

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: 13/07/2022

Pharmacy context

This pharmacy is situated in a hospital and it holds a contract to supply medicines to people who are in the wards or they are about to be discharged from the hospital. It mainly supplies medicines for the treatment of mental health conditions. The pharmacy also supplies medicines in multi-compartment compliance packs to some people who need assistance in managing their medicines at home.

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

Overall, the pharmacy manages risks appropriately to help ensure its services are delivered safely and effectively. The pharmacy has procedures in place for the services it offers. It keeps the records it needs to by law, to show that medicines are supplied safely. Members of the pharmacy team record and review their mistakes so that they can learn and improve from these events. The pharmacy keeps people's private information securely and its team members know how to protect vulnerable people.

Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs) which covered the services it provided. It had SOPs and guidelines that were specific for the activities that it carried for the local NHS Trust. Members of the pharmacy team signed records to show that they had read and understood the SOPs. The correct Responsible Pharmacist notice (RP) was displayed near the reception area, and it was visible to people visiting the pharmacy. Members of the pharmacy team understood the tasks they could or could not undertake in the absence of the RP.

The RP explained the procedure members of the pharmacy team would follow to record and report dispensing mistakes. Dispensing mistakes which were identified before the medicine was handed out to a person (near misses) were routinely recorded and reviewed. A report of near misses, incidents and complaints was generated and discussed during team meetings. Incorrectly dispensed medicines that had reached people (dispensing errors) were reported to the superintendent pharmacist on the company's intranet. And action points to prevent recurrence were identified and discussed amongst team members. Higher risk medicines like valproates had been well separated and caution stickers were used to alert team members to select with care during the dispensing process.

The area manager had monthly meetings with the Hospital Trust to provide updates about medicine management, stock availability and complaints. And the relevant information was shared with the pharmacy team. There were many thank-you cards displayed in the pharmacy that had been received from people who were happy with the overall service provided by team members. The pharmacy had a process for recording and reporting complaints to their head office and to the NHS Trust.

The pharmacy had appropriate indemnity insurance arrangements and records about the RP, unlicensed medicines and controlled drugs (CDs) were kept in line with requirements. Running balances of CDs were kept and audited regularly. The pharmacy did not dispense private prescriptions or provide emergency supplies as there were prescribers always on duty in the hospital. A random check of a CD showed that the quantity of stock matched the recorded balance. The pharmacy did not receive CD returns from people.

Members of the pharmacy team had SOPs about information governance and patient confidentiality. And they received regular training about managing people's private information appropriately. The pharmacy's computers were password protected. Confidential information was kept securely and prescriptions awaiting collection were stored appropriately and people's personal details were not visible to the public. Confidential waste was separated and placed in designated bags which were collected by a waste disposal company.

Members of the pharmacy team had completed safeguarding training relevant to their roles and responsibilities. The pharmacists had completed Level 2 safeguarding training. Members of the pharmacy team had access to the Trust’s safeguarding contact details to escalate any safeguarding concerns. The pharmacy had not had any safeguarding concerns to report to date.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its current workload. Members of the pharmacy team work well together, and they are able to raise concerns or make suggestions to help improve pharmacy services. And they have access to training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection there was the regular RP and a pharmacy technician. The RP had worked in the pharmacy for many years and was well experienced. The pharmacy also employed two qualified dispensers who were not present at the time of the inspection. The team were managing their workload efficiently. Other team members worked within the same NHS Trust and could cover absences if needed. The RP could contact her line manager if she required additional support.

Members of the pharmacy team shared a good rapport with hospital staff to ensure patients received good and effective care. And they were well supported with on-going training and regular updates from the head office to help keep their skills and knowledge up to date. A whistleblowing policy was available and team members could provide feedback or raise concerns about the pharmacy's services. There were no specific targets or incentives set for team members. But the company had agreed some key performance Indicators (KPIs) with the Hospital trust such as waiting times, dispensing accuracy, and stock availability. Members of the pharmacy team did not feel that their professional judgement or patient safety was compromised by the KPIs.

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 effectively. And it has appropriate security arrangements to protect its premises against unauthorised access.

Inspector's evidence

The pharmacy was clean and tidy. Members of the pharmacy team kept workbenches tidy so that there was enough space to complete tasks safely. The workflow in the pharmacy was sufficiently organised and there were designated areas for dispensing and checking prescriptions. There was enough lighting throughout, and the room temperature was suitable for the storage of medicines. The pharmacy had a sink for preparing medicines, and there was a supply of hot and cold running water. The pharmacy did not have a consultation room, but it could use adjacent rooms to have a private conversation if needed. The premises were secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and manages them adequately. It obtains its medicines from reputable sources, and it takes the right action in response to safety alerts and medicines recalls so that people get medicines and medical devices that are safe to use. Members of the pharmacy team identify higher-risk medicines and take appropriate steps to make sure these are supplied to people safely. People with different needs can access the pharmacy's services.

Inspector's evidence

The pharmacy was located on the ground floor of the hospital's main entrance, and it had a step free access. People visiting the pharmacy could speak to team members or collect their medicines through a hatch. There was seating available in the atrium where people could wait for their prescriptions. People not wishing to wait for their prescriptions were given the option of collecting their medicines from a branch nearby. The local branch kept records about the people who collected medicines and informed the RP about any medicines that had not been collected. This helped members of the pharmacy team to liaise with hospital staff about any interruptions to people's treatment.

The pharmacy was supplied with prescriptions by hospital staff who worked in the wards and units. Prescriptions were written on hospital stationary and included the relevant information. Members of the pharmacy team checked the medication history of people who were supplied with medicines so that any clinical queries could be identified and resolved. Colour-coded trays were used during the dispensing process to help prioritise workload and minimise the risk of medicines getting mixed up. Computer-generated labels included relevant warning and they were initialled by the technician and checked to provide an audit trail.

The pharmacy had processes to make sure that people who were supplied with clozapine had the right alert cards. Members of the pharmacy team were aware about the pregnancy prevention advice to be provided to people in the at-risk group taking medicines containing sodium valproate. The pharmacy kept appropriate records about medicines supplied to people who were being discharged from the hospital. Copies of this information was provided to the person's GP and the ward. Members of the pharmacy team had received appropriate training about the management and supply of clozapine. They had individual login accounts to an electronic system that held records about people's blood test results. This helped to make sure people received their medicine safely and within the right timeframe.

The pharmacy supplied some medicines in multi-compartment compliance packs to people who needed assistance in managing their medicines safely at home. People were introduced to the compliance packs whilst 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 provided to people who took regular, long-term medicines. Members of the pharmacy team kept appropriate records about the medicines that should be included in the packs and their administration times. Assembled packs included descriptions which helped identify individual medicines. Patient information leaflets were supplied with the packs so that people had ready access to information about their medicines.

The pharmacy obtained its stock medicines from licensed wholesalers, and medicines were stored tidily on the shelves. Stock medicines were date checked at regular intervals and short-dated medicines were

marked for removal at an appropriate time. Members of the pharmacy team marked the date on liquid medicines to show when they were first opened. This helped them to know if the medicine was suitable to be supplied again. Medicines requiring cold storage were kept in several refrigerators and these were stored between 2 and 8 degrees Celsius. The maximum and minimum temperatures were recorded daily. And records showed that the temperatures had been maintained within the required range.

All CDs were stored in line with requirements and the pharmacy had denaturing kits to dispose of waste CDs safely. Date-expired and waste medicines were placed into pharmaceutical waste bins. And a separate bin was used to store waste cytotoxic and other hazardous medicines. The pharmacy had a process to deal with safety alerts and medicine recalls to make sure the medicines it supplied were fit for purpose. Records about these and the action taken by team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it maintains its equipment appropriately.

Inspector's evidence

Members of the pharmacy team had access to current reference sources including a British National Formulary and internet access. All electrical equipment was in good working order. The pharmacy had a range of calibrated glass measures available for measuring liquid medicines. And it had equipment for counting loose tablets and capsules.

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.