

# Registered pharmacy inspection report

**Pharmacy Name:** Lloydspharmacy, St. Michaels Hospital, St. Michaels Road, WARWICK, Warwickshire, CV34 5QW

**Pharmacy reference:** 1097041

**Type of pharmacy:** Hospital

**Date of inspection:** 25/09/2019

## Pharmacy context

This pharmacy is in a hospital and holds a contract to supply medicines to people who are admitted on to wards or about to leave the hospital. It generally supplies medicines that help with the treatment of mental health conditions. The pharmacy supplies some medicines in multi-compartment compliance packs to help people organise their medicines.

## 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	1.2	Good practice	The pharmacy manages its risks well. It regularly reviews its services and makes improvements to the safety of its services.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<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 manages its risks well. It regularly reviews its services and makes improvements to the safety of its services. The pharmacy keeps the legal records that it needs to and makes sure that these are accurate. Its team members manage people's personal information properly. And they know how to protect vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered the services it provided. It had SOPs and guidelines that were specific for the activities that it carried out for the local NHS Trust. SOPs were regularly reviewed so they were up to date. Some recent guidance and SOPs had been reviewed in 2018. The pharmacy's team members signed records to show that they had read and understood the SOPs. There was a list of daily and monthly tasks available in the dispensary so that important jobs were completed by the team. The responsible pharmacist's name and registration number was displayed on a notice that was visible from the retail area.

The pharmacy's manager had monthly meetings with the NHS Trust leads to discuss issues and share feedback. The manager kept records about the topics that were discussed and shared this information with the team members. A recent example included improvements to the process for supplying clozapine to people and making sure they were asked relevant questions about their treatment. There were several thank-you cards displayed in the pharmacy that had been received by people who were happy with their service. The pharmacy had a process for recording and reporting complaints to their head office and to the NHS Trust.

The pharmacy had templates to record dispensing errors and to investigate them. It recorded near misses from the dispensing process and reviewed them every week. The pharmacy's team members completed weekly checklists which audited different areas of risk in the pharmacy. The learning was shared with the team during monthly meetings. A review from August 2019 had identified similar-sounding medicines that were being confused with one another. The pharmacy had introduced a new process of ticking the name and expiry dates of dispensed medicines to prevent errors from occurring.

The pharmacy's team members received annual training about safeguarding vulnerable adults and children. This was in addition to the pharmacy training that was provided by the company. And training that some team members had received from the Centre for Pharmacy Postgraduate Education. The pharmacy had contact details for the safeguarding leads in the hospital. This would help team members to raise their concerns more efficiently.

The pharmacy had SOPs about information governance and confidentiality. The pharmacy's team members received regular training about managing information properly. Confidential waste was separated from other waste so that it could be appropriately destroyed. Access to the pharmacy's premises was restricted and this made it easier for the team to protect confidential information.

Certificates were displayed which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy kept required records about controlled drugs (CDs). The records included running balances which were checked regularly to

make sure the entries were correct. Two CDs were chosen at random and the physical stock found matched the recorded running balances. The pharmacy did not receive CDs returns from people. It did not make emergency supplies of medicines as there were prescribers always on duty in the hospital. Other records about the responsible pharmacist and unlicensed medicines were kept and maintained adequately.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide its services. The pharmacy team receives appropriate support to manage its workload. Team members have the right qualifications for their roles and they receive some ongoing training to keep their knowledge up to date.

### Inspector's evidence

At the time of the inspection there was the responsible pharmacist (regular pharmacist) and one dispenser present. The staffing level was adequate to manage the pharmacy's workload. Other team members worked within the same NHS Trust and could cover absences if needed. The pharmacist could contact her line manager if she required additional support. The dispenser on duty was receiving training to achieve an NVQ level 3 dispensing qualification. Other team members who worked in the pharmacy had appropriate pharmacy qualifications. The pharmacy had an e-Learning platform which provided some ongoing training. Many of the monthly modules were not applicable to the pharmacy's specialist work. The team occasionally received other training about medicines and had also received self-defence training. The pharmacy's head office provided regular newsletters to the team and this allowed some updates to be shared with the team. The pharmacy had targets about its waiting times and stock management. The pharmacist said that there wasn't undue pressure to achieve the targets and said they were achievable. The team had shared feedback to the NHS Trust about a new medicine that wasn't being prescribed within guidelines and making sure that the correct documentation was used for unlicensed medicines.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides its services from suitable premises. It has enough space to deliver its services safely. And it has appropriate security arrangements to protect its premises.

### Inspector's evidence

The pharmacy was clean and tidy. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. There was a large window and hatch that people used to talk to team members and collect their medicines. The pharmacy did not have a consultation room, but it could use adjacent rooms to have private conversations if needed. The pharmacy had appropriate security arrangements to protect its premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy organises its services and manages them well. Its medicines are stored appropriately so they are safe for people to use. The pharmacy's team members take the right action when they receive information about medicine recalls or other alerts. They identify higher-risk medicines to provide people with appropriate advice.

### Inspector's evidence

The pharmacy was clearly signposted within the hospital. People spoke to the pharmacy's team members through a hatch which was also used to supply their medicines. The pharmacy was generally provided with prescriptions by hospital staff who worked in the wards and units. Prescriptions were written on templates and included the required details. The pharmacy kept records about the prescriptions that had previously been supplied. Its team members checked the medication history of people who were supplied with medicines so that any clinical queries could be identified. The pharmacy arranged its workload according to the day that it was required to be supplied.

The pharmacy had invoices which showed that its medicines were obtained from licensed wholesalers. It used fridges to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were separated from other stock to prevent them being mixed up and they were clearly highlighted in the pharmacy's records.

The pharmacy checked its stock's expiry dates regularly. It kept records about checks that it completed and medicines that had gone past their 'use-by' date. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were first opened. This helped the team members to know that the medicine was suitable if they needed to use it again. Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used to separate cytotoxic and other hazardous medicines.

The pharmacy had equipment to help verify the authenticity of its medicines and to comply with the Falsified Medicines Directive. Its team members had received training about the processes involved. The pharmacy's head office was making arrangements to ensure it was compliant. The pharmacy received information about medicine recalls from its head office and from the NHS Trust. It kept records about the recalls it had received and the actions that had been taken. This included a recent recall about bisacodyl suppositories.

The pharmacy used baskets and trays to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team members and they shared this information to the pharmacist. Prescriptions were kept with checked medicines awaiting collection. These prescriptions were regularly checked to make sure that they were supplied while prescriptions remained valid. Dispensed medicines were arranged in tubs according to ward or unit that the medicines were being supplied to. People signed a record when they collected medicines from the pharmacy which helped the pharmacy to keep track of

its workload.

The pharmacy had processes to make sure that people who were supplied with clozapine had the right alert cards. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. The NHS Trust had a policy to make sure that the appropriate advice was provided to people. The pharmacy delivered some people's medicines to other local branches. It kept records about these deliveries that had been made, and these included records about the people receiving these medicines. The branches kept records about the people who collected these medicines and told the pharmacy team about any medicines that weren't collected in time. This was so that the pharmacy could inform hospital staff about interruptions to people's treatment.

The pharmacy kept appropriate records about medicines provided to people who were being discharged from the hospital. Copies of this information was provided to the GP and the ward. The pharmacy's team members had been trained about the supply of clozapine. They had individual login accounts to an electronic system which was used to record relevant blood test results. The team demonstrated how this process worked and the checks that they undertook to make sure people received their medicine within the right timeframe.

The pharmacy supplied some medicines in multi-compartment compliance packs to help people organise their medicines. The pharmacy supplied medicines in multi-compartment compliance packs to around 125 people. People were introduced to the packs while they were on the ward, so they became familiar with how to use them. The frequency of supply was decided by the prescriber and the packs were generally provided to people who took regular, long-term medicines. The pharmacy kept appropriate records about the medicines that should be included in the packs and their administration times. Assembled packs included descriptions which helped to identify individual medicines. The packs included the initials of the dispenser and checker which helped to provide an audit trail. Patient information leaflets were provided with the packs which provided people with more information about their medicines.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members know how to report maintenance issues. And they use up-to-date reference sources when they provide the pharmacy's services.

### Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Team members had contact details to report maintenance issues. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had appropriate measures to accurately measure liquids and it had suitable equipment to count loose tablets. The pharmacy's team members accessed up-to-date reference sources on the internet.

### 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.