

# Registered pharmacy inspection report

**Pharmacy Name:** Norfolk & Norwich University Hospital, Pharmacy Department, Colney Lane, Colney, NORWICH, Norfolk, NR4 7UY

**Pharmacy reference:** 1101848

**Type of pharmacy:** Hospital

**Date of inspection:** 26/09/2019

## Pharmacy context

The pharmacy is registered for the purpose of fulfilling a Service Level Agreement with a local NHS Community Trust and dispenses medication for named patients. This accounts for less than 10% of the pharmacy workload and the rest is carried out for the hospital trust. The pharmacy uses a robot for dispensing and occasionally assembles medication into multi-compartment compliance packs for some people who need help managing 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 team members are good at recording and reviewing mistakes. They can demonstrate how these are used to continually improve safety.
<b>2. Staff</b>	Standards met	2.2	Good practice	Team members undertake regular, ongoing learning to keep their knowledge and skills up to date.
<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 its services to help provide them safely. Team members are good at recording and reviewing mistakes and can show how the team learns and improves from these events. The pharmacy keeps the records it needs to by law and its team members have clear roles and responsibilities. It asks the people who use the pharmacy for feedback. Team members know how to protect vulnerable people. And they keep people's personal information safe.

### Inspector's evidence

The pharmacy kept near miss and error logs and these were reviewed quarterly to identify any trends or patterns. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis, with any learnings shared with the dispensary team. There was a pharmacy technician with a primary responsibility for governance and they generated a newsletter for the department which identified common mistakes. These were used to formulate the basis of the medicine's management. There were daily meetings where any medication incidents within the trust were discussed. The pharmacy team were involved in this meeting. The pharmacy team members were routinely encouraged to spot their own mistakes and were equally comfortable approaching the pharmacist in the same way. They described an open culture where the focus was learning rather than blame.

The complaints policy was prominently displayed, and the pharmacy was planning to improve the waiting area following feedback from people. The pharmacy had current professional indemnity insurance.

The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were completed correctly. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do with regard to the registrable activities when the pharmacist was not present.

The pharmacy had a comprehensive range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. Some of these were due for review and the governance committee was involved in this process. There was evidence that members of staff had read and signed SOPs relevant to their roles. They read and discussed a different SOP each week.

The records examined were maintained in accordance with legal and professional requirements. This included: the records for the supplies of unlicensed medicines. The CD registers were appropriately maintained. CD balance checks were done regularly. There was also a book where patient returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS smartcards were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy provided information governance training for all team members. The pharmacy team had undertaken mandatory training about the General Data Protection Regulation and had signed confidentiality agreements. The

training was refreshed annually.

The pharmacy had safeguarding procedures and team members described the actions that would be taken in the event of a safeguarding concern. There were contact details available for the local safeguarding team. The pharmacist gave an example of an intervention which had been referred.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload safely. They are highly trained, and have a good understanding about their roles and responsibilities. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback and have regular appraisals to identify any opportunities for development or learning.

### Inspector's evidence

The pharmacy had a large bank of pharmacists, accuracy checking technicians, registered technicians and dispensary assistants. This team cover both the registrable pharmacy activities and the business of the hospital trust. The team members were up-to-date with all the registrable activities and the administrative tasks associated with them.

Team members undertook regular mandatory training in accordance with the policy of the hospital trust and were allocated protected time for electronic learning as well as face-to-face training. The pharmacy was in the process of implementing incentives for ongoing learning and to ensure all team members completing mandatory training. Recent training included infection control, medicines management and professionalism. Team members also completed self-directed learning using an e-learning platform. Many of the pharmacists were undertaking clinical diplomas and non-medical prescribing courses. They had access to study days and specialist interest groups. The pharmacists and technicians were aware of the requirements for professional revalidation.

All the staff had annual appraisals which looked at areas where the staff were performing well and areas for improvement or opportunities to develop. The pharmacy had a staff engagement group and regular consultations with team members. These had led to a number of changes to systems and workflows, but these were mainly related to the activities of the hospital trust. Changes included providing a seven-day pharmacy service for the main hospital.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy team keeps the pharmacy secure, clean and tidy. The pharmacists and technicians had designated areas to check prescriptions and these are kept clear to help reduce the risk of mistakes. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy had clinical vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were cleaned daily. There were clear workflows in place with individual work stations connected to the robot. There were designated checking areas which were kept tidy to reduce the risk of mistakes.

The pharmacy was tidy with good levels of lighting throughout and used air-conditioning and room temperature monitoring to keep medicines at the right temperature. The pharmacy premises were kept secure from unauthorised access.

Whilst there was no designated consultation room, there were several suitable offices which could be used for private conversations.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively. It gets its medicines from reputable suppliers and stores them properly. It makes sure that multi-compartment compliance packs for people who need help managing their medicines are dispensed safely. Its team members identify and give advice to people taking high-risk medicines to make sure that they are taken safely. The pharmacy has a close working relationship with other hospital departments and queries are referred as appropriate. Team members take the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use.

### Inspector's evidence

The pharmacy was accessed via a wide door directly off the hospital corridor which led into a waiting area. The pharmacy had links to various community health campaigns including opiate usage. There was a hearing induction loop to assist people with compatible hearing aids. Large print labels were available on request and some team members had trained as Dementia Friends. The pharmacy team members had identified that there was scope to improve access for wheelchair users and create a larger waiting area. This had been factored into to refit plans for the pharmacy.

The pharmacy obtained dispensing stock from a range of licenced wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked when it was placed in the robot and rechecked ten months later if it was not found to be short dated. Any short-dated items had a specific expiry date entered in the robot. The pharmacy had reports available to demonstrate this process and recorded any stock removed. The pharmacy staff were aware of the Falsified Medicines Directive and the requirement to deactivate stock on the national database.

The pharmacy counselled people on high-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about whether they were having blood test related to these medicines. Test results were recorded on the hospital record system and the pharmacy team had access to this. They also provided additional advice to people about how to take these medicines safely. The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy routinely liaised with the neurology department to ensure that counselling, advice and appropriate literature had been given.

The pharmacy kept medicines requiring cold storage in several specialist fridges. The maximum and minimum temperatures were continually monitored and recorded electronically. Any alarm was triggered if any fridge went outside the acceptable range for more than 15 minutes. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored CDs securely.

The pharmacy team dispensed medication into multi-compartment compliance packs for some people who had difficulty managing their medicines. No more than two weeks of medication were supplied in this manner as people were discharged into the community. The pharmacy used disposable, tamper-evident packs and sometimes had descriptions of the medication included in the pack labelling. Team members said that they would include descriptions as standard in the future. The descriptions would help the person or their carer to identify the medicines. The pharmacy routinely supplied patient

information leaflets with packs to people. Team members described the process they followed to ensure that any mid-cycle changes to the packs were re-checked to make sure that these were supplied safely. The pharmacy issued discharge letters to help with effective communication between the hospital and the community pharmacy. The pharmacy conducted a needs assessment where appropriate before starting people on the packs.

Medicines which people had returned were clearly separated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts. Each pharmacist subscribed to MHRA alerts.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for its services and it maintains it well. The pharmacy uses its equipment and systems to help protect people's personal information.

### Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures and labelled equipment for dispensing cytotoxic medication such as methotrexate. This helped to avoid any cross-contamination. The pharmacy had a medicines information centre within the department. The robot was serviced under a maintenance contract with a guaranteed urgent response within 24 hours.

Fire extinguishers were serviced under an annual contract. All electrical equipment appeared to be in good working order and had been safety tested.

There was a locked cabinet to store sensitive records and the patient medication record was password protected with individual log-on details for each user. Sensitive information was transmitted using a secure system. Confidential waste was disposed of using bins for secure disposal.

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

Finding	Meaning
<span>✓ Excellent practice</span>	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>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.