

Registered pharmacy inspection report

Pharmacy Name: Inpatient Pharmacy, Oxford Road Campus, Oxford Road, MANCHESTER, Lancashire, M13 9WL

Pharmacy reference: 1102426

Type of pharmacy: Hospital

Date of inspection: 24/12/2019

Pharmacy context

This is a hospital pharmacy which mainly supplies medicines to the hospital wards and in patients. It is registered with the GPhC to enable occasional supplies urgent medication for people being treated at hospitals in other Trusts located throughout North West England.

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	N/A	N/A	N/A
2. Staff	Standards met	2.1	Good practice	Staff do not feel pressurised when working and complete tasks properly and effectively in advance of deadlines. And the pharmacy reviews its staffing levels so that they remain appropriate.
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 its risks well. It provides the pharmacy team with written instructions to help make sure it provides safe services. The team records and reviews its mistakes so that it can learn from them. It keeps people's information secure. And the team understands its role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that it regularly reviewed. These covered the safe dispensing of medicines, responsible pharmacist (RP) regulations. It also had procedures for handling urgent medicines requests for people under other hospitals and their transportation to these hospitals. Records indicated that all the pharmacists, who were the only staff involved in the urgent medication service, had read and understood each procedure.

The pharmacy team recorded mistakes it identified when dispensing medicines and it addressed each of them separately. Team members participated in reviewing these records each month, so that they could reflect and identify any additional learning from them.

Staff thought that hospitals the urgent medication service provided their feedback at the NHS hospital chief pharmacist group meetings for greater Manchester and the north west of England every two months. However, they could not confirm this.

The pharmacy had professional indemnity cover for the services it provided. The RP prominently displayed their RP notice, so people could identify them. The pharmacy maintained the records of medicines it had urgently supplied for people under the care of other hospitals, which included the supplying pharmacist's identity, patient's details, hospital details and the date of supply. The lead pharmacists recalled occasions when the pharmacy had declined to supply medication because it was assessed as non urgent. However, the pharmacy did not make a record supporting why it had declined the supply, which could be needed in the event of a query.

All the staff had completed the Trust's mandatory annual information governance training. The pharmacy regularly completed an information governance risk assessment, which helped to identify areas where protecting people's information needed to be addressed. Staff securely stored and destroyed written confidential material. The pharmacy had written policies on how long it stored prescriptions from other hospitals before destroying them. And it securely stored and transported people's medicines to the hospital treating them. However, staff did not know if the other hospitals requesting medication had obtained people's consent to share their information with the pharmacy.

All the pharmacists had level two safeguarding accreditation, and some pharmacist had completed level three accreditation. All the paediatric pharmacists had to complete the level three training. And all the staff had completed the Trust's mandatory safeguarding training to at least a level one accreditation. The pharmacy had the Trust's safeguarding policy. Team members had access to the Trust's safeguarding team, which was based in within the hospital.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe services and reviews its staffing levels so that it can respond to changes in the workload. And the team members have the skills and experience needed for their roles. Each team member has a performance review and completes relevant training on time, so their skills and knowledge are up to date.

Inspector's evidence

The pharmacy had enough staff to comfortably manage the workload created from any urgent medication requests from other hospitals. It received a minimal number of these requests and it prioritised them. So these medicines were ready in good time for dispatch. The pharmacy had an on-call pharmacist, which meant there was unlikely to be an unnecessary delay in preparing urgent medicines for supply outside of the pharmacy's core hours. The pharmacy did not have any formal targets for responding to urgent medication requests and, each morning, one of senior pharmacists reviewed any issues from overnight with the on-call pharmacist.

The pharmacy had an effective strategy for covering planned and unplanned leave. The pharmacy's Trust senior leadership committee kept staffing arrangements under review at the pharmacy and two of its other sites. The pharmacy's management team used a software system to manage how much leave each sub team could be allowed at any time, taking into consideration the band level of staff, skill mix and available pharmacists.

The staffing resource accounted for sickness leave and providing the urgent medication service outside of normal hours. Pharmacists and senior team members from the Trust's other pharmacies were available to cover unplanned leave at short notice. The Trust also reviewed the amount of unplanned leave the team had taken, how much external staffing cover the pharmacy used and planning for it.

The Trust senior leadership committee kept staffing arrangements under review at the pharmacy and two of its other sites. And all three pharmacies worked closely with each other operationally on a regular basis. This helped to advance a more flexible strategy for developing the team members. Pharmacists and senior team members interchanged between working at all three pharmacies, which supported spread best practice and made it easier for staff to transition between pharmacies.

Records indicated that over ninety percent of the team members were up to date on the pharmacy's mandatory training programme, which was monitored to ensure staff kept progressing. Records also showed that staff were up to date on Trust specific training. After one year's employment with the Trust band six pharmacists were enrolled on a clinical diploma. Staff also had protected study time for their training. Pharmacists and registered pharmacy technicians updated their knowledge at workshops held twice a week, which had included learning from incidents.

All the team members had a regular performance review, during which they agreed their objectives and reviewed them with their line manager. And the Trust monitored how well staff participated in the process. Team members whose performance needed significant improvement were given additional support.

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 was situated in a purpose-built unit within the hospital and it was professional in appearance. The dispensary waiting and storage areas were appropriately maintained and to suitable standard of a hygiene. The waiting area could accommodate any hospital staff who presented to collect people's medicines at any one time and several chairs were available for them to use.

The open-plan dispensary provided enough space for the volume and nature of the pharmacy's services. The pharmacy dispensed a small number of urgent medications for other hospitals. And people accessing this service did not personally visit the pharmacy, so a consultation room was not needed.

Access to the dispensary and the pharmacy's offices always remained secure and only the pharmacy staff could gain entry. The entrance to the premises were secured when the pharmacy was closed, an intruder alarm was installed, and the hospital security were onsite continuously.

Principle 4 - Services ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy's core hours were Monday to Friday 9am to 5pm and Saturday 9am-12pm and bank holidays 10am to 1pm. The urgent medication request service provided to other hospitals operated twenty-four hours a day. People did not visit the pharmacy, so they did not have any difficulties accessing the pharmacy.

A large whiteboard displayed in the dispensary was used to concisely communicate the staff rota, including who on duty should respond to any urgent medication requests. Most hospitals using the urgent medication request service were situated in greater Manchester and the north west of England.

In order to limit the number of urgent medication requests senior staff said that there was a general understanding that other hospitals would first make enquiries with their own and neighbouring hospital pharmacies. This helped to reduce delays in supplying medication. The pharmacy did not supply any CDs under the urgent medication service. Staff had been briefed to signpost other hospitals to a suitable primary care service if they need any of these medicines. However, these arrangements were not in any written procedures, so were unofficial and could mean that it was not always followed.

The pharmacy usually received urgent medication requests from other hospitals outside of its core hours. A pharmacist from the other hospital usually telephoned the pharmacy. The on-call pharmacist personally took the request, prepared the medicine and completed the appropriate records. The hospital placing the request arranged the out-of-hours medication transport.

Between 10.30pm and 8.30am the on-call pharmacist worked alone, so they left a mental break between preparing and checking any medication they supplied.

Staff explained that, as the pharmacy rarely supplied medications urgently for people that another Trust was treating, MHRA guidelines allowed the pharmacy to supply a small amount of stock in an emergency if it was for a named patient. So, the pharmacy supplied medication under this arrangement as exempt from wholesale supply regulations. It, therefore, supplied these medications to the other hospital pharmacy without a dispensing label that included the patient's details. Furthermore, the pharmacy did not access the patient's records to confirm that the other hospital had prescribed the medicine. In effect, there was no valid reason for registering the pharmacy with the GPhC, because a prescription was not issued and these supplies did not correspond to retail supply.

The pharmacy team used trays during the dispensing process to separate people's medicines and prioritise urgent medicine requests. And it only issued full packs of medication supplied under emergency service, which helped make sure the pharmacy receiving the medication could give people enough medication.

The pharmacy obtained its medicines from a range of licensed pharmaceutical wholesalers and some of

them directly from the manufacturer. It stored them in an organised manner. It also held key medicines that other hospital pharmacies did not usually stock which they could require urgently. These included medications for treating enzyme deficiencies and acute lymphoblastic leukaemia, anti-freeze anti-dote and intravenous anti-fungal medication. The pharmacy did not yet have a system for complying with the Falsified Medicines Directive (FMD), as required by law.

The team suitably monitored the medication refrigerator storage temperatures using electronic and graphical records that were linked to mobile telephones that the pharmacy's stores keeper and on-call pharmacist held. The pharmacy also used cool bags to maintain the cold-chain while medicines were transported between pharmacies.

Most of the stock medication was stored inside an automated dispensing robot, which selected the medicine with the shortest shelf-life for supply. The robot also checked the stock expiry dates daily, and the team checked a monthly report for any short-dated medicines. Staff explained that the medicines stored on the dispensary shelves had their expiry dates checked on a rolling basis, and corresponding records confirmed this routine.

The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and kept confirmatory records. It disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The pharmacy contacted the other pharmacy to advise when it should receive medication, which it audited annually. It kept records of handing medication over to the courier who delivered it to the other hospital pharmacy. Written procedures required the receiving pharmacy to contact the pharmacy to confirm it had been given the medication. And the pharmacy's contact number was applied to the delivery bag. The pharmacy frequently had to contact the receiving pharmacy to confirm it had been given the medication. Senior staff said there had not been any occasions when the receiving pharmacy reported not getting the medication.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively. It suitably stores and maintains the equipment, and it has the facilities to secure people's information.

Inspector's evidence

The pharmacy team kept the dispensary sink clean, and it was only used for medicines preparation. It had hot and cold running water. Staff had access to WC facilities in the pharmacy department and within the hospital, which each had appropriate hand washing facilities. The team had a range of clean measures, so it had the facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. The thermometers for the medication refrigerators were regularly calibrated. A maintenance contract was in place for the dispensing robot, and staff could contact the robot manufacturer's technical support help line if needed. Staff could also manually override and enter the robot in the event of it breaking down, so that services could be maintained. The pharmacy had more than one refrigeration facility, which helped to maintain the cold chain if one of them developed a fault.

The pharmacy team had access to a range of pharmaceutical information resources, including the BNF and cBNF. It also had online access to many standard clinical and pharmaceutical information resources such as Medicines Complete and Stockley's drug interactions. The pharmacy also had access to the hospital's medicines information service.

The pharmacy had facilities to securely store the records made in relation to medications urgently supplied for people under other hospitals. It did not keep an electronic record for the people it supplied under this service. So, there were no data protection issues that needed to be considered in relation to the facilities usually used to store this type of record.

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.