

Registered pharmacy inspection report

Pharmacy Name: Pharmacy Department, Royal South Hants Hospital,
Graham Road, SOUTHAMPTON, Hampshire, SO14 0YG

Pharmacy reference: 1031855

Type of pharmacy: Hospital

Date of inspection: 09/05/2019

Pharmacy context

The pharmacy is based in the Royal South Hants Hospital in central Southampton. The hospital runs various clinics including dermatology, ear nose and throat, urology, diabetes and gynaecology. The hospital also has a minor injuries unit, a mental health unit and elderly rehabilitation ward. The pharmacy dispenses outpatient prescriptions, provides medicines to external units and sells a selection of pharmacy only and over-the-counter 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
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

Overall, the pharmacy manages risks well. Team members record errors and incidents and they learn from these and act to avoid problems being repeated. The pharmacy keeps up-to-date records and protects patient confidentiality. Team members also understand how they can help to protect vulnerable people.

Inspector's evidence

Processes were in place to record, review, and learn from adverse incidents. Near-miss logs were retained and incidents would be recorded and rectified by the individuals involved. The pharmacy team records all errors on the Datix system and then the members of staff who are involved in the error carry out a root cause analysis and reflect upon the incident to prevent it from recurring. Audits of errors were regularly completed to identify any trends.

The team described an incident with three tuberculosis medicines; Rifadin, Rifater and Rifinah. Staff were making picking errors due to the similar names and similar packaging. As a result, the team decided to put all three medicines in a large box together to ensure that when they were picked, the dispenser would have to concentrate on what they were selecting and not reach for something where they thought it was stored thereby reducing the risk of selecting the incorrect item.

The team had a board in the staff areas of the pharmacy which displayed information about medication safety incidents which were not exclusive to their own hospital, but also included Southampton General Hospital. Information on the board included descriptions about errors between Humira pre-filled pens and pre-filled syringes and the two different strengths of Fostair inhalers. The team would also highlight FERFs (Favourable Event Reporting Form) where the team members had gone above and beyond to provide a good service to their patients.

There were several posters displayed in the pharmacy area about different medicines and treatments such as lithium, sodium valproate, post-exposure prophylaxis and venlafaxine. The posters had been created by some of the pre-registration pharmacists and were used to share information and knowledge about medicines.

There was an established workflow in the pharmacy and audit trails for the dispensing process were being used by the members of staff. The pharmacy had SOPs in place and the team members had all read the SOPs and were aware of their roles and responsibilities. The SOPs were updated regularly to ensure they reflected the practice in the pharmacy. There was an NHS complaints procedure in place, which was detailed in leaflets around the hospital.

Controlled drug, fridge temperature, private prescription, extemporaneous preparation and date checking records were found to be in order. The team also kept an electronic responsible pharmacist record and a responsible pharmacist notice was displayed in the pharmacy where patients could see it.

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 mandatory safeguarding training for both vulnerable adults and children. Safeguarding training was completed regularly, and staff had DBS checks. Appropriate indemnity insurance was in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the workload safely. Pharmacy team members are well trained, and they have a good understanding of their roles and responsibilities. They are encouraged to keep their skills up to date.

Inspector's evidence

There were enough suitably qualified and skilled staff present to manage the workload. As the pharmacy was part of the University Hospital Southampton Trust, the pharmacy team could use staff who would normally work at Southampton General Hospital if there ever was a shortage. All staff roles had a competency matrix which would clearly indicate the different processes staff could carry out.

Team members were all trained regularly through in-house training sessions and accredited training courses. They explained that there was a strong emphasis on the development of skills and knowledge of existing staff. The team also attended various local training events which would help with CPD.

There were annual appraisals for all 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 where they felt they required further development.

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.

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 were various employee support programs in place within the Trust which the team had access to. These included occupational health, stress management, leadership training and time management.

There was a whistleblowing policy in the Trust and the team felt comfortable to raise concerns or make suggestions to improve the practice in the pharmacy. There was a chart displayed in the pharmacy showing the different management tiers so that the staff knew who to refer to if they were ever concerned about anything. There were no targets in place in the pharmacy which could lead the staff to compromise their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are well organised and suitable for the provision of its services.

Inspector's evidence

The pharmacy was located on the ground floor and there was a hatch at the front of the pharmacy where people could be served. There were separate private areas for counselling patients and the team explained they had access to offices and clinic rooms if the privacy provided by the segregated hatches was not enough.

The pharmacy was clean, tidy and well organised. There was enough space to allow for safe working and dedicated areas in the dispensary for different activities. There were two dispensaries, one of which was dedicated to dispensing clozapine. All sinks had hot and cold running water and soap and cleaning materials were readily available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely, and makes sure that they are accessible to a wide range of people. The pharmacy sources, stores and manages medicines appropriately.

Inspector's evidence

The pharmacy sold a selection of P medicines, they would dispense prescriptions for the outpatients clinics and they would also provide external units with medicines.

The pharmacy team also extemporaneously manufactured some creams for the dermatology clinic and kept thorough audit trails for this which were observed to be complete.

The team explained that they dispensed a lot of clozapine, for 490 patients, and to do this effectively, they had colour coded all the prescriptions for the different units and they had also colour coded the dispensing labels and the storage boxes to match the different strengths of clozapine. The team explained that the pharmacists would normally screen the clozapine prescriptions and that the technicians would check a patient's blood test results before assembling the prescriptions. After this, a pharmacist would check the final products and release them for delivery.

Medicines in the hospital were ordered from the pharmacy store at Southampton General Hospital who obtained medicines from licensed suppliers and direct from some manufacturers.

Storage was suitable for all medicines, including those requiring cold storage. The pharmacy had two fridges which were continuously monitored and if the temperature went out of range, emails would automatically be sent to the team and the on-call pharmacists. A system was in place to ensure MHRA recalls were actioned appropriately by the team. Audit trails for this were maintained.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment and facilities to provide its services safely.

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 and maintained.

The whole pharmacy area is temperature regulated and monitored including the fridges. If the temperatures go out of range, the team are promptly notified. If this occurs out of hours, the on-call pharmacist is notified.

The team protected patient confidentiality by ensuring the pharmacy was inaccessible to anyone who did not work in the pharmacy and all the computers were password protected and not logged-in when left.

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.