Registered pharmacy inspection report

Pharmacy Name: Blackpool Victoria Hosp, Victoria Hospital, Whinney Heys Road, BLACKPOOL, Lancashire, FY3 8NR

Pharmacy reference: 1033259

Type of pharmacy: Hospital

Date of inspection: 25/09/2023

Pharmacy context

This is a hospital pharmacy department in Blackpool Victoria Hospital, which is part of Blackpool Teaching Hospitals NHS Foundation Trust. The pharmacy department is registered with the GPhC so that it can provide a dispensing service for NHS prescriptions for people who are not under the direct care of the hospital.

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	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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. Members of the team record things that go wrong and discuss them to help identify learning. And then they take action to help reduce the chances of similar mistakes happening again. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe.

Inspector's evidence

There was a set of Standard Operating Procedures (SOPs) which were routinely updated by senior members of the pharmacy team. Members of the team received any updated SOPs by email for them to read. But there was no record to show when the SOPs had been read, so the pharmacy could not show whether the team was up to date.

Dispensing errors were recorded on electronic software. Errors were investigated, and any team members involved completed a reflective summary so that they could learn from what had happened. Near miss incidents were recorded on an electronic reporting system and each incident was reviewed by a senior technician. There was also a monthly review of the near miss records to identify possible trends. Details of the near miss review and any learning points from individual errors were recorded in a 'lessons learned bulletin'. This was written by the chief technician each month and e-mailed to each member of the pharmacy team to share learning. A recent bulletin had identified common mistakes. To help reduce distraction on in the area used to accuracy check medicines, the accuracy checker would wear an apron alerting staff not to disrupt them.

Roles and responsibilities of the pharmacy team were described in individual SOPs. Members of the team understood their roles and were seen referring queries to senior technicians and pharmacists when required. Team members understood the tasks which could or could not be conducted during the absence of a pharmacist. Staff had photo ID badges identifying their name and role. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. Any complaints were forwarded to the senior leadership group to be reviewed and followed up. The pharmacy also received feedback from the hospital PAL's service. This occurred when the pharmacy was mentioned in a formal complaint by a patient. A current certificate of professional indemnity insurance was available.

Records for the RP appeared to be in order. Controlled Drugs (CDs) registers were well maintained, with running balances recorded. An information governance (IG) policy was available.

The pharmacy team received annual IG training and each member had signed a confidentiality agreement. Confidential waste was segregated and removed to be destroyed. The hospital trust carried out unannounced spot checks of the pharmacy to identify any potential confidentiality breaches. The trust had its own safeguarding procedures and the staff had annual safeguarding training. Contact details of the trust's safeguarding board were on the intranet. Team members understood how to raise concerns with the hospital's safeguarding team.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date. They routinely share when things go wrong to help encourage learning.

Inspector's evidence

The pharmacy employed approximately 130 staff across various roles. All staff appeared to be appropriately trained or in accredited training programmes. The volume of work seemed to be managed effectively. Staffing levels were maintained by a staggered holiday system and part-time members of the team. A number of dispensers and pharmacy technicians, who were working elsewhere in the department, could be called back to assist with the workload if needed. The pharmacy provided the team with additional training. This included the trust's mandatory training which was completed every one to two years. And a number of on-site training events were provided by pharmacists, pharmacy technicians and external companies. Staff were allowed learning time to complete training.

Appraisals were conducted yearly by line managers. Training files were kept by members of the team and used during appraisals to identify development opportunities. Team members were seen working well together across the department. There were regular team meetings throughout the week, and whole department meetings when required. Records of meetings were kept and emailed to all members of the team. The trust had implemented 'freedom to speak' guardians across different departments in the hospital. This was to encourage team members to discuss when there was something wrong and highlight any concerns they may have. Whistleblowing information was also available on the intranet.

Principle 3 - Premises ✔ **Standards met**

Summary findings

The pharmacy premises are suitable for the services provided. They are clean and tidy and provide an appropriate environment for healthcare.

Inspector's evidence

The pharmacy was clean and tidy throughout. Professional cleaners were employed to clean the pharmacy on a daily basis. The premises appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink and washing facilities were available within the dispensary. Seating was available in a waiting area. People were not able to view any patient sensitive information due to the position of the dispensary and access to it was restricted by use of a lockable door. The temperature was controlled in the pharmacy by the use of air conditioning units. Lighting was sufficient. Team members had access to a staff room and WC facilities.

Principle 4 - Services   ✔ Standards met

Summary findings

The pharmacy's services are easy for people to access. The pharmacy provides services safely. Members of the team check against medical records to help ensure medicines are suitable for the person they are prescribed for. The pharmacy gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are kept in good condition.

Inspector's evidence

This was a hospital pharmacy. It offered a dispensing service for prescriptions which had been issued by other NHS healthcare providers, in circumstances where medicines could not usually be obtained due to supply issues. Information about the pharmacy could be found on the trust's website. People usually contacted the pharmacy by telephone in the first instance. Opening hours were on display.

The pharmacy also dispensed controlled drug prescriptions for a mental health unit operated by Lancashire & South Cumbria NHS Foundation Trust (LSCFT). These were issued by LSCFT prescribers on paper prescriptions and were delivered to the pharmacy prior to them being dispensed.

When a prescription was handed into the pharmacy, members of the team checked whether the person had any known drug allergies before it was passed to a pharmacist for a clinical check. The pharmacy had access to hospital records, GP notes and lab results. If a person was prescribed a high-risk medicine (such as warfarin, lithium, and methotrexate), the pharmacist would check the patient's latest blood tests. If necessary additional counselling would also be provided. The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. Team members confirmed the patient's name and address when medicines were handed out. Members of the team understood the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she would speak to patients to check the supply was suitable but that there were currently no patients meeting the risk criteria.

LSCFT prescriptions were delivered to the mental health unit to be supplied to the patient. Deliveries were segregated after their accuracy check and placed into sealed leather bags. A tamper-proof security tag was used, and each tag had an ID number. These details were recorded on a delivery slip, and the recipient would check the integrity and ID number of the seal before signing the delivery slip.

Medicines were obtained from licensed wholesalers. Controlled drugs were stored in an Omnicell CD storage unit in a secure room with a shutter. There was a full audit trail to show who accessed the CD cabinet and when, using fingerprint access technology. CD denaturing kits were available for use. There were clean medicines fridges, each with an electronic thermometer. The minimum and maximum temperatures were being electronically monitored. If the temperature deviated out of hours, an on-call member of the team would be contacted to investigate the deviation. Patient returned medication was segregated from current stock in DOOP bins located away from the dispensary. Drug alerts were received electronically by email and from the trust. Records were kept containing the details of how the alerts had been dealt with.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had access to the BNF and BNFc via the online medicine complete subscription. The staff had access to the internet for general information. All electrical equipment appeared to be in working order. The majority of medicines were dispensed by an automated robot. A service programme was in place for regular maintenance of the robotic equipment. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter and a designated tablet triangle for cytotoxic medication. There was a fume cupboard for the handling of noxious chemicals.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. Calls could be transferred to a private part of the dispensary if the phone call warranted privacy.

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.