

Registered pharmacy inspection report

Pharmacy Name: The Pennine Acute Hospitals NHS Trust, Pharmacy Department, North Manchester Gen. Hosp., Delauneys Road, Crumpsall, MANCHESTER, Lancashire, M8 5RB

Pharmacy reference: 1033510

Type of pharmacy: Hospital

Date of inspection: 24/06/2019

Pharmacy context

The pharmacy is based in the North Manchester General Hospital, located in the suburb of Crumpsall, Manchester. It is part of the wider Pennine Acute Hospitals NHS Trust. The hospital provides treatment for various specialities including general medicine, surgery and maternity and children's services. The pharmacy mainly provides medicines to hospital inpatients and wards and its hospital-based activities are regulated by the Care Quality Commission. It is registered with the General Pharmaceutical Council for activities including the supply of outpatient prescriptions for a travel clinic and the supply of named patient medicines to external intermediate care units, which are run by another nearby Trust. The registerable activity was minimal and accounted for just 3.7% of overall dispensing activity.

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	2.2	Good practice	Pharmacy team members complete regular and structured ongoing learning to support their development.
		2.5	Good practice	The pharmacy supports its team members so they are confident providing feedback and raising concerns.
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 effectively identifies and manages risk, so that people receive appropriate care. It keeps people's private information safe and maintains the records it needs to by law. Pharmacy team members are clear about their responsibilities. They record and review their mistakes, so that they learn from them and make improvements for the future. And they are able to raise concerns to help protect vulnerable people.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place to cover tasks within the pharmacy. The procedures were subject to a regular review, which was undertaken by an appropriate team member in the specific area. Team members signed to confirm their acknowledgement and understanding of the procedures. There were some procedures which had been printed for ease of reference in the dispensary. The folders did not always contain the most up to date version of procedures, which may cause confusion if there are differences. The team said that this would be reviewed following the inspection.

Dispensing incidents were recorded through an electronic system. Incidents were then investigated by the most appropriate senior team member, as well as being discussed at a communications meeting. Regular feedback was provided to the pharmacy team through weekly briefings. The minutes for which were also typed and cascaded via email, for the benefit of those who were not physically present. Some actions which had been taken in response to incidents were discussed and included the separation of medicines and the use of cautionary notes, an example of which was seen on the day. Team members also participated in quarterly near miss audits. The audit results were analysed for trends and any required changes were actioned.

The pharmacy maintained a risk register. Recorded risks were scored in line with a Trust escalation policy, and where relevant were referred to divisional leads for monitoring. The register was monitored and updated on an ongoing basis. The pharmacy also kept a risk assessment spreadsheet, where action plans were completed to help manage risks associated with relevant tasks or use of certain equipment. An example seen included a completed action plan in place for the use of a moving storage system in the stores area.

An NHS complaints procedure was in place. The details of the procedure and additional literature on the NHS Patient Advice and Liaison Service (PALS) were displayed in the retail area. Regular meetings were also held with the relevant Trust leads for the intermediate care units, where any operational issues could be discussed.

Appropriate indemnity insurance was in place.

A responsible pharmacist (RP) notice was conspicuously displayed near to the entrance hatch. The RP log was in order.

Controlled Drugs (CD) were supplied to some intermediate care patients. The CD registers were appropriately maintained and regular balance checks were conducted. Patient returned CDs were recorded, and destructions were signed and witnessed.

Private prescription records were in order and specials procurement records provided an audit trail from source to supply.

Pharmacy team members completed annual information governance training, as part of a Trust mandatory training programme. Designated waste bins were available for the disposal of confidential waste and completed prescriptions were stored out of view. Medicines were transported using opaque sealed bags, so that patient identifying data was not visible and no confidential data was stored on the front entrance hatch.

Safeguarding training was provided to all team members, through a mandatory training programme. A noticeboard contained the details of the Trust escalation policy.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the current workload in the pharmacy. Pharmacy team members are appropriately trained for their roles and complete regular and structured ongoing learning to support their development. Team members use their professional judgement to make decisions in the best interest of patients. And they can raise concerns and provide feedback.

Inspector's evidence

The pharmacy employed a large team and had a varied skill-mix to enable tasks to be completed effectively and efficiently. Several rotas were pre-planned to ensure that there was an appropriate staffing level for the workload, these were clearly displayed and were reviewed daily in response to any unplanned changes, such as sickness. A departmental annual leave policy restricted the number of team members who could be absent at one time, to maintain appropriate staffing levels. Leave requests were authorised by a relevant line manager and a diary was kept as an audit trail.

Pharmacy team members received appropriate training for their roles and those who were in training were enrolled on appropriate courses. Upon employment and throughout the year, all team members were required to complete a Trust mandatory training programme. An electronic database monitored compliance and was regularly reviewed by management. The pharmacy employed pre-registration pharmacists who followed a planned training schedule for the year. This was supported by additional training events, which were provided at a regional level. Within the department career progression was supported for both registered pharmacists and pharmacy technicians, with additional training including the completion of clinical diplomas, non-medical prescribing qualifications and accuracy checking courses. A recent learning needs analysis had also been conducted to review how training and development needs were met. Regular internal training was also provided via weekly clinical meetings. The meetings were available to all team members and covered a different therapeutic area each week. For recently qualified and more junior pharmacists, supplementary monthly meetings were held. These sessions were tailored to covers topics which they had submitted.

Team members received feedback on their performance and development through an appraisal system. The system had recently been changed, so that reviews were now held on a more regular quarterly basis. Personal development plans were completed and where relevant, ongoing learning needs were identified and addressed. A Trust learning and development department provided any additional support. Feedback on development was also given on an ongoing basis using systems such as accompanied ward visits.

Team members were able to raise concerns and provide feedback directly to their line managers. Staff focus groups were also held and a noticeboard displayed the responses to a recent question and answer session which had taken place as part of this. Within the department, 'surgeries' were also available with senior team members. Staff members recorded their name next to a relevant time slot, or emailed for an appointment, so that a one-to-one discussion could take place. A Trust whistleblowing policy facilitated team members who wished to raise an anonymous concern. The details of this along with the contact details of the Trust's 'speak up guardians' were clearly displayed.

The pharmacy had several key performance indicator targets in place for both internal and external providers, such as the intermediate care units. Targets usually related to areas such as prescription waiting times, medicines reconciliation and missed doses, stock turnover and training compliance. The targets were regularly reviewed and discussed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a clean and professional environment, suitable for the delivery of healthcare services.

Inspector's evidence

The pharmacy department was modern, bright and well presented. Assistance was provided with cleaning and the premises appeared clean and tidy on the day. A Trust maintenance department supported any necessary works or repairs.

The waiting area was clean and tidy and had a number of chairs available for use by patients and staff. Off the waiting area, there was a compact but enclosed consultation area to help facilitate private discussions. The room had a single chair, which faced the glass service hatch. A privacy screen separated this section from the main service hatch.

The dispensary had sufficient space for the current workload. Separate areas were available for clinical checking, dispensing and accuracy checking and the work benches in each area were clean and clear from unnecessary clutter. There was an organised prescription storage and retrieval area and a designated area for the reconstitution of medicines, which was equipped with conical measures and distilled water. Additional stores areas were also well maintained. As were staff and office facilities.

There was adequate lighting throughout the pharmacy and air conditioning maintained a temperature appropriate for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services safely and effectively. It sources and store medicines appropriately and team members carry out regular checks to ensure that they are fit for purpose and suitable for supply.

Inspector's evidence

The pharmacy had a step-free access from the main hospital corridor. Additional adjustments were available to aid those with disabilities, such as a hearing loop device.

The waiting area provided a range of health promotion literature and other relevant hospital information.

A tracking system was used to monitor the progress of work being processed in the pharmacy. All prescriptions were tracked from receipt to the point of final accuracy check. Prescriptions were assembled in trays to keep them separate and reduce the risk of medicines being mixed up. Trays were colour coded to enable the workload to be prioritised and audit trails were maintained for clinical checking, dispensing and accuracy checking. So that those involved in the process could be identified.

The pharmacy had access to relevant monitoring and safety resources including monitoring books for high-risk medicines such as warfarin and methotrexate. As well as resources for the supply of valproate-based medicines for use in women who may become pregnant. Pharmacists had access to relevant monitoring systems to enable them to check information such as blood results and INR readings, to ensure that supplies were appropriate.

Assembled prescriptions were delivered in secured bags by a Trust employed porter. Audit trails were maintained for this process and to confirm the details of any prescription which was collected directly from the department. Additional measures were in place to record the details of CD deliveries and the relevant records were retained by the pharmacy.

Stock medicines were sourced through reputable wholesalers and specials from a licensed manufacturer. Stock was stored in an organised manner. Date checking systems were in place for dispensary stock and stock stored within the dispensing robot. Medications which were due to expire within a month removed from the shelves. Appropriate medicine waste containers were available. The pharmacy was not yet compliant with requirements as part of the European Falsified Medicine Directive (FMD). Discussions were ongoing to ensure implementation in the near future.

All refrigerators within the department were equipped with 24-hour monitoring facilities, which triggered an alarm if outside of the recommended temperature range. Temperature records were held on a web-based system, which was backed up weekly and paper copies were also retained as an audit trail.

CDs were stored securely, with returned and expired CDs clearly segregated from stock. CD denaturing kits were available.

Drug alerts were received electronically. A record of each alert, along with any relevant action taken was kept as an audit trail and onward reported to relevant management within the department, as necessary.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely.

Inspector's evidence

The team had access to a wide range of pharmaceutical reference sources, through the medicine's information department.

Equipment including clean counting triangles and a range of glass crown-stamped conical measures were available for use and appeared well maintained.

The dispensing robot underwent regular servicing and the team could contact a maintenance helpline. The refrigerators were also calibrated and serviced each year. Other electrical equipment appeared to be in working order and underwent regular PAT testing.

Computer systems were password protected and passwords were regularly changed. Screens were all located out of public view. Cordless phones enabled conversations to take place in private, if necessary.

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.