

Registered pharmacy inspection report

Pharmacy Name: Pharmacy Services, Kingston Hospital, Galsworthy Road, KINGSTON UPON THAMES, Surrey, KT2 7QB

Pharmacy reference: 1036640

Type of pharmacy: Hospital

Date of inspection: 30/03/2023

Pharmacy context

This is an inpatient pharmacy at Kingston Hospital in Kingston-Upon-Thames. Its main activity is to supply pharmacy services to the hospital and its patients. But it is registered with the General Pharmaceutical Council (GPhC) for the small number of prescriptions it dispenses for people on two of the hospital's private wards. And for people at Teddington hospital. The hospital has another, outpatient pharmacy, run by a third party provider, which dispenses outpatient prescriptions and sells a limited range of over-the-counter medicines and other personal care products.

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 has very good processes in place for managing and monitoring its risks. It reviews them regularly. And it makes suitable changes when necessary. It shares what it has learned with the hospital so that everyone can learn.
		1.2	Good practice	Errors and near misses are recorded in detail and all team members are encouraged to reflect upon what happened so that they can continually improve. The pharmacy helps its team members to reflect effectively and it then shares those learnings within the team and with the hospital. It conducts regular checks and audits to make sure its procedures are being correctly followed.
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 has suitable written procedures in place to help ensure that its team members work safely. And the team understands and follows them. The pharmacy has insurance to cover its services. And it completes the records it needs to by law. The pharmacy team knows how to protect the safety of vulnerable people. And it protects people's confidential information properly. The pharmacy is good at identifying and managing the risks associated with its services. Team members respond effectively when mistakes happen. And they take suitable action to prevent mistakes in the future.

Inspector's evidence

The hospital trust had policies and procedures for managing risk. And the pharmacy followed them. It kept records of its mistakes. And it held regular review meetings to identify what went wrong. And it put actions in place to reduce the chance of them happening again. One of the pharmacy's chief technicians had been appointed to a role in the trust's governance and safety team. The technician was responsible for overseeing the pharmacy's risk management procedures and gathering information about any medication-based errors, including any which had occurred in the wider hospital, such as administration errors on the wards. This was to ensure that the pharmacy team supported the hospital's other teams to minimise mistakes with medication. The pharmacy team had a daily feedback meeting (huddle). The meeting was run by the dispensary manager with input from the governance officer and pharmacists as appropriate. In these meetings the team discussed any incidents so that everyone was aware and could learn from them. Senior team members also had a more in-depth clinical governance meeting every two months. And they were members of the hospital's medicines safety group. And they supported the trust's Patient Safety, Governance and Risk Team, which in turn reported to the trust's lead director for risk management.

The dispensary manager was also an accredited checking technician. She retrieved a sample of online reports which showed how the team recorded and reviewed its mistakes. She and the senior principal pharmacist demonstrated how the team had responded to a mistake between look-alike sound-alike medicines (LASAs), dexamethasone and metaraminol. The team had highlighted the mistake, which had occurred elsewhere in the hospital, during its review meetings to make the team aware of the similarity of the packaging and to prompt additional checks during dispensing and checking. The senior principal pharmacist was also the deputy chief pharmacist. And he deputised for the chief pharmacist, also the superintendent pharmacist (SI) in her absence. He described the online reports he had to complete for the trust, along with any actions taken to mitigate identified risks. Following the inspection, he forwarded an example of the incident review forms which he completed after an event. The example demonstrated how a medication to treat arrhythmia had been administered orally rather than intravenously as the intravenous (IV) product had not been available in the department at the time. Staff contacted the on-call pharmacist who was unaware of its existence as an IV product. It was clear from the review that steps had been taken to ensure that team members were now aware and that stocks of the IV product would be always kept in the relevant department, to prevent a reoccurrence. He described the hospital as having an open culture in terms of its a risk assessment processes. The dispensary manager and senior principal pharmacist explained how they encouraged the team to view any mistake as providing an opportunity to continually improve and make things safer for people.

The pharmacy had standard operating procedures (SOPs) in place for team members to follow. And the

SI reviewed

them every two years, or sooner if a problem had been identified. There was a signature sheet after each SOP for staff to sign, showing that they had read, understood, and would follow them. Team members had a clear understanding of their roles and responsibilities. And those questioned could explain what they could and could not do, what they were responsible for and to whom they reported. The team kept records to show who was the RP at any given time. But it was unaware of the additional requirement to display a notice showing who the RP was. The RP and inspector discussed this, and it was understood that this would be addressed going forward. The pharmacy provided medicines to patients at Teddington Hospital and the inspector and RP discussed the role of the RP to oversee this service, which was an activity for which the pharmacy was registered with the General Pharmaceutical Council (GPhC). There was a clear handover process between the outgoing and incoming teams and when the RP changed. This ensured that the incoming team was up to date with the workload, any issues and the day's priorities.

The hospital trust had a complaints procedure in place. And people could provide feedback through its website. The website provided contact details for the hospital. And it had a comments box for people to leave their comments. The hospital also provided contact details for the Patient Advice and Liaison Service (PALS). The pharmacy team also took feedback from other teams within the hospital through its medicines safety group. And it had responded to feedback from anaesthetists over the similarity in the packaging of dexamethasone and metaraminol. It had highlighted the similarity within the team. And it had shared the information along with a photograph of both products across the trust through the hospital's monthly medication safety newsletter. The senior principal pharmacist also described how the team had discussed the problems it sometimes had with legibility of handwritten prescriptions from Teddington hospital. And how they regularly checked prescriptions with the pharmacist based there. They did this to ensure that they fully understood what the prescriber intended to be supplied. The pharmacy had professional indemnity and public liability arrangements so it could provide insurance protection for the pharmacy's services and the people using them. Indemnity and liability cover was arranged by the hospital trust. And the appropriate certificates were held in safe keeping by the trust secretary and legal services team. And so, the senior principal pharmacist sent copies of the certificates to the inspector after the inspection.

The pharmacy kept its records in the way it was meant to, including its controlled drugs (CD) register and its RP record. It had a CD destruction register. So that it could account for the receipt and destruction of patient-returned CD medicines. And this was complete and up to date. In general, the pharmacy supplied schedule 2 CDs for its hospital business only and did not supply them for its GPhC registered activities. But it maintained and audited its CD running balances. And those entries looked at were in order. And as an extra governance measure it kept records of several of its schedule 3 CDs to ensure they were accounted for. The pharmacy had a key log for the keys to the controlled drugs (CD) cabinets so that there was a complete audit trail of who had the keys and when. A designated pharmacist, usually the RP kept the CD keys on their person during the day and locked them away at night. The pharmacy kept private prescription records, but they did not capture all the necessary information. Although the information could be extracted from other records the team understood that its private prescription records should be complete and kept in the way the law required. The pharmacy did not make emergency supplies. But the team were aware of the records it should keep if such a supply was necessary. It was clear that the team understood the importance of ensuring that all the pharmacy's essential records were up to date and complete.

The pharmacy had an Information Governance (IG) policy in place, and it had completed the mandatory NHS Data Security & Protection (DSP) toolkit which it renewed every year. It had separate bins for confidential waste. The bins were sealed and collected regularly for destruction by the hospital trust. All

senior pharmacy team members were trained to level two in safeguarding, and all other staff were trained to level one. The team knew how to escalate concerns to the trust's safeguarding lead. But it had not had any concerns to report.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team has an appropriate range of skills and experience to support its services. And it manages its workload safely and effectively. Its team members support one another well. And they keep their knowledge up to date. Team members receive sufficient feedback to help them carry out their tasks satisfactorily. And they are listened to when they raise concerns.

Inspector's evidence

The pharmacy was staffed by the senior principal pharmacist, the RP, over 20 additional pharmacists, the technician dispensary manager and a further 18 technicians. These included agency staff. This appeared to be sufficient for the workload as the team was up to date with its tasks. Several team members were working on the wards during the inspection. Team members worked calmly and communicated effectively with one another. They assisted each other when required and discussed issues. And they supported one another to complete their tasks. The team worked according to a rota and it changed its rotation every six months. The pharmacy received prescriptions for Teddington hospital throughout the day but with most received in the afternoon. And so, it operated in two shifts, with a day team and a late team. The late team worked from 4pm until 6pm or as late as necessary to complete its work. It did this to ensure that all the prescriptions for Teddington hospital had been completed ready for delivery the next morning. This part of the team's workload was time critical and the pressure on turning prescriptions round ready for the next day required additional support. And so, the pharmacy had employed two pharmacists to work the late shift to support the team. And complete its work.

The pharmacy had a team who worked regularly together and could raise concerns and discuss issues when they arose. Team members felt supported by the chief pharmacist who was also the superintendent. And they described how she had raised the profile of pharmacy within the hospital. This had led to the pharmacy gaining further recognition. And its overall involvement in hospital activity had increased. The dispensary manager described how the team had been concerned about the condition of the premises. As a result, the chief pharmacist had raised the matter with senior hospital managers. And the pharmacy was now due to move to purpose-built premises within the next two to three years. In the meantime, it had been partially refurbished. Team members had one-to-ones with their line manager each month. And an appraisal about their work performance each year. They had a further one-to-one with a line manager with each rotation change every six months. They could also request a one-to-one with a line manager if they had anything specific to discuss.

The pharmacy had a mix of registered pharmacy professionals and staff undergoing accredited training. And it had a folder containing a role training profile and record for each team member, with certificates where appropriate. Some of the training modules were mandatory and staff training was part of the pharmacy's regular audits. Pharmacists could make day-to-day professional decisions in the interest of patients. And the senior principal pharmacist indicated that all their targets were based around patient safety. They had a morning 'huddle' to discuss what needed to be achieved that day, and to follow up on anything carried over from the previous day. Everyone appeared to know what they were doing and seemed to be very open with each other. There was a whistleblowing policy in place and those questioned knew who to go to if they had a problem.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment for people to receive its services. The pharmacy is sufficiently clean and secure. The pharmacy is tidy and organised.

Inspector's evidence

The pharmacy was on an upper level of the outpatients building. And it was clean, properly lit and adequately maintained. It had a cleaner who cleaned the pharmacy's worksurfaces, floors and touch points regularly. The cleaner worked when other staff were present to supervise. The pharmacy had recently had some improvements made to its premises with improved lighting and new flooring installed. And a new CD room. It had also had some changes to its fixtures and fittings. And it had replaced an old carousel storage system with new pull-out drawers. This had helped to remove pinch points. And it had improved the overall layout and general workflow of the pharmacy. But while these improvements had helped improve workflow it was clear that available workspace would be in demand when the pharmacy was at its busiest. And when it had its full quota of staff in the dispensary.

Entry into the registered pharmacy premises was restricted to authorised personnel via a secure access system. The dispensary had several workbenches along its perimeter and across several benches on central dispensing islands. And it used its pull-out drawers for storing medicines. It had other storage areas on shelving throughout the dispensary. Members of the public did not visit the pharmacy. At the time of the inspection room temperatures were appropriate to keep staff comfortable and were suitable for the storage of medicines. The pharmacy had a staff area, offices and additional storage in rooms adjacent to the dispensary. Staff had access to the toilet facilities in the hospital, so these were not included in the inspection. Likewise, the canteen facilities for staff rest breaks. The hospital had a separate registered pharmacy for outpatients on the ground floor. This pharmacy was run by a third party but had regular oversight from the superintendent of the trust pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and makes them accessible to the people who use them. It supports the team's fellow healthcare professionals with suitable advice and healthcare information. And it ensures that it supplies its medicines with the information that people need to take their medicines properly. The pharmacy team gets its medicines and medical devices from appropriate sources. And team members make the necessary checks to ensure they are safe to use and protect people's health and wellbeing.

Inspector's evidence

The pharmacy's principal activity was to provide services to the hospital and its inpatients. And to provide their take home medicines. It was registered with the GPhC to be able to supply medicines against private prescriptions issued to patients on a private ward and to a private out patient facility on site. And to supply medicines to patients at Teddington Hospital, a separate hospital trust, approximately two and a half miles away. Patients did not generally visit the pharmacy. Instead, pharmacists and technicians visited the wards. And other departments, such as theatres. And on occasion other healthcare professionals visited the pharmacy to collect prescribed medicines on behalf of patients.

The pharmacy had written guidelines to help team members deliver services safely and efficiently. And it had a service level agreement with Teddington Hospital to cover the dispensing service which the pharmacy provided it with. The hospital trust employed a pharmacist to oversee its services at Teddington hospital. The pharmacist was based at the Teddington site. And they liaised closely with their colleagues at the Kingston site. The pharmacy delivered dispensed medicines to Teddington twice daily, using the City Sprint courier service with which it had a service agreement. This included take home medicines for discharged patients. And so, the team worked hard to ensure that people's medicines were dispensed and supplied in good time. And it supplied them either the same day or the day after, depending on when the prescription had been received. Medicines dispensed for people on the hospital's private wards were dispensed as soon as possible after receipt and taken to the wards or collected by a member of the nursing team. In general prescriptions were dispensed and completed within two to three hours of receipt. Prescriptions were usually generated electronically by prescribers and on receipt at the pharmacy the system alerted the team to its arrival. And so, the team could see the number of prescriptions waiting to be dispensed at any time. The number of prescriptions waiting in the queue varied throughout the day but generally peaked after the medical teams' ward rounds. Pharmacists were available to support clinicians with prescribing decisions and to support them to provide the most appropriate medicines for patients.

The pharmacy team signed its dispensing labels to show who had assembled the items and who had completed the final accuracy check. The pharmacy kept all its items in their original containers. And it dispensed most of them as complete packs. It also checked the expiry dates of its medicines regularly. The team member questioned was aware of the risks to women taking valproates who could become pregnant. Although the pharmacy had not dispensed valproate prescriptions for anyone in the at-risk group, it had stocks of the information leaflets and cards to help advise them. And described how they only dispensed full packs complete with their warning cards. They also knew not to stick the dispensing label over the manufacturer's warnings on the packaging.

The pharmacy had suitably designated bins for unwanted medicines, which were sealed when full and taken away for destruction by the hospital. The team also used the appropriate waste bins for any hazardous waste medicines such as cytotoxics. The pharmacy received alerts and recalls direct from the MHRA. And also internally from the hospital's medicine's safety officer. It recorded details of all the alerts and recalls with details of the action taken, who by and when. And it let the hospital's medicines safety officer know of any stock affected by a recall. The senior principal pharmacist described how the team also informed the outpatient pharmacy when they received a recall just to make sure that it had not missed it. And he described how the pharmacy had recently returned recalled batches of Gonapeptyl 3.7mg Depot injections.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has suitable facilities for the services it provides, and it makes sure that they are correctly used and maintained. It also ensures that people's private information is kept safe and secure.

Inspector's evidence

The pharmacy purchased its equipment through the hospital trust's procurement team, which had agreed with the team's request for a new medicines storage system. The pharmacy had suitable equipment available for measuring out loose tablets and capsules and for liquids. And it had online access to multiple reference sources. Access to the pharmacy's computer systems was password protected and no screens were visible to people who did not work in the pharmacy. But the team found that some of the pharmacy's computers were very slow. And during the inspection the inspector observed that one team member waited five to ten minutes for a label to be printed from one of the computer terminals. This meant that the newer, faster computers were in demand, leaving the slower ones unused. The inspector agreed with the team that the computers available to them should be efficient and fit for purpose.

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.