

# Registered pharmacy inspection report

**Pharmacy Name:** Pride Pharmacy, Unit 2A Level 1, Derby Royal Hospital, Uttoxeter Road, DERBY, Derbyshire, DE22 3NE

**Pharmacy reference:** 1103184

**Type of pharmacy:** Hospital

**Date of inspection:** 08/08/2022

## Pharmacy context

This busy pharmacy is located in a hospital, close to the main entrance. Most people who use the pharmacy are outpatients of the hospital. People can collect their prescriptions in person from the pharmacy or receive their medicines by post or a courier service. The pharmacy also sells a range of over-the-counter 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	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	The team members have the appropriate skills, qualifications and competence for their roles and the pharmacy proactively supports them to address their ongoing learning and development needs.
		2.4	Good practice	The pharmacy team works well together. Team members communicate effectively, and openness, honesty and learning are encouraged.
<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 generally manages risks to make sure its services are safe, and it acts to improve patient safety. It completes the records that it needs to by law and asks its customers for their views and feedback. Members of the pharmacy team are clear about their roles and responsibilities. The team has written procedures on keeping people's private information safe. And team members understand how they can help to protect the welfare of vulnerable people.

### Inspector's evidence

This pharmacy was one of two registered pharmacy premises owned by the same company situated on the Royal Derby Hospital site. This pharmacy dispensed the hospital's outpatient prescriptions except some from the rheumatology, oncology, haematology and dermatology clinics, which were dispensed and delivered out from the other pharmacy.

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided, with signatures showing that members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. They were wearing uniforms and identity badges showing their roles. The name of the responsible pharmacist (RP) was displayed as required by the RP regulations.

The pharmacy team recorded near misses on a log and discussed them with the members of the pharmacy team who had been involved. They were asked to reflect on the incident and record their thoughts and any learnings were shared with others at team meetings. However, reviews and discussions were not always documented, so some people might miss out on some learning opportunities. Errors which left the pharmacy were investigated by the pharmacy manager and the pharmacy superintendent (SI). They were recorded on an online reporting system and actions taken to prevent a re-occurrence were reported. The Trust had oversight of this which helped to share learning.

There was a SOP which included the pharmacy's complaint policy. A notice was on display in the waiting area of the pharmacy encouraging people to provide feedback to a member of the pharmacy team. And a customer satisfaction survey was being carried out. There was a local Patient Advice and Liaison Service (PALS) office in the hospital, close to the pharmacy.

Insurance arrangements were in place. The pharmacy did not dispense private prescriptions or make emergency supplies, so it did not have a private prescription register. The RP record and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

All members of the pharmacy team had completed information governance training, which included patient confidentiality, as part of the Trust's mandatory training. Confidential waste was collected in designated bags and collected by the hospital's facilities department for destruction. A member of the pharmacy team correctly described the difference between confidential and general waste. A courier driver, who was in the pharmacy to collect some prescriptions for delivery, knew what it meant to

maintain patient confidentiality. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public.

Pharmacy team members had completed level 1, 2 or 3 safeguarding training, depending on their roles. One member of the team said she would discuss any concerns regarding children and vulnerable adults with the pharmacist working at the time, and she would liaise with the Trust's safeguarding team, which was always available and had an out-of-hours provision.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members work well together in a busy environment, and they communicate effectively. They have the right training and qualifications for the jobs they do and the pharmacy encourages them to keep their skills up to date, and supports their development. Team members are comfortable providing feedback to their manager and they receive feedback about their own performance.

### Inspector's evidence

There were two pharmacists, two accuracy checking technicians (ACTs), six NVQ2 qualified dispensers (or equivalent) and two trainee dispensers on duty at the time of the inspection. All the staff were multiskilled and could work across the two pharmacy sites. The pharmacy team was observed effectively managing a very busy workload. The pharmacy was open from 8am to 7pm on weekdays and from 9am to 2pm on Saturdays. It operated with two teams and there were two shifts each day. Planned absences were organised so that not more than two people were away at a time and there was a pool of bank staff (mainly pharmacy students) who could help out when required. One of the dispensers on duty was a third-year pharmacy student and part of the pool of bank staff. Both the pharmacists worked regularly at the pharmacy, so were familiar with its procedures and ways of working.

Members of the pharmacy team carrying out the services had completed appropriate training. They had individual online learning records and were given protected training time. They were required to complete the Trust's mandatory training, which was assigned by role. The pharmacy manager was sent alerts if team members fell behind with training. Team members had completed recent training on clinical governance, infection control and fire safety. One of the trainee dispensers explained that she was given a day each week to complete her dispensing assistant course. The pharmacy team had formal appraisals where performance and development were discussed. Weekly meetings were led by the pharmacy manager, where a variety of issues were discussed, and concerns could be raised. Members of the team confirmed that they felt comfortable talking to the pharmacy manager or SI about any concerns they had and said team members could make suggestions or criticisms informally.

Team members were empowered to exercise their professional judgement and could comply with their own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because they felt it was inappropriate. There was a target to keep waiting times under one hour, and team members did their best to achieve this, but they were not penalised if they failed to meet it.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy generally provides a professional environment for people to receive healthcare services. But the limited space in the dispensary impacts on the efficiency of the pharmacy team. And the pharmacy does not have a consultation room so team members cannot easily speak to people in private.

### Inspector's evidence

The pharmacy premises consisted of a dispensary, a medicines counter and a waiting area, which was free from obstructions, professional in appearance and had a large number of chairs. The premises were in a reasonable state of repair and decoration. The temperature and lighting were adequately controlled. Maintenance problems were reported to the Trust, and the response time was appropriate to the nature of the issue. There were Trust cleaners who cleaned the pharmacy under supervision from the pharmacy team. The dispensary consisted of dispensing and checking areas. It was relatively small for the volume of prescriptions dispensed, and some parts of the dispensary were cluttered and untidy, which reduced the usable space. Assembled prescriptions were stored in plastic trays and boxes on the floor, as there was insufficient shelf space, so this made it harder to locate prescriptions and there was a risk that some medicines might get damaged.

The pharmacy did not have a consultation room, which made it difficult for people to have a conversation in private. One of the pharmacists explained that he took people to a quiet part of the waiting area in an attempt to maintain confidentiality. Another member of the team said they could request to use the PALS office, which was close by, but this was not always available. Pharmacy team members used the hospital's facilities which included toilets and wash hand basins with antibacterial hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed throughout the hospital and hand sanitizer was available at various locations. Team members wore face masks (unless exempt) in line with hospital policy. There were Perspex screens at the counter to help to reduce contamination and information notices about Covid-19 on display.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers healthcare services which are generally well managed and people receive appropriate care. It gets its medicines from licensed suppliers and the team carries out some checks to ensure medicines are in suitable condition to supply.

### Inspector's evidence

The pharmacy was accessible to everyone, including people with mobility difficulties and wheelchair users. There was a hearing loop in the pharmacy. Most people collected their prescriptions from the pharmacy, but they could also be delivered by courier or posted to people's homes. A designated courier delivered all the pharmacy's fridge lines, as they had appropriate facilities for maintaining the cold-chain during transit. The courier also delivered anything breakable, such as any medicine in a glass bottle. Some medicines were posted to people via a Royal Mail tracked service. A 24-hour service was used for urgent medicines, such as antibiotics and steroids, and a 48-hour service was used for non-urgent medicines. A driver from the designated courier described the process and explained if nobody was available to receive the delivery the medicines were returned to the pharmacy.

Prescriptions were either received electronically from outpatient clinics or by hand if people had attended a clinic in person. People handing in a prescription were asked if they had any allergies and this information was available for the pharmacist's clinical check. The pharmacist initialled the prescriptions to confirm they had carried out the clinical check and added a 'speak to pharmacist' sticker and notes if any counselling or additional checks were required. High-risk medicines such as warfarin, lithium and methotrexate were targeted for extra checks and counselling. The team were aware of the valproate pregnancy prevention programme. The valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling. The clinical checks for oncology prescriptions were carried out by a pharmacist who worked for the Trust, rather than Pride pharmacists. Dispensed by and checked by boxes were initialled on the medication labels to provide a dispensing audit trail. ACTs usually carried out the accuracy checks and initialled the prescription as well as the checked by box on the medication label. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available. Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed.

CDs were stored in two CD cabinets which were securely fixed to the floor. The CD keys were under the control of the responsible pharmacist during the day. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. A trainee dispenser explained what questions she asked when making a medicine sale and when to refer the person to a pharmacist. She was clear what action to take if she suspected a customer might be abusing medicines such as a codeine containing product.

Recognised licensed wholesalers were used to obtain stock medicines. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were

segregated and placed in designated bins. Alerts and recalls were received via email messages from the Trust. These were read and acted on by a member of the pharmacy team, but they were not always retained so they might not easily be able to respond to queries and provide assurance that the appropriate action had been taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have access to the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

### Inspector's evidence

Recent versions of the British National Formulary (BNF) and BNF for children were available for reference and the pharmacist could access the internet for the most up-to-date information. One of the pharmacists said they used an App on their mobile phone to access the electronic BNF. There were four clean medical fridges. The minimum and maximum temperatures were being recorded regularly and had been generally within range throughout the month. One of the fridges was recording a maximum temperature of 11.7 degree Celsius. The thermometer was re-set and remained in range during the inspection. One of the pharmacists agreed to monitor this fridge's temperatures and to ensure the thermometer was re-set after each reading. All electrical equipment appeared to be in good working order and had been PAT tested.

There was a selection of clean glass liquid measures with British standard and crown marks. The pharmacy had a range of clean equipment for counting loose tablets and capsules. A dispenser explained that there was a separate tablet triangle that was used for cytotoxic drugs, but most were obtained in foil strips so there was no handling required. Medicine containers were appropriately capped to prevent contamination. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

### 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.