

Registered pharmacy inspection report

Pharmacy Name: HCA International Ltd., Princess Grace Hospital, 42-52 Nottingham Place, LONDON, W1U 5NY

Pharmacy reference: 1041308

Type of pharmacy: Hospital

Date of inspection: 10/06/2024

Pharmacy context

This is a private hospital pharmacy which is operated by HCA International Ltd. It is a general surgical hospital and offers surgery, medical care, urgent care, and outpatient services. Its hospital activity is regulated by the Care Quality Commission. The pharmacy department is registered with the General Pharmaceutical Council so it can sell a small range of Pharmacy medicines and dispense private prescriptions from local healthcare clinics.

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	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 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. The pharmacy records and regularly reviews any mistakes that happen during the dispensing process and uses this as an opportunity learning to prevent further mistakes. Team members complete training so that they know how to keep people's private information safe. And they have the appropriate training to help safeguard and support vulnerable people.

Inspector's evidence

The pharmacy team was led by a pharmacist manager. Pharmacy team members had individual job descriptions and worked within their capabilities. A responsible pharmacist (RP) was signed in when the pharmacy was open, and an RP notice was displayed. Pharmacists worked according to a rota and the RP changed several times during the day. They followed a checklist when completing handovers to ensure important information was handed over and incomplete tasks would be done by the next pharmacist.

The RP log was maintained electronically and generated weekly, but the RPs didn't sign in themselves. Following the inspection, the pharmacy manager confirmed that the RP could make tracked amendments to the log when taking charge of the pharmacy. The importance of RPs signing in themselves was discussed. The pharmacy had a range of hospital policies and procedures including pharmacy standard operating procedures (SOPs). There were SOPs for RP duties and selling P and GSL medicines. These were overdue the stated review date and outlined activities that were not reflective of how the pharmacy operated, but the pharmacy manager explained that they were in the process of being updated.

Patient safety incidents were recorded on an electronic recording system, and learning points were identified and discussed by the team. Near misses were recorded on paper and discussed with the individuals involved. Monthly reviews of errors were completed and were discussed at the hospital's medicine management committee meetings. The pharmacy conducted several clinical audits within the hospital, including controlled drugs, safe and secure handling of medicines and antimicrobial stewardship. These audits were used to feedback to prescribers and improve clinical practice.

There was a complaints procedure. And any pharmacy related concerns were dealt with by the pharmacy manager. The hospital obtained some feedback through surveys, which had a section for people to feedback about the pharmacy service. The pharmacy team also received feedback from people directly.

A private prescription book was used to record all supplies of medicines to people according to private prescriptions received from external clinics. Prescriptions were filed and archived each month. Emergency supplies were made at the request of the prescriber and recorded in an emergency supply book. The pharmacy supplied a range of unlicensed medicines and specials records were maintained.

Confidentiality and data protection training was mandatory for all hospital staff. There was a pharmacy student who had signed a confidentiality agreement on induction. IT systems were password protected. Confidential material was stored securely, and confidential paper waste was stored in a separate bin.

The pharmacy team members completed safeguarding training level 1 and 2. The manager completed level 3. The pharmacy had current professional indemnity insurance.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services it provides, and they work together in an effective manner. They have the appropriate skills and qualifications to deliver services safely and effectively. They work in an open culture environment which supports ongoing learning and development.

Inspector's evidence

The team comprised of eleven members, including six pharmacists, three pharmacy technicians and two pharmacy dispensing assistants. The pharmacy also used a pool of bank and agency pharmacists. Rotas were used for continual cover and an RP was always present. 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 pharmacy had an induction process and the hospital provided online mandatory training for all members. Completion of mandatory training was monitored. The manager held career progression pathway discussions with the team members and created personal development plans with them.

The pharmacy team members were encouraged to raise concerns via their line manager or the human resources department. There was a corporate whistleblowing policy and posters for speaking up were displayed in the pharmacy. No targets were set for the team. Recent hospital surveys showed a drastic improvement in staff satisfaction.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide a professional environment to deliver its services.

Inspector's evidence

The pharmacy department was located on the ground floor close to the hospital reception. The department was a clean open plan room. There was ample workspace which was clear and different sections were allocated for certain tasks. There was a hatch for team members to greet people and receive prescriptions. Medicines were stored on shelves in a tidy and organised manner. A clean sink was available in the dispensary. The room temperature and lighting were adequate for the provision of healthcare.

The pharmacy department did not have a designated pharmacy consultation room. However, the team utilised a room close to the pharmacy in the urgent care centre to undertake consultations and private conversations.

Access into the dispensary was restricted and team members had security cards to access the pharmacy. The department was locked and alarmed when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It obtains its medicines from licensed sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

Access to the main building was unrestricted and the pharmacy department was easy to locate. The pharmacy stocked a very small range of GSL and P medicines and only a handful of supplies were made each week.

Prescriptions supplied were screened and checked by a pharmacist. About a fifth of the pharmacy's private prescriptions were supplied under the registerable activity which fell under the remit of the GPhC each month. The pharmacy manager said it was stated within the policy not to accept external prescriptions for controlled drugs. They did not dispense many prescriptions for sodium valproate, but the team was aware of the additional guidance and that the medicine must be supplied in original packs. A pharmacist handed out medicines to people, including higher-risk medicines so that appropriate counselling was provided to help make sure the supply was safe.

There was a central purchasing team who sourced and ordered stock from licensed wholesalers and manufacturers. On site, the lead pharmacy technician was responsible for sourcing medicines from the approved vendors set by the purchasing team. The pharmacy stocked a small range of commonly prescribed unlicensed medicines which were obtained from specials manufacturers. Stock controls were maintained electronically to prevent over ordering. And expiry dates were checked each month to ensure medicines were suitable to supply. No date-expired medicines were seen on the shelves checked. Medical fridge temperatures were monitored electronically, and notifications were sent to the pharmacy if temperatures were out of range. 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.

Medicine waste was stored separately and collected periodically for disposal by a recognised contractor. Cytotoxic waste was disposed of in the appropriate bins. Drug and device alerts and recalls were circulated by the governance team, and these were actioned promptly. The alerts and actions were recorded and tracked through the hospitals incident reporting system.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely. The team uses its facilities and equipment in a way which protects people's private information.

Inspector's evidence

Members of the team had access to a wide range of relevant reference sources including the BNF, Medicines Complete, NEWT guidelines, UkMi, Medusa and several others. They also had access to the internet and a list of relevant websites should further research be needed.

Pharmacy equipment was suitably maintained. The dispensary had medical fridges, a sink, and a CD cabinet. Glass, crown stamped measures and tablet counting equipment were available.

The pharmacy had enough computer terminals for the work undertaken, and these were located out of public view. Computers were password protected and team members had their own logins. 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.