

Registered pharmacy inspection report

Pharmacy Name: Northampton General Hospital NHSTrust,
Pharmacy Department, Cliftonville, NORTHAMPTON,
Northamptonshire, NN1 5BD

Pharmacy reference: 1102806

Type of pharmacy: Hospital

Date of inspection: 23/06/2023

Pharmacy context

This is a pharmacy located inside Northamptonshire General Hospital NHS Trust. The pharmacy provides dispensing services to people who have been admitted to the hospital (inpatients). This activity is regulated by the Care Quality Commission (CQC). And it also supplies medicines through a Wholesaler Dealers Licence (WDL). This is regulated by the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacy is registered with the General Pharmaceutical Council (GPhC) for dispensing prescriptions for staff who work in the hospital and occasionally for private patients. The inspection and resulting report only deal with activities associated with its GPhC registration.

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

The pharmacy identifies and manages the risks associated with the provision of its services. The pharmacy team records and reviews its mistakes. Its team members have defined roles and accountabilities. The pharmacy keeps the records it needs to by law, to show that medicines are supplied safely and legally. And it keeps people's private information safely and its team members know how to protect vulnerable people.

Inspector's evidence

The pharmacy had a set of mainly up-to-date standard operating procedures (SOPs) for the service provided. Staff read the SOPs at their induction and the records were kept in their files. The pharmacy was registered with the GPhC for the supply of medicines to staff members against prescriptions and the occasional prescription written by hospital prescribers for a private patient. There was a clear policy setting out what medicines could be prescribed for staff or their friends and family and for how long. Staff were able to explain the process including the records that needed to be maintained but there was no written private prescription policy. The superintendent pharmacist subsequently confirmed that an SOP would be amended to provide the required guidance.

The pharmacy maintained the necessary records to support the safe delivery of the pharmacy service. These included the responsible pharmacist (RP) record and the private prescription book. On arrival at the pharmacy the pharmacy was displaying the name of the previous RP and the name wasn't displayed in the legally required notice. The current RP hadn't signed into the register but when the register was checked this was unusual. The pharmacist displayed his name and made an entry in the RP log. The pharmacy didn't supply any controlled drugs (CDs) that required entry in a CD register.

The pharmacy followed the same processes for learning from dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors) as those for its services that were not registered with the GPhC. The team had a monthly 'intervention week' where all near misses were recorded. The records were then reviewed to look at error rates and themes. Errors were recorded on Datix and reviewed by a senior team. The pharmacy team had regular meetings and any key messages or issues from the reviews for both near misses and errors would be highlighted at that meeting and via a newsletter to the team.

Complaints and incidents were managed through the Trust-wide policy. There had been no incidents relating to the registered activity. Patient feedback was generally obtained through the Trust.

Information governance training was mandatory for all staff and repeated annually. Passwords to access the pharmacy IT systems were only known by authorised staff. Individual NHS smart cards were used. Confidential material was separated and removed for safe disposal by the Trust. Safeguarding training was also mandatory for all staff and this was repeated annually. The pharmacists and technicians had all completed level 2 safeguarding while other pharmacy staff had completed level 1 safeguarding. Concerns were escalated through a central point according to the Trust's policy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members manage the workload within the pharmacy. They are suitably trained for the roles they undertake. And they are able to raise concerns if needed.

Inspector's evidence

During the inspection there was no activity that required registration with the GPhC. Members of the team were trained for the roles that they undertook. The team was able to discuss issues informally or raise them at the regular team meetings. The team was aware of the formal whistleblowing process. There was a formal appraisal process.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And people visiting the pharmacy can have a conversation with a team member in private.

Inspector's evidence

The dispensary was a reasonable size for the services provided. It was not accessed by members of the public as another pharmacy situated across the corridor provided services to outpatients. The pharmacy didn't have a consultation room for private conversations, but the pharmacy could have access to the consultation room of the out-patient pharmacy. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The healthcare service that the pharmacy offers is suitably managed and is accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely. It takes the right actions if medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy was situated on the main corridor of the hospital. It had flat access to make it easily accessible. The pharmacy team knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label and a record on the prescription to help identify who had done each task. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error.

Medicines were stored tidily in their original containers. Opened bottles of liquid medications were marked with the date of opening so that the team would know if they were still suitable for use. The pharmacy team had a process for date checking medicines. A check of a small number of medicines didn't find any that were out of date. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist explained the process for managing drug alerts which included a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use.

Inspector's evidence

The pharmacy held the appropriate equipment required to provide its services safely. The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the medical fridges were in working order and stored medicines within the required range of two and eight degrees Celsius. Each fridge had an alarm that was triggered if the fridge temperature went outside the required range. The pharmacy's portable electronic appliances had been last tested in October 2020. The pharmacist made arrangements for safety testing during the inspection.

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.