checking technicians. There were also six dispensing assistants, two student pre-registration technicians and two pre-registration pharmacists. All staff roles had a competency matrix in the job description which indicated what different processes staff could carry out.

Staff reported that vacancies for pharmacists were difficult to fill in the area. A recent Care Quality Commission inspection had noted that pharmacy staffing was low. The pharmacy had three full time pharmacist vacancies at the time of the inspection.

There were appraisals for all the staff where they would be assessed against the key performance indicators set for them and development plans would be set to develop the staff further in their roles. This was a formal two way discussion where the staff could give their opinions and suggest what they felt they required further development on.

The team were all trained regularly through in-house training sessions, accredited training courses and clinical diplomas. The pharmacy team reported that they shared learning amongst other disciplines in the hospital by contributing to training for junior doctors and nurses, for example. Staff gave an example of having recently held a training session on high risk medicines such as insulin and anti-coagulants for junior doctors. Continuing professional development (CPD) meetings would take place once a week to keep staff up to date. Staff received protected time to complete any required training.

Staff were free to make appropriate judgements which would benefit patients and there was a no blame culture within the pharmacy which helped to improve the learning environment and ensure that everyone learned from mistakes and errors which occurred. Staff had regular meetings to discuss near misses and errors and share this learning amongst their team.

The staff completed an NHS staff survey annually where they could feedback their opinions about their roles, management and training. The information would be collated and then looked at to implement changes where necessary.

There was a whistleblowing policy in the Trust and the chief pharmacist reported that staff felt comfortable to raise concerns or make suggestions to improve the practice in the pharmacy. The staff explained they would never compromise their professional judgement for commercial gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was located on the ground floor and it was not open to the public. There was a hatch which could only be opened from inside the dispensary and a bell for staff to use if they required someone in the dispensary.

The pharmacy was clean, tidy and well organised. There was sufficient space to allow safe working and dedicated areas in the dispensary for different activities. Sinks had hot and cold running water and soap and cleaning materials were readily available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy 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

The pharmacy was not open to the public and would supply medicines for ward stock and for inpatients in the hospital. The pharmacy would also supply around 100 items a month on a named patient basis to a local hospice which generally had 12 patients. The pharmacy dispensed around one private prescription per month for a private ward in the hospital.

An on-call pharmacist could dispense medicines from the robot remotely if hospital staff required anything out of pharmacy hours. If the required something not stocked in the robot, the on-call pharmacist would attend the hospital.

Prescriptions would be electronically tracked around the dispensary to ensure they would be completed in time and at each stage, the members of the dispensary team would scan the prescriptions to notify the tracking system of where in the dispensing process the prescription was.

All medicines were ordered from licensed wholesalers including AAH, Alliance and Phoenix. Storage was suitable for all medicines, including those requiring cold storage. Stock was regularly rotated and date expired medicines were disposed of appropriately. MHRA recalls were actioned appropriately by the team.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

The pharmacy had all the necessary equipment and facilities to deliver the services it offered effectively. All the equipment was in good working order, cleaned after each use and maintained. The pharmacy was also equipped with an BD Rowa dispensing robot which was serviced annually.

The whole pharmacy area is temperature regulated and monitored including the fridges. If the temperatures go out of range, warnings are displayed as pop ups on the department computers. If this occurs out of hours, the out of hours pharmacist is notified. There was a problem with this system at the time of the inspection due to a lack of signal in the pharmacy. This had been reported and was being fixed.

The team protected patient confidentiality by ensuring the pharmacy was inaccessible to anyone who did not work in the pharmacy. Computers were all password protected.

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.