

Registered pharmacy inspection report

Pharmacy Name: The Lister Hospital Pharmacy Department, The Lister Hospital, Chelsea Bridge Road, LONDON, SW1W 8RH

Pharmacy reference: 1040979

Type of pharmacy: Hospital

Date of inspection: 18/06/2019

Pharmacy context

This is a private hospital pharmacy. The hospital is part of the HCA group and provides care for adults offering surgery, medical care, urgent care, and outpatient services including diagnostic imaging. It specialises in providing fertility treatment which accounts for a large proportion of the pharmacy's workload. Hospital activity is regulated by the Care Quality Commission. The pharmacy department is registered with the GPhC so it can sell a small range of Pharmacy medicines and dispense very occasional private prescriptions for non-hospital patients. This represents only a very small proportion of the pharmacy 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	2.4	Good practice	Pharmacy team members work in an open culture which supports ongoing learning and development.
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 manages the risks associated with its services, so people receive appropriate care. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They complete training so that they know how to keep people's private information safe. And they are able to safeguard and support vulnerable people.

Inspector's evidence

The team were led by a pharmacist manager who was supported by a deputy. Pharmacy team members had individual job descriptions and worked within their capabilities. A responsible pharmacist (RP) was nominated whilst the pharmacy was open. An RP notice was displayed and a paper log was maintained.

There were a range of hospital policies and procedures including pharmacy standard operating procedures (SOPs). These covered GPhC activities and the RP requirements. Some policies were overdue review but due to be updated. Staff were required to read and sign SOPs as part of their induction process and followed them in practice.

Patient safety incidents were recorded on Datix, and learning points were identified and discussed by the team. Near misses were recorded on paper and discussed with the individuals concerned. Reviews to identify any trends were completed periodically. The team had recently focused on making sure expiry dates and batch numbers were included on dispensed items not in their original container, so this information was clear to patients. Monthly reviews of errors were completed and fed into hospital medicine management committee meetings. Organisation wide weekly governance reports disseminated relevant information and collated learning.

There was a corporate complaints procedure. Pharmacy related concerns were dealt with by the pharmacy manager. The hospital obtained some patient feedback through surveys, but this was not necessarily specific to the pharmacy service. Questionnaires were being updated to incorporate more pharmacy related questions.

The pharmacy used a recognised clinical patient medication recording system. A private prescription book was used to record all prescription supplies including outpatients and any external prescriptions. Prescriptions were filed and archived each month. Emergency supplies were rarely made as the hospital had an urgent care centre and so team members could refer people making requests there. The pharmacy supplied a small range of unlicensed medicines and specials records were maintained. Controlled drug registers were not inspected as they were not relevant to GPhC activity.

Confidentiality and data protection training was mandatory for all hospital staff. IT systems were password protected. Confidential material was stored securely and confidential paper waste was segregated prior to removal by suitable waste contractors. A patient leaflet explained the organisation's privacy policy.

Safeguarding level 2 and dementia training was mandatory for all team members. There was a nominated hospital safeguarding lead and an associated policy. Flow charts were displayed showing how

safeguarding concerns should be escalated. Professional indemnity insurance was confirmed by the superintendent pharmacist.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's staff profile and skill mix are suitable for the services provided. All team members have professional qualifications relevant to their role. They work in an open culture which supports ongoing learning and development.

Inspector's evidence

The pharmacy team had seven full-time team members who were all GPhC registrants, including four pharmacists and three pharmacy technicians. It was a close-knit team and rotas were used to ensure continual cover. There was a vacancy for a clinical pharmacist, but hours could be covered by bank pharmacists if needed

At the time of the inspection, a pharmacist and pharmacy technicians were working in the main dispensary managing outpatient prescriptions, discharge medications and ward supplies. The team worked continually but the workload was manageable.

New team members completed a comprehensive induction process lasting two days. Ongoing mandatory training was accessed via an online system. There was an appraisal process and the team held regular briefings. Team members had the opportunity to complete further qualifications such as clinical diplomas, accuracy checking accreditation or medicines management accreditation.

Staff could raise concerns via their line manager or the human resources department. There was a corporate whistleblowing policy. No targets were set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy department was located on the ground floor close to the hospital reception. It consisted of a small room with dispensing, storage and administration areas. It was bright and clean, and suitably maintained. Work areas were clear. Staff had separate handwashing facilities.

Patients were greeted at a hatch from the reception/waiting area. Confidentiality at the hatch could be potentially be compromised if more than one person was being attended to, but people were encouraged to take a seat whilst waiting which minimised the likelihood of this happening. There was no dedicated pharmacy consultation room but an office nearby could be used for private conversations and counselling if needed.

Access to the pharmacy was restricted using a key-card swipe system; monthly reports could be produced showing who had accessed the pharmacy. There was a dual access policy out of hours with audit trail.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It sources, stores and manages medicines appropriately and makes sure they are fit for purpose and suitable to supply.

Inspector's evidence

Access to the main building was unrestricted and the pharmacy department was easy to locate. GPhC services were not actively promoted to the public.

The pharmacy stocked a very small range of GSL and P medicines and there were sales of medicines protocols in place. Only a handful of supplies were made each week.

Prescriptions supplies were screened and checked by a pharmacist. Medicines were appropriately labelled, and patient information leaflets were routinely supplied. Only one or two private prescriptions were supplied under the GPhC status each month. The majority of the departments work related to outpatient dispensing and most prescriptions were for fertility treatments. The pharmacy stocked a small range of commonly prescribed unlicensed medicines which were obtained from licensed suppliers.

There was a central purchasing team who sourced and ordered stock from licensed wholesalers and manufacturers. There were stock control and date checking systems to prevent over ordering and ensure medicines were suitable for supply. Medical fridge temperatures were monitored. CDs were stored in accordance with the regulations. Stock on the main dispensary shelves were stored in a reasonably orderly manner. Most items were stored in their original packs. Those that had been decanted into containers had batch number and expiry dates. The department was not currently FMD compliant, but team members were aware of the requirement and the organisation was working towards this. Pharmaceutical waste was stored separately and collected periodically for disposal by a recognised contractor.

Drug and device alerts and recalls were circulated by the governance team and these were actioned promptly, and the chief nursing officer was notified of any action taken. There were audit trails demonstrating recent alerts had been received.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities in place.

Inspector's evidence

The team had access to relevant reference sources including the BNF, Medicines Complete and Medusa. And they had access to the internet should further research be needed and there was an intranet with additional internal resources.

Pharmacy equipment was suitably maintained. The dispensary had medical fridges, a sink, CD cabinets, and a range of medicine containers and measures.

The pharmacy had enough computer terminals for the work undertaken, and these were located out of public view. And the pharmacy had a dedicated telephone line, so people could contact the team directly.

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.