

# Registered pharmacy inspection report

**Pharmacy Name:** Pharmacy Department, The Ayr Hospital,  
Dalmellington Road, AYR, Ayrshire, KA6 6DX

**Pharmacy reference:** 1041796

**Type of pharmacy:** Hospital

**Date of inspection:** 05/02/2020

## Pharmacy context

The pharmacy is one of two hospital pharmacies in Ayrshire and resides in Ayr Hospital. And the GPhC registered part of the pharmacy premises deals with supplies of outpatient medication. Currently there are no registerable activities being undertaken. In the past they have made limited supplies of private prescriptions. And the pharmacy wishes to keep the option of doing this. There is no offering of community pharmacy services such as the minor ailments scheme. And no sale or supply of prescription only medicines through patient specific prescriptions. Most of the activity is the supply of medicines through outpatient and discharge prescriptions. These include outpatient, day surgery, discharge and chemotherapy. And are either on paper or electronic prescriptions.

## 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  |
|--|-------------------|------------------------------|------------------|--|
| <b>1. Governance</b>                               | Standards met     | N/A                          | N/A              | N/A  |
| <b>2. Staff</b>                                    | Standards met     | 2.2                          | Good practice    | The pharmacy provides the team members with regular appraisals. And provides time and resources to ensure they have the necessary skills they need to provide services safely and effectively. |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A  |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A  |
| <b>5. Equipment and facilities</b>                 | Standards met     | N/A                          | N/A              | N/A  |

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages the risks associated with the services it provides to people. And it has a set of written procedures for pharmacy team members to follow to help them deliver the services safely and effectively. The pharmacy keeps the records it must, as required by law. And it keeps people's private information confidential. The team members openly discuss and record any mistakes that they make when dispensing. So, they can learn from each other and prevent recurrence. The team members know when and how to raise a concern to safeguard the welfare of vulnerable adults and children.

### Inspector's evidence

The pharmacy mostly dealt with the supply of outpatient or discharge medications. There was a set of Standard Operating Procedures (SOPs). And this provided guidance to staff on how to discharge their roles and responsibilities. The master copies of these documents were electronic (on the Athens system). And paper copies were available to staff for training and ease of access and referral. The SOPs referred to both the manual and robotic dispensing processes. And they covered the legal requirements for the Responsible Pharmacist (RP) and Controlled Drug (CD) legislation. All SOPs had been properly authorised. And most had been reviewed within the last two years. The vast majority of staff had signed the relevant SOPs to show they had read and understood them.

The pharmacy recorded all near miss errors. But they lacked some detail that would be of help in identifying trends. These included the name of the person making the error. The type of near miss errors made, and the drugs involved were recorded. Dispensing errors that reached patients were also recorded. And a full root cause analysis was undertaken. There was a monthly risk management meeting that involved a wide range of staff. They reported and reviewed these errors, and noted actions to be taken to prevent recurrence. These included storing controlled drugs involved in errors in well labelled individual trays on the shelves, to prevent picking errors. There was also a list of sound-alike, look – alike (salad) drugs that staff were aware of. And they took extra care when dispensing them. Learnings from the risk management group were shared across the directorate.

There were feedback forms for the hospital at the counter of the pharmacy. But these had to be submitted centrally to the hospital. And staff were unaware of any feedback that had been received regarding the pharmacy.

The pharmacy displayed the RP notice at the counter, but it could have had larger print. It was not possible to read the name of the RP from the pharmacy counter. The RP logs were generally complete with only the occasional record of a late-night or weekend shift missing. And fridge temperatures were recorded and were within the required range of two to eight degrees Celsius. CD records were complete and there were regular balance checks that were in order. The CD inspection officer had just inspected the pharmacy and found no problems.

Pharmacy team members disposed of confidential waste in appropriate bins and disposed of it offsite. Unauthorised persons could not see any person identifiable information.

Staff were aware of the safeguarding of children and vulnerable adults. But due to the support available in the hospital tended to report safeguarding concerns upwards for action.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members have the appropriate qualifications and skills to safely and effectively provide the pharmacy's services. They work closely together to manage their workload and to ensure people receive a high-quality service. And they make suggestions to improve the services offered. And they feel comfortable to raise professional concerns when necessary. The pharmacy encourages and supports its team members to complete training. This helps them keep their knowledge and skills refreshed and up to date. It achieves this by providing its team members with a protected training time. And uses regular performance appraisals as well as bespoke training materials to meet training needs.

### Inspector's evidence

On the day of the inspection there were a rotational pharmacist, one registered pharmacy technician and 2 pharmacy support workers – one each of ordinary and higher grade. There were 2 technician vacancies but staff were managing to cope with the workload. Staff were regularly appraised against a key critical skills frame work. A range of mandatory and non-mandatory training materials were available. These included a manual prepared by the in-house pharmacy technicians. Staff undertook regular training (most recently on reconstitution of antibiotics and patient packs). And they were assessed at the end of the training. Protected time was available to undertake training during the working day.

Pharmacy team members were able to put forward ideas for improvement and raise concerns. Such ideas included changing the system for dispensing warfarin prescriptions. This was to record if the patient was on the medicine before attending the hospital, or if it was a new medicine for them. This ensured the patient received the right amount of counselling and support. Staff felt comfortable raising concerns, And felt the rotation of staff through a range of different roles helped identify any problem areas. There was a whistle blowing scheme in place but staff had not felt the need to use this.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is secure and well maintained. And provides a suitably hygienic environment from which to deliver healthcare services. The premises are suitable for the services the pharmacy provides. It has a separate room where people can have private conversations with the pharmacy's team members without others overhearing.

### Inspector's evidence

The pharmacy was very clean and tidy and rooms existed with which staff could have private conversations with patients if required. The pharmacy contained a dispensing robot as well as some normal shelving and a secure storage room. There was plenty of available bench space, as well as space to make up a small number of multi-compartment compliance packs. Entry to the pharmacy was controlled by via keypad locks. There were suitable security arrangements for the protection of controlled drugs. There was a small waiting area in front of the pharmacy counter with adequate seating.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages its services appropriately and delivers them safely. It provides medicines to some people in multi-compartment compliance packs to help them take them correctly. And it suitably manages the risks associated with this service. The pharmacy sources its medicines from licenced suppliers. And it stores and manages its medicines appropriately.

### Inspector's evidence

As noted above most of the dispensing was of discharge and outpatient medications. These were not registerable activities but are reviewed here as a sign of the adequacy of the dispensing process. Items were picked and dispensed both manually and also by a pharmacy robot which dealt with the majority of items. Pharmacy team members placed items in trays. This ensured that items for a prescription did not become mixed with other medicines. Support staff labelled the items. An Accuracy Checking Technician (ACT) or pharmacist then conducted a final check. The pharmacy kept records of who had dispensed and then checked the medications on the person's medication record (PMR). A pharmacist undertook clinical checks. The pharmacy also dispensed a limited number of multi-compartment compliance packs. Such packs had who had dispensed and checked the pack recorded on the PMR. The pharmacy gave out Patient Information Leaflets (PILs) with new medicines that were prescribed during the hospital stay. But not for existing medicines that the patient was on before admission. In most cases only one pack was being given at a time. This was because the patient was returning to their own home and back into the care of their local pharmacy. A link to the electronic medicines compendium (EMC) was given to people to allow self-help if they needed further PILs. Pharmacy team members recorded accurate descriptions of medicines for all items in the compliance pack. All valproate medicines had the appropriate warning and counselling details.

The pharmacy did not make any deliveries. Drug recall records were complete and up to date and recorded actions taken on batches if found to be in stock. There were regular date checks of stock on normal shelves and the expiry date of each medicine stored in the robot was recorded on entry and was tracked electronically. No out of date medicines were found during the inspection.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy's equipment is well maintained and appropriate for the services it provides. The pharmacy uses its equipment to protect people's confidentiality.

### Inspector's evidence

The pharmacy had appropriate measuring equipment which was suitably calibrated, and had access to other online resources when required. There were facilities for private conversations with patients. And suitable arrangements for the maintenance of the dispensing robot.

### What do the summary findings for each principle mean?

| Finding  | Meaning  |
|--|--|
| <span style="color: green;">✔</span> <b>Excellent practice</b> | 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. |
| <span style="color: green;">✔</span> <b>Good practice</b>      | The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.                                |
| <span style="color: green;">✔</span> <b>Standards met</b>      | The pharmacy meets all the standards.  |
| <b>Standards not all met</b>                                   | The pharmacy has not met one or more standards.  |