

Registered pharmacy inspection report

Pharmacy Name: Walsall Healthcare NHSTrust, Pharmacy

Department, Manor Hospital, Moat Road, WALSALL, West Midlands,
WS2 9PS

Pharmacy reference: 1038511

Type of pharmacy: Hospital

Date of inspection: 16/08/2024

Pharmacy context

This is a registered pharmacy which is also the hospital pharmacy department at Walsall Manor Hospital. The pharmacy is part of Walsall Healthcare NHS Trust. It dispenses medicines against prescriptions written by prescribers who work for a variety of hospices in the local area. Medicines are delivered from the pharmacy to the hospice.

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	The pharmacy uses a competency-based framework to ensure team members are adequately trained for their roles. Members of the pharmacy are provided with opportunities to develop and upskill in their role. And the pharmacy has collaborated with local education providers to help develop into more technical areas.
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 them to provide the pharmacy's services safely and effectively. 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. They make a record of adverse events and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs). Most SOPs were up to date or had been recently reviewed and were being read by members of the team. But members of the senior management team admitted that they had fallen behind with checking the training sheets to make sure team members had signed them. To help improve these checks, they had invested in new software which will be used to help ensure SOPs remained up to date and team members had signed to show they had read and accepted the SOPs.

The pharmacy used electronic software to investigate and record dispensing errors. Part of the records included any learning points they identified as part of the investigation. Near miss incidents were recorded by accuracy checkers on a paper log. A pharmacist was designated as the medicines safety officer (MSO), who reviewed the records each month to look for patterns or trends. The findings from the review were discussed as part of the pharmacy's weekly team meetings. They were also used by line managers as part of individual reviews held with each member of the team. The individual reviews involved discussing any learning points by members of the team, including SOP retraining and revalidation in accuracy checking.

The roles and responsibilities for members of the pharmacy team were described in individual SOPs. A pharmacy technician was able to explain what their responsibilities were and was clear about the tasks that could or could not be conducted during the absence of a pharmacist. Team members wore standard uniforms, and each had a badge identifying their name and role. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. Organisations who used the pharmacy's services could provide feedback to the senior management team, who would investigate and follow up. People who were receiving the supplies of medicines could also raise complaints directly with the pharmacy department, or through the hospital's patient advice and liaison service (PALS). Any complaints were recorded and followed up. A current certificate of professional indemnity insurance was provided.

Records for the RP appeared to be in order. Electronic controlled drugs (CDs) registers were maintained with running balances recorded. The electronic software contained a blind auditing process to ensure the running balances were correct each time an item was dispensed. A discrepancy log was used to investigate any entries where the balance did not match so that it could be corrected.

An information governance (IG) policy was available. The pharmacy team completed annual IG training and had confidentiality agreements in their contracts. When questioned, a pharmacy technician explained how confidential information was separated and removed by a waste carrier. The hospital trust's website contained a page which described how people's information was stored and handled.

The hospital had established safeguarding procedures, which included local and trust-level safeguarding leads. Members of the team completed level 2 safeguarding training each year. A pharmacy technician knew where to find the details about safeguarding and explained that they would initially discuss any concerns with their line manager.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough team members to manage the pharmacy's workload. The pharmacy ensures each member of the team is suitably trained, or is undergoing training, for the job they do using a competency-based framework. Members of the pharmacy are provided with opportunities to develop and upskill in their role. The team routinely discusses their ongoing work, and share learning on a regular basis.

Inspector's evidence

The pharmacy team included 83 members, which included pharmacists, pharmacy technicians, some of whom were trained to accuracy check, dispensers, foundation year trainee pharmacists, and pre-registration trainee pharmacy technicians. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be well managed. Staffing levels were maintained by part-time staff, relief staff, and a staggered holiday system.

Members of the team were trained against a structured competency-based framework. This was mapped against the roles for members of the team who worked in different areas of the pharmacy department. A competency sign-off process was used to ensure they worked safely. Team members also had weekly access to learning at lunch sessions to help them to learn and develop new skills. A 'step-up' programme was used to encourage development of individual team members, by enabling them to learn new skills and develop in their roles. The pharmacy department had also formed a partnership with the local college for those who wished to enter into technical areas. For example, a dispenser was due to commence training on aseptic techniques to enable them to work in the pharmacy aseptic team. There was a drive to upskill and develop team members.

The team were seen to be working well with one another. A pharmacy technician felt able to ask for further help from their colleagues, or line manager if they needed it. Appraisals were conducted each year. The team attended two huddles each day to discuss the workload and ensure there were no bottlenecks which could cause an impact on people's care. There was also a weekly team meeting to discuss new updates, training, or when there had been a mistake. These were recorded and shared by email to all team members. There was a trust whistleblowing policy in place. Members of the team were aware of the policy and said that they would be comfortable reporting any concerns to senior management. There were no professional based targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. And it was used in a way which enabled services to be provided safely.

Inspector's evidence

Domestic cleaners routinely cleaned the pharmacy, and a deep clean was completed by the trust each year. Any maintenance issues were reported to the local estates' contractor. The size of the dispensary was sufficient for the workload. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled using air conditioning units, and lighting was sufficient. Team members had access to a kitchenette, and WC facilities.

There were office space and a consultation room available if a private area was required for conversations. The consultation room was clutter free with seating and adequate lighting.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to those who use them. And it manages and provides them safely and effectively. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. Medicines are supplied in a safe and timely manner.

Inspector's evidence

Information about the pharmacy was available on the hospital's website. Organisations who used the pharmacy's services were provided with further details and direct contacts within a service level agreement. The pharmacy's hours of operation and contact details were also on the website.

A copy of the prescription issued by the prescriber was sent to the pharmacy by email using a secure NHS mail system. The original copy was sent to the pharmacy when the delivery driver arrived, and the original prescription was reconciled with the emailed copies. The prescription also showed when it had been clinically screened by a pharmacist employed by the hospice. The service level agreement stipulated clinical responsibility was with the hospice. Each stage of the dispensing process was completed by different members of the team. An audit trail showed who was responsible for each stage, including labelling, dispensing, clinical check, and accuracy check. They used baskets to separate individual patients' prescriptions to avoid items being mixed up.

Dispensed medicines were sealed in a zip-able transportation bag for collection by hospice staff, or for delivery by a trust delivery driver. Each bag was secured using a tamperproof tag, with a unique code on the tag. Details of the contents, and the tag code, were written onto a delivery sheet. A member of the pharmacy team signed the sheet after sealing the bag, the delivery driver signed upon collection, and the recipient signed upon receipt of the medicines. The delivery sheet was returned to the pharmacy and was kept as an audit trail.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines could be sourced from a specials manufacturer. A date checking programme was in place. Members of the team completed expiry date and stock checks before the pharmacy opened. And stock was checked at least once every three months. A record showed what sections of the pharmacy had been checked. Short-dated stock was highlighted using a sticker. Controlled drugs were stored appropriately in the electronic CD cabinet, with clear separation between current stock and out of date stock. There was a full electronic audit trail of the CD cupboard access. CD denaturing kits were available for use. There were clean medicines fridges, each equipped with an internal thermometer. There was an automated live monitoring system of the fridge temperatures, which alerted on-call members of the team in the event of a temperature excursion. Designated bins were used to remove unwanted or expired medicines in a suitable manner. Drug alerts were received by email from the MHRA. Details of the alerts, any action taken, when and by whom were recorded to show how the pharmacy responded.

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

Team members had access to the internet for general information. This included access to the trust's information subscription services. All electrical equipment appeared to be in working order. 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 counting triangle for cytotoxic medication. Laminar flow cabinets were used by trained members of the team. Equipment was kept clean.

A robot was installed and was used to help drive efficiency with the delivery of the pharmacy's services. It was regularly cleaned. And a contract was in place with the manufacturer to ensure it was routinely serviced and maintained.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area 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.