

Registered pharmacy inspection report

Pharmacy Name: Northern Care Alliance NHS Foundation Trust,
Pharmacy Department, Salford Royal Hospital, Stott Lane, SALFORD,
Lancashire, M6 8HD

Pharmacy reference: 1080373

Type of pharmacy: Hospital

Date of inspection: 20/01/2023

Pharmacy context

This pharmacy is situated in Salford Royal hospital. Its main activity is providing pharmacy services to people receiving treatment at the hospital. This activity is regulated and inspected by the Care Quality Commission (CQC). It is registered with the GPhC for prescription supplies to residents at a local hospice, people under a private dermatology clinic, and for occasional supplies of urgent medicines to residents of local care homes.

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 generally manages the risks associated with its services. The pharmacy team follows written instructions to help make sure it provides safe services. The team usually reviews and records its mistakes so that it can learn from them. Team members know how to protect and support vulnerable people, and they understand their role in securing people's confidential information within the pharmacy premises.

Inspector's evidence

The pharmacy had some COVID-19 infection control measures. A permanent screen on the front counter protected people visiting the pharmacy and the pharmacy staff. Staff members wore face masks and hand sanitiser was available.

The pharmacy had written procedures which covered the safe dispensing of medicines, the responsible pharmacist (RP) regulations, controlled drugs (CDs) and extemporaneous preparation of products against dermatological prescriptions. Staff members had read these procedures during their induction and re-read them every two years when they were updated. The pharmacy has a pool of pharmacists who could all act as the RP if needed.

The pharmacy team recorded mistakes it identified when dispensing medicines on the Trust's electronic database. The chief technicians reviewed these records collectively each month, and they discussed any emerging trends with the rest of the pharmacy team. Senior technicians provided examples of action taken when trends or learning points were raised with the team. Other pharmacy teams in the Trust had access to the database. So, pharmacy teams across the Trust had opportunities to identify trends and mitigate risks in the dispensing process.

People could raise a complaint via the NHS patient and advice liaison service (PALS) and the Trust. The pharmacy's governance lead managed any pharmacy related complaints, and they formally replied to the complainant. The director for the pharmacy was responsible for making sure the pharmacy adhered to its duty of candour policy. Senior pharmacy team members recalled examples of improving service efficiency following patient feedback. One of the pharmacy's registered technicians reviewed operational issues with the hospice team each week. This meant the pharmacy actively engaged in listening to service users.

The RP displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP and CD transactions and dermatology prescriptions. It did not enter hospice prescriptions in the private prescription register, which is a requirement. This was highlighted to staff members, who said they would address it to make sure the pharmacy kept records in future. The team regularly checked its CD running balances and made corresponding records, which helped it to promptly identify any significant discrepancies.

The pharmacy received urgent prescriptions from the local NHS clinical commissioning group (CCG) for care home residents when there had been difficulties obtaining the prescribed medication from a community pharmacy. These prescriptions were mainly for Tamiflu or antibiotics in short supply. The

team kept a log of these prescriptions, but the log did not include the prescriber's details or prescription issue date, which could make it harder to identify what had happened if there was a query.

The private prescriptions were kept on the pharmacy premises for one rolling year, then filed in the hospital archive. The pharmacy agreed to make sure these prescriptions were kept at the pharmacy for two years from the date of issue in keeping with requirements. Hospice CD prescriptions did not include some of the required details, which could make it harder to explain the circumstances of the supply.

Staff members had completed the pharmacy's annual mandatory training on protecting people's data, which included handling confidential discussions with patients. They securely stored and destroyed confidential material. Systems were in place to control staff members who were authorised to access electronic patient data. The passwords allowing access to these records were regularly changed. The pharmacy had a strict policy that staff must use their assigned details when accessing patient records. Staff members had different levels of access to patient data depending on their role.

Staff members completed the Trust's mandatory safeguarding training every three years. All pharmacy team members had level one safeguarding accreditation and some of them, including all senior staff members, had level three accreditation. Details of the local safeguarding contacts were displayed in the dispensary. One of the pharmacy's registered technicians reviewed each hospice resident's medication stock held at the hospice every two weeks. Any concerns about medication were raised with the pharmacy's pharmacist who visited the hospice twice a week.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. The team members work well together, and they have access to appropriate training and development opportunities.

Inspector's evidence

The pharmacy team included fifty pharmacists, most of who were ward-based. It had enough pharmacists and dispensers to comfortably manage the hospice and dermatology prescription services. This meant there were no delays supplying medication. Team members worked well both independently and collectively, they used their initiative to get on with their assigned roles and required minimal supervision.

The pharmacy had nominated one of its pharmacists to visit the hospice to support the service provision. The only other team members who visited the hospice to help maintain the service were registered pharmacy technicians.

The pharmacy had some recruitment challenges due to team members needing to work unsocial hours. To address this, additional entry level trainee dispensers, trainee pharmacists and trainee technicians were recruited. A dual hospital and GP practice role had been created that had flexible working hours and home-working options to attract and retain pharmacists and technicians. The pharmacy had increased the number of trainee technicians

The pharmacy's training team, which consisted of two senior registered technicians, reviewed each team member's progress against their planned training every two months. This helped to make sure they completed their training in a timely manner. Staff members had an annual performance appraisal, and an informal quarterly discussion with their line manager.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services.

Inspector's evidence

The pharmacy had well-maintained dispensary fittings that were professional in appearance. All areas were generally clean and tidy. The level of hygiene was appropriate for the services provided. The dispensary size and available dispensing bench space was enough for the team to safely prepare medication.

The pharmacy did not have a consultation room. However, this did not create difficulties because confidential discussions about hospice residents were held in the pharmacy or at the hospice, and dermatology patients rarely visited the pharmacy. Staff members would use a discreet area of the hospital if they needed to talk privately to patients, so they had a pragmatic approach to protecting confidentiality.

The pharmacy was behind a permanent screen and a secure door that only staff could access. A small hatch at the front counter was the only on a raised floor above the front counter, so any confidential information could not be easily viewed from the public areas. Staff could secure the premises from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and manages them appropriately to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy had a service level agreement with the hospice. Most prescriptions were for hospice residents being discharged or returning home for the weekend. The pharmacy usually supplied medicines to the hospice during the week around 10.30am and 2pm on the same day it received the prescription if the hospice emailed the prescription to the pharmacy in the morning. The pharmacy also supplied prescription medicines urgently when the hospice requested this. Staff did not supply the medication until the pharmacy received the paper prescription. The hospice typically did not need to send prescriptions to the pharmacy over the weekend because the pharmacy checked the hospice's medicine stock every two weeks.

A hospice-employed prescriber issued prescriptions. One of the pharmacy's pharmacists clinically checked these prescriptions either at the hospice or the pharmacy, and the pharmacy kept record of every check on the prescription. The pharmacy had access to each resident's full medicine history, so that it could clinically check each prescription effectively. The pharmacy team prepared and accuracy checked medicines for hospice residents at the pharmacy.

The pharmacy had systems to promptly review prescriptions when the hospice's prescriber wished to amend a prescription after they had issued it. This only delayed supplying any medication by up to one hour, because the pharmacist was usually at the hospice to review the changes.

The pharmacy team proactively discussed any difficulties in obtaining medicines with the hospice, which usually led to an alternative solution.

The pharmacy received a minimal number of dermatology prescriptions, mostly during week.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured its CDs, and it used destruction kits for denaturing CDs. All team members completed a four-week course on managing CDs. Access to CDs was controlled. The pharmacy monitored its refrigerated medication storage temperatures. Recent records indicated that medicine stock had been expiry date-checked. Staff members stated the stock had been regularly date-checked over the long-term, but they could not locate the historic records that confirmed this.

Staff left a protruding flap on several randomly selected part-used stock cartons, which could be easily overlooked and could increase the risk of not selecting the right quantity when dispensing and supplying medication.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose and it kept corresponding records. It had facilities in place to dispose of obsolete medicines, and these were kept separate from stock. A pharmacist and registered technician recorded and

destroyed the hospice's medicine waste at the hospice.

Pharmacy team members checked the identity of hospice staff who collected CDs, and the pharmacy kept records of the CDs it supplied to the hospice.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has the equipment and facilities that it needs for the services it provides. The equipment is appropriately maintained and used in a way that protects people's privacy.

Inspector's evidence

The staff kept the dispensary sink clean; it had hot and cold running water and antibacterial hand sanitiser was available. The team had a range of clean measures and containers. So, it had facilities to make sure it did not contaminate the medicines it handled, and it could accurately measure and give people their prescribed volume of medicine. Recent versions of the BNF and cBNF available to check pharmaceutical information if needed.

The pharmacy had facilities that protected peoples' confidentiality. It viewed people's electronic information on screens not visible to the public and regularly backed up people's data on the patient medication record (PMR), which had password protection. So, it secured people's electronic information and it could retrieve their data if the PMR system failed. And it had facilities to store people's medicines and their prescriptions securely.

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.