

Registered pharmacy inspection report

Pharmacy Name: London North West University Healthcare NHS Trust, Pharmacy Department, Central Middlesex Hospital, Acton Lane, LONDON, NW10 7NS

Pharmacy reference: 1102145

Type of pharmacy: Hospital

Date of inspection: 09/11/2022

Pharmacy context

The London North West University Healthcare NHS Trust pharmacy department is a hospital pharmacy department which is also registered with the General Pharmaceutical Council to supply medicines to named patients on the renal unit on behalf of Imperial College Healthcare NHS Trust. The hospital is off the North Circular Road in London. Only this limited activity was inspected.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.1	Good practice	The pharmacy actively identifies and manages the risks associated with the provision of its services.
		1.2	Good practice	The pharmacy continually reviews and monitors the safety and quality of its services.
		1.7	Good practice	The pharmacy team actively manage information to protect patient confidentiality.
2. Staff	Standards met	2.2	Good practice	The pharmacy's team members are actively supported to undertake ongoing training and learning .
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy tries to make its services easily accessible to patients and the public.
		4.2	Good practice	The pharmacy actively manages its services to ensure safe and effective care.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. Pharmacy team members record mistakes they make to learn from them and avoid the same mistakes happening again. The pharmacy proactively and regularly reviews the risks involved in providing its services and keeps appropriate records. It has suitable standard operating procedures (SOPs) in place to make sure its team members know how to work safely. The pharmacy can easily show who completed each step of its processes. Members of the team keep the records they need to up to date. They make sure they protect people's private information and they are trained in how to safeguard the welfare of vulnerable people.

Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses which were recorded. Picking errors were reduced because the robot stored most medicines and selected what was requested for a prescription. Members of the pharmacy team discussed the mistakes they made at the weekly team meetings, to learn from them and reduce the chances of them happening again. And a patient safety review was prepared and presented at the medicines safety meeting every two months. Incidents were recorded and reported via DATIX.

Members of the pharmacy team responsible for making up people's prescriptions used a tray to separate each person's medication. The pharmacy team generally downloaded prescriptions from the hospital computer system although at the time of the visit, the prescriptions from the renal unit were delivered by hand to the pharmacy. A pharmacist clinically screened the prescriptions, and assembled prescriptions were final or accuracy checked by a pharmacist or accuracy checking technician (ACT). A dispensing audit trail or patient tracking service was implemented by scanning a barcode for each stage of the process. So the prescription's journey was trackable from receipt of the prescription to collection of the medicines by a nurse on behalf of the person who was attending the renal unit. During the dispensing process the interactions between medicines prescribed together, may be flagged up and these were checked. The prescription was annotated with who was contacted, what action had been taken and included with the patient record.

The pharmacy had multiple risk assessments for each area and the impact of COVID-19 upon its services and the people who used it. Infection control included screens to protect people who visited the pharmacy and floor markings so people knew where to stand. The team members wore fluid resistant face masks to help reduce the risks associated with the virus. They washed their hands regularly and used hand sanitising gel when they needed to. The pharmacy had completed risk assessments of stock such as unlicensed medicines which may be in short supply and effect people's treatment. The Trust had risk assessments for activities in the pharmacy. Risk assessments were filed and updated when they needed to be.

The pharmacy team monitored and audited the safety and quality of services and communicated the

results of these audits to members of the rest of the team. Audits included near misses, dispensing errors, waiting times for prescriptions and the SOPs. There was a Trust complaints procedure and the pharmacy asked patients and service users for feedback via patient satisfaction surveys. And these were available through various mechanisms such as a tablet on the wall at the pharmacy or a QR code with the medicines supplied. The pharmacy collated the results of the surveys which they presented at a divisional quality and risk meeting and the pharmacy team meeting.

The pharmacy had standard operating procedures (SOPs) for the services it provided such as dispensing and checking prescription items. And these had been reviewed since the last inspection. The pharmacy had training records to show each member of the pharmacy team had read the SOPs relevant to their roles and they understood them and would follow them. Team members had defined roles and lines of accountability. The business continuity plan was updated when required and filed with the SOPs across all sites. And it made provision for measures to keep the pharmacy services going following adverse events. The pharmacy had insurance arrangements in place, including professional indemnity, for the services it provided.

The pharmacy kept a record to show which pharmacist was the responsible pharmacist (RP) and when and it displayed a notice that told people who the RP was. The pharmacy had a controlled drug (CD) register. But CDs were not supplied to the renal unit. The pharmacy maintained records on the pharmacy computer system and could run a report on renal dialysis patients. Records included an audit trail of the prescription from receipt to transfer of medicines to the person or their representative, medicines procured and temperature records for storage of medicines. The pharmacy team used Careflow Medicines Management system to manage pharmacy stock control, book in medicines and generate labels.

The pharmacy was registered with the Information Commissioner's Office (ICO) via the Trust's information governance (IG) team. Pharmacy team members completed training in IG procedures which was mandatory in the Trust. The pharmacy displayed a notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. All members of the team had NHS smartcards and access to password protected pharmacy computers which held patient identifiable information. The team tried to make sure people's personal information could not be seen by other people and was disposed of securely. The pharmacy had a safeguarding SOP and members of the team had completed mandatory safeguarding training. They knew what to do or who they would make aware if they had concerns about the safety of a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members are actively supported to undertake ongoing training and learning appropriate to their roles. They work effectively together to manage the workload and deliver services safely. Team members provide feedback about the pharmacy which improves its services.

Inspector's evidence

The pharmacy team consisted of the superintendent pharmacist (the RP), 13 full-time and one part-time pharmacists, three full-time trainee pharmacists, six full-time pharmacy technicians and three part-time pharmacy technicians and one full-time pre-registration pharmacy technician, two full-time and four part-time assistant technical officers who had completed NVQ2 in pharmacy services. The pharmacy relied upon its team and bank staff to manage the workload. The rota included dispensary cover and the clinical team helped in the dispensary.

Members of the pharmacy team were enrolled on or had completed accredited training relevant to their roles. The pharmacy kept records of all mandatory training completed by the team, in line with their roles. It managed changes in pharmacist education and qualifications. Some pharmacists in the pharmacy department were training as independent prescribers. The Trust provided trainee pharmacists with a pre-registration training programme and junior pharmacists completed post-graduate diplomas in pharmacy practice. Members of the team attended regular clinical teaching sessions and continuing professional development events via Teams. The pharmacy had links to universities providing opportunities for pharmacy students to go on the wards.

Before the pharmacy team appointed new team members, their qualifications and registration were checked. Newly recruited team members each kept a log of what they dispensed to detect and review errors. During induction, people had protected learning time to undertake their training. The pharmacy organised weekly team meetings with people from other sites in the Trust to feedback changes or provide specific training. Each member of the team had an annual appraisal to monitor performance and development. Members of the team worked well together. Team members wore badges which displayed the Trust's 'Heart' values for them to work to: honesty, equality, accountability, respect and teamwork. The team attended quarterly ambassador meetings. The pharmacy had a feedback mechanism through which everyone could participate anonymously. The whistle-blowing policy was on the intranet.

The pharmacy did not set targets for its team. It was returning to key performance indicators after COVID, monitoring performance indicators including waiting times. Analysis showed that workflow had improved because the flow of prescriptions could be re-organised when a treatment unit had moved from another site to this site.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, bright and suitable for the provision of healthcare services. The pharmacy prevents people accessing its premises when it is closed so its medicines stock is safe and people's private information is protected.

Inspector's evidence

The registered pharmacy's premises were clean, bright and secure. And steps were taken to make sure the pharmacy and its team did not get too hot. The pharmacy department had a room with seating for people waiting for medication and a quiet place where people could have a private conversation with a team member. It had a screened hatch and a counter where people attended to collect medication and a spacious bright dispensary. Its flooring and its fixtures were clean and well maintained. The premises were cleaned by contracted cleaners who were managed by facilities. The dispensary sink and equipment was clean. Floor areas and worksurfaces in the dispensary were clean and tidy. Members of the pharmacy team wiped the pharmacy's work surfaces at intervals during the day.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy tries to make its services accessible to everyone. Its working practices are safe and effective. It keeps detailed audit trails to show that its professional services are well managed. And these identify who took the actions at each stage. The pharmacy obtains its medicines from reputable sources to make sure they are fit for purpose and safe to supply. Team members know what to do in response to alerts and product recalls and they keep records of any medicines or devices returned to the suppliers.

Inspector's evidence

The pharmacy was on the second floor and people could use the stairs. Or there was access via the elevator from the ground floor and this made it easier for people who found it difficult to climb stairs, such as someone using a wheelchair. The pharmacy team tried to make sure people could use the pharmacy services. The pharmacy department had a notice that told people it was open Monday to Friday and on Saturday mornings.

The pharmacy team could print large font labels to assist visually impaired people. And there were hearing loops in the hospital to assist people who were hearing impaired. The pharmacy department displayed posters asking if people needed different languages to access services and an interpretation service was available. Medicines could be supplied with bilingual dispensing labels if needed. In line with this pharmacy's registrable activity, prescriptions for people being treated in the renal unit were dropped off and collected by nurses from the renal unit. Prescriptions were for supply of one specific injection, erythropoietin, which was administered subcutaneously. It was prescribed at Imperial College Healthcare NHS Trust. The nurses showed the renal patients how to administer the injection correctly. The pharmacy team never saw the patients, but supply of the injection was dependent on the person's blood test results. The erythropoietin injections were stored in a fridge in the dispensary.

Medicines were ordered from approved suppliers via Procurement. The Procurement pharmacist authorised the minimum stock levels of medicines for safe provision of services. The pharmacy team members checked 50 items daily for stock levels and expiry date. They stored medicines which were suitable in a robot in the dispensary. The robot loaded medicines automatically by reading the barcode on the original pack of each medication and selecting a slot to store it. Other medicines such as liquids were stored on the dispensary shelves. Cold chain items requiring refrigeration were stored in medical fridges between two and eight Celsius. The pharmacy had a process for dealing with waste medicines which were stored separately in appropriate disposal bins. Drug alerts and recalls were received by Procurement and Medical Information and were escalated via DATIX as required by the SOP. The pharmacy stock was checked for affected batches which were isolated. Records were maintained of actions taken in response to an alert.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. It makes sure it is working correctly. The pharmacy uses its equipment appropriately to keep people's private information safe.

Inspector's evidence

Members of the pharmacy team referred to Medicines Complete and Medical Information at another hospital. The pharmacy's computer system was password protected permitting appropriate access to members of the pharmacy team. The pharmacy's equipment was portable appliance tested (PAT) and maintenance records were kept. The robot was serviced annually. The pharmacy fridges were monitored continually to ensure stock was stored between the minimum and maximum temperatures of two and eight Celsius. If the fridge temperatures went out of range, the on-call pharmacist was alerted.

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.