

Registered pharmacy inspection report

Pharmacy Name: Pharmacy Department, Tameside General Hospital,
Fountain Street, ASHTON-UNDER-LYNE, Lancashire, OL6 9RW

Pharmacy reference: 1033067

Type of pharmacy: Hospital

Date of inspection: 02/02/2024

Pharmacy context

This busy pharmacy is located in a hospital, close to the main entrance. It mainly provides pharmacy services for patients receiving treatment at the hospital. This activity is regulated by the Care Quality Commission (CQC). The pharmacy is registered with the General Pharmaceutical Council (GPhC) because it dispenses some medicines for patients of other legal entities including the Pennine Care Trust (mental health) and the Manchester Royal Infirmary (renal unit) which are located on the hospital site. And it also supplies patients at Willow Wood Hospice, which is a short distance from the hospital. The pharmacy has a wholesale dealer licence (WDL) for the supply of stock to these separate legal entities. This activity is regulated by the Medicines and Healthcare Products Regulatory Agency (MHRA).

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	N/A	N/A	N/A
2. Staff	Standards met	2.1	Good practice	The pharmacy has sufficient capacity and expertise to cope with absences and changes in its workloads. The number of staff and the skill mix in the pharmacy team are reviewed in line with changing workloads and absences.
		2.4	Good practice	Teamwork is effective, and openness, honesty and learning are embedded throughout the organisation.
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 adequately manages risks, and it takes steps to improve patient safety. Members of the pharmacy team work to professional standards. The team follows written procedures on keeping people's private information safe. And team members understand how they can help to protect the welfare of vulnerable people. Record keeping is generally in order, although some details relating to the responsible pharmacist (RP) are missing. And the pharmacy's procedures don't sufficiently cover the RP regulations. This means team members may not always fully understand their responsibilities.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided. They were in electronic format on a shared drive which all the team could access. Written versions were available in the dispensary for easy access when working there. New members of the pharmacy team were required to read all the SOPs relevant to their role, as part of their induction training. Emails were sent to the pharmacy team when there were new or updated SOPs. There were some records to show which members of the team had read each SOP, but this wasn't completed for every member of the team, so there was a risk that some team members may not fully understand the pharmacy's procedures. The deputy chief pharmacist said the pharmacy was looking to introduce an electronic method to record the reading of SOPs. Team member's roles and responsibilities were set out in their job descriptions and pharmacy team members were performing duties which were in line with their roles. They were wearing uniforms and badges which identified their roles. Some SOPs required under the responsible pharmacist (RP) regulations were missing. There were two RP notices on display, which was not in line with the RP regulations and might cause confusion in the event of a query or problem. The deputy chief pharmacist agreed to take one of the RP notices down when this was pointed out and confirmed that she would update the RP SOPs.

The pharmacy team recorded dispensing incidents electronically. Significant incidents were discussed at Pharmacy Quality and Governance and Medicines Safety meetings. The pharmacy had a medicines safety pharmacist and there was a pharmacy technician (PT) who supported her in this role. Learnings from incidents were cascaded to the pharmacy team at meetings, and on the Trust's medicine's safety board. Learnings were also included in the pharmacy's monthly newsletter. An example was given of how the team had been reminded of the details in the patient identifier SOP when taking in and handing out prescriptions. This was after hearing about a serious hand-out incident in another pharmacy. Near misses were discussed with the member of staff involved. A team member confirmed that they were comfortable admitting and reporting errors and felt there was an open and honest culture in the pharmacy. The deputy chief pharmacist explained that extra support was provided if it was identified that anyone was making a high number of errors. The pharmacy had two automated dispensing robots which improved the accuracy in the dispensary. However, they had been installed several years ago and were not as efficient as they could be. The Trust's risk management procedures included a risk register. Anything identified as at particular high risk was escalated to the Trust's executive committee. The requirement to update the automated dispensing robots had been added to the risk register and plans were in place to install a new robot as part of an upcoming refit.

Services to the separate legal entities were provided under Service Level Agreements (SLAs) which were reviewed annually. Pennine Care Trust and Willow Wood hospice staff discussed any issues or

concerns with the pharmacists or PTs who regularly visited the sites, or by phoning or e-mailing the pharmacy department. The deputy chief pharmacist visited Willow Wood hospice every month. Formal concerns or complaints were dealt with through the Trust's risk management procedures. There was a patient service and experience group which received feedback from the Trust's Friends and Family Test (FFT). A large notice had been installed onto one of the walls in the waiting area to help to manage people's expectations. It outlined the journey of a hospital prescription as well as explaining that the pharmacy dispensed medicines for the whole hospital, not just the out-patients who were in the waiting area. This was so people could understand why there was sometimes a delay when waiting for their prescription to be dispensed. Compliments and feedback were highlighted to the team on a 'shout out' notice board in the staff area and in the pharmacy's newsletter. Team members who 'Go the extra mile' were given GEMs which were awarded on a monthly basis.

All registered activities were covered by the Trust's insurance. There was a record of which pharmacists were on duty in the pharmacy at any one time. But the record did not clearly identify the pharmacist who acting as the RP or include the information needed to comply with the RP regulations. The deputy chief pharmacist confirmed that she would set up a new RP record to use going forward. Ward style CD registers designed for supply only were used to record CD transactions. Registers did not contain the required headings. For example, the name and address from whom the CD was obtained. This information was being recorded under a different heading, which could be confusing in the event of a problem or discrepancy. Records of CD running balances were audited at every transaction and routine stock checks were carried out monthly. One running balance was checked and found to be correct. It was a schedule 3 CD, so it was not a legal requirement to record it in the CD register. The hospital had made a local decision to use registers to record transactions of schedule 3 CDs to improve the monitoring, although this was not a legal requirement.

Information Governance (IG) training was mandatory and was carried out annually by all staff in the hospital. One of the team members described the difference between general and confidential waste and pointed out designated bags which were used to store confidential waste until they were taken away by a third-party specialist waste company for destruction.

All team members had completed level two training on safeguarding children and vulnerable adults as part of the Trust's mandatory training. One member explained that if they came across a safeguarding concern, they would bring it to the attention of their line manager. The deputy chief pharmacist said she would discuss any concerns with the Trust's safeguarding lead.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are well trained. They work well together and communicate effectively. The pharmacy encourages team members to keep their skills up to date and supports their development. They are comfortable providing feedback to their manager and they receive feedback about their own performance. The pharmacy enables the team members to act on their own initiative and use their professional judgement to the benefit of people who use the pharmacy's services.

Inspector's evidence

The staffing level was adequate for the volume of work during the inspection and the team members were observed working collaboratively with each other. There were approximately 100 staff in the pharmacy department. This included around 38 pharmacists, 30 PTs and 25 assistants who were mainly NVQ2 qualified (or equivalent) dispensers or on stock management courses. The chief technician organised the rota for annual leave. There were weekly staff rotas which were prepared two or three months in advance taking account of annual leave and planned absences. The pharmacy used locum and bank pharmacists and PTs when required to cover vacancies and absences. Many of the staff had flexible working hours and could change their hours to cover unplanned absences. Staff numbers and skill mix were reviewed and changed in line with workload. There were capacity plans, and some staff could be pulled back from the wards to help out in the dispensary if necessary.

Members of the pharmacy team had completed appropriate training and used an online training platform to ensure their training was up to date. New members of the team were required to complete in-house training booklets as part of their induction. Some training was mandatory for all members of the team such as infection prevention, resuscitation and equality and diversity. The pharmacy team had completed a recent training on autism. Completion of mandatory training was monitored by the deputy chief pharmacist, who sent emails to the team with updates. Members of the team who were in training were given regular protected training time. Other training time was allocated on request. There was a formal annual appraisal system with line managers where performance and development were discussed. The pharmacy held regular full team meetings and the pharmacists also attended fortnightly meetings to discuss professional issues. 'Big Conversation' meetings had been held to ask the team what improvements they thought should be made, and there was a staff suggestion box and managers drop-in sessions. A new coffee machine had been obtained for the tearoom following staff suggestions. The pharmacy newsletter reminded the team about the NHS staff wellbeing app and other resources to help their wellbeing.

A pharmacist said they felt empowered to exercise their professional judgement and could comply with their own professional and legal obligations. For example, refusing to supply a medicine if they believed it was clinically inappropriate. They said the main targets in the dispensary were prescription waiting times and there was pressure to achieve these. But they said they could call in staff from the wards if necessary. Another option when the workload became extremely high was to request 'golden time.' This would mean they needed everyone's full attention to help to complete the current workload. The team was required to work in silence and focus only on the prescriptions in the dispensary to clear the backlog. A team member confirmed that they would feel comfortable talking to their line manager about any concerns they might have. The Trust had a whistle blowing policy. There was also a 'Speak

out Guardian' who was independent to the pharmacy and staff could raise concerns with them, if they felt they would prefer to speak to someone outside of the pharmacy team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has a private consultation room so people can receive services in private and have confidential conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy had been purpose built a few years ago and was in a good state of repair. The building was a private funded initiative (PFI), and maintenance was the responsibility of a private company who carried out routine inspections as well as responding promptly to problems. The hospital Trust also had its estates team who dealt with certain issues such as bins and roll cages. The pharmacy was clean, and an employed cleaner worked between three and six hours each day. The standard of cleanliness was closely monitored, and a certificate had been recently awarded by the Trust, who had assessed the standard of cleanliness in the pharmacy as five stars. The waiting area was free from obstructions, professional in appearance and had an adequate number of chairs. The temperature and lighting were adequately controlled. The lighting was being updated to LED lighting in the refit as part of the pharmacy improvement project to improve patient and staff experience. The pharmacy premises consisted of a dispensary, an aseptic suit, offices and training and meeting rooms. Staff facilities included a tearoom with a kitchen area, a staff cloakroom and two WCs with wash hand basins and antibacterial hand wash. One of the WCs was wheelchair accessible. There were hand wash basins at various locations in the dispensary and a two separate dispensary sinks for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sinks. The consultation room was accessible from the waiting area and was used to offer privacy when prescriptions were being handed out. It had a sign indicating it was to be used to collect medicines from. The room was uncluttered, clean and professional in appearance. Patients from Pennine Care Trust were sometimes counselled there if they collected their prescriptions in person. There were plans to improve the sound proofing of the consultation room and to increase the height of the reception hatch as part of the pharmacy improvement project.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides healthcare services which are well managed, and people receive appropriate care. It sources, stores, and supplies medicines safely. And it carries out checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The door into the waiting room was kept open during working hours to provide a welcoming environment. The pharmacy's opening hours were on display. The dispensary was reasonably spacious, and the workflow was organised into separate areas with designated checking areas. The dispensary shelves were well organised, neat, and tidy. Most of the stock was stored in the two dispensing robots. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Prescriptions for patients at Willow Wood hospice were received by email and then reconciled with the original before supply. The clinical check was carried out by a pharmacist who was part of the pharmacy department, as specified in the SLA. Prescriptions to be supplied to the hospice were placed in sealed bags and collected by the hospice's driver around lunchtime each day. Other deliveries were made when required to fulfil urgent prescriptions. The pharmacy generally provided a supply only service to Pennine Care Trust and Manchester Royal Infirmary and clinical checks were carried out by one of their own pharmacists before they were dispensed. Most supplies made were delivered to these sites rather than collected in person. Deliveries were made in sealed bags by hospital porters. Signatures were obtained from the receiver on each occasion. CDs were delivered in red sealed bags and a signature obtained in a separate book which was returned to the pharmacy.

One of the pharmacists confirmed that they were aware of the requirements for a Pregnancy Prevention Programme to be in place and that people who were prescribed valproate should have annual reviews with a specialist. They were also aware that valproate was required to be dispensed in original packs to ensure people were always supplied with the correct information.

There were around ten medical fridges, including a dispatch fridge and a quarantine fridge in the pharmacy. Minimum and maximum temperatures were monitored automatically on an electronic monitoring system. Alerts sounded if any of the fridges went outside of the required range. An alert was sent to the on-call pharmacist's mobile phone if outside of working hours and they would attend if needed and take appropriate actions. For example, moving the stock to an alternative fridge until the problem could be identified and resolved.

The supply of stock was controlled by the procurement department. This was run by PTs. One of the PTs confirmed that medicines were received from reputable licensed wholesalers, and they used wholesalers' website's to help to source stock. The PT explained that support was provided at regional meetings when the team could liaise with other hospitals about stock availability. There was a mutual aid system where it was possible to transfer stock between hospitals. CDs were stored in a CD room in CD cabinets which were securely fixed to the wall/floor. The CD keys were kept in a key cabinet which

was only accessible to pharmacists and a restricted number of PTs. A member of the team who was working in the CD room confirmed that the door to the CD room was always locked, and the CD keys stored securely when the room was unoccupied to avoid unauthorised access.

Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Each member of staff had a separate area which they were responsible for date checking which increased accountability. Dates had been added to opened liquids with limited stability. Stock in the robots was date-checked automatically. The robots assumed all medicines had an expiry date of 12 months when loaded into the robot. So, dates were checked on arrival and if any stock was found with less than 12 months, its expiry date was inputted manually, to prevent any out-of-date stock being held in the robots. The new robot was going to record the expiry date of all the stock it held from the barcode, which would simplify this process.

Alerts and recalls were received via a central alerting system (CAS). A copy was retained in the pharmacy with a record of the action taken so the team were able to respond to queries and provide assurance that the appropriate action had been taken. A response was sent back to the Trust for their records.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

The pharmacy team could access the internet for the most up-to-date reference sources such as the electronic British National Formulary (BNF), BNF for children, Medicines Complete and the Renal Drug Handbook. There was a regional medical information pharmacist who could be contacted about complex issues.

There was a selection of clean glass liquid measures with British standard and crown marks and a suitable range of clean equipment for counting loose tablets and capsules. There was a fume cabinet to protect staff when re-constituting antibiotics and this had been recently serviced. The robots were regularly serviced, and a maintenance contract was in place. The team could contact a helpline if problems occurred. Computer screens were positioned so that they weren't visible from the waiting area. Patient medication records (PMRs) were password protected. Local IT problems were referred to the hospital's IT department and any problems with the PMR system were referred to their support team, which was included in the contract. All electrical equipment appeared to be in good working order and had been PAT tested.

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.