General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Watford General Hospital, Pharmacy Department, Vicarage Road, WATFORD, Hertfordshire, WD18 0HB

Pharmacy reference: 1103264

Type of pharmacy: Hospital

Date of inspection: 23/09/2019

Pharmacy context

This is a pharmacy located within Watford General Hospital in Watford, Hertfordshire and comes under the West Hertfordshire Hospitals NHS Trust. The pharmacy provides dispensing services for people who have been admitted to the hospital as well as outpatients. This activity is regulated by the Care Quality Commission (CQC). The pharmacy is registered with the General Pharmaceutical Council (GPhC) as it supplies medicines to other organisations that are separate legal entities to the hospital. This includes the Hertfordshire Partnership NHS Trust who provide mental health services including clozapine to named patients, to the Central London Community Healthcare (CLCH) NHS Trust who provide sexual health services and home care, to Logandene, a facility that provides inpatient mental health services, on weekends as an emergency when its usual supplier cannot, and it supplies medicines to community clinics. The pharmacy is also registered to supply medicines against private prescriptions. The inspection and resulting report only deals with activities associated with its GPhC registration.

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	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

Overall, the pharmacy identifies and manages risks safely. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They understand how to protect the welfare of vulnerable people. And, they protect people's private information appropriately. The pharmacy usually maintains its records in accordance with the law. But, it has not been keeping the appropriate records for supplies made against private prescriptions. This means that the team may not have all the information needed if problems or queries arise.

Inspector's evidence

The pharmacy had adopted several measures to help identify and manage risks associated with its services. The pharmacy's team members were informed about their near misses at the time, the dispensary manager explained that details about the near misses were first passed to the team leader who recorded them. This helped reduce the likelihood of staff being distracted or disturbed whilst they were dispensing. The near misses were routinely recorded, reviewed, and trends or patterns seen, were shared with the team every month. This information was also shared with other departments in the hospital such as the operations and clinical board. In response, training issues for new members of staff had been identified. Laminated checklists were subsequently created and displayed in various sections of the pharmacy. They highlighted the steps required during the dispensing and accuracy checking procedure and this helped to reinforce processes.

The dispensary was clean. There was plenty of space for the pharmacy's dispensing activities to take place safely. This included a separate workstation for the pharmacist responsible for screening prescriptions, separate workstations and areas for prescriptions to be processed and assembled as well as a segregated bench for the final accuracy check to take place. This helped reduce the likelihood of errors happening, and medicines or prescriptions being crossed between the different sections. During the inspection, the responsible pharmacist (RP) was screening prescriptions to ensure they were clinically suitable. From this position, dispensing activity could be effectively supervised. There were audit trails to verify when and who completed each of the different processes (see Principle 4). Prescriptions were processed on terminals that were linked to the pharmacy's automated system (robot) to generate labels and the team manually monitored the processes as well as the time to completion.

The process for incidents involved correcting the mistake, discussing the situation with staff, recording the details on Datix and circulating the details around the Trust's pharmacies. A designated patient safety pharmacist was responsible for monitoring errors and trends. This information was also shared with the operation and clinical board as well as during the pharmacy's clinical governance meetings to help identify and learn from incidents.

The pharmacy obtained patient feedback through the hospital's Patient Advice and Liaison Service (PALs), this was handled through the Trust. There was information on display in the waiting area for people to access details about how they could be contacted. There was no specific way that feedback was obtained from the separate facilities that the pharmacy supplied medicines to, but the pharmacy manager explained that if there were any issues, they could be contacted by email or by telephone.

Confidential information was retained within the dispensary, assembled prescriptions were stored in a location where sensitive information could not be seen by other people. Confidential waste was segregated, removed and disposed of through the Trust's authorised carrier. Staff carried their own individual identity cards, they completed mandatory training on information governance and data protection. There was also a designated Caldicott Guardian in the Trust. Team members could identify signs of concern to safeguard vulnerable patients. They referred to the manager or pharmacists in the first instance for advice and knew where to access relevant contact details if escalation was required. The team was trained as part of their induction processes and this consisted of mandatory training through the hospital's e-Learning.

A range of documented standard operating procedures (SOPs) were available to support the provision of services. One of the accuracy checking technicians (ACT), who was also the dispensary manager, described being responsible for creating them. The SOPs had been reviewed recently in August 2019. However, there was no SOP to provide guidance to the team about safeguarding and although staff were described as having read the SOPs, very few members of the team had signed them to verify that this had happened. Although SOPs about general dispensing were in place, there were no SOPs to cover the provision of services to the separate legal entities or facilities. In addition, the SOP for private prescriptions did not include any details about record keeping (see below). This could mean that team members are unclear on the pharmacy's current processes.

The correct RP notice was on display and provided details of the pharmacist in charge of operational activities. The RP register was mostly completed in full although there were occasionally missing details such as the pharmacist's GPhC registration number or the time that they signed in or out and over-written amendments to entries were seen. The records were held within a folder but maintained as loose pieces of paper. There was a risk that this information could be lost, or records inserted inadvertently by using this method. This was discussed at the time.

There had been no emergency supplies made to the separate legal entities, nor any unlicensed medicines or controlled drugs (CDs). A sample of registers seen for CDs were maintained in line with statutory requirements. On checking a random selection, quantities held matched balance entries in corresponding registers. Frequent balance checks were taking place, records were kept verifying this and three checks were taking place. Staff checked the actual stock balance against the electronic record and the documented supply made to the wards. The hospital's professional indemnity insurance was through the Trust. The pharmacy manager explained that very few supplies were made against private prescriptions and they had been received from prescribers at the hospital. However, there were no records being maintained to verify this.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Its team members are suitably qualified for their roles or they are undertaking appropriate as well as ongoing training. They understand their roles and responsibilities. And, the team has access to resources that help them to complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

The pharmacy's staffing profile consisted of two pharmacists, six pharmacy technicians, four of whom were ACTs and five dispensing assistants. Staff were trained through accredited routes or undertaking accredited training appropriate to their role. The team's certificates of qualifications obtained were not seen but all the team members were wearing identity cards with their names. Staff normally covered one another as contingency for leave or absence and cover could be obtained from the other hospitals in the Trust. Some of the team had been given additional responsibilities, this included a dispensary manager, assistant managers and team leaders. Team members in training were provided regular, set aside time to complete their course material and to assist with training needs, they were provided with online resources and mandatory training. Formal appraisals were conducted annually with staff progress described as being monitored frequently.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide a professional environment to deliver its services. The pharmacy is secure, it is clean and has enough space to provide its services safely.

Inspector's evidence

The dispensary was large and spacious. As described under Principle 1, there were separate areas for dispensing processes and pharmacy activities to take place. Every station was clear of clutter and the pharmacy was organised. The pharmacy's premises also included offices, a space for clinical trials, medicines information and a separate area where clinical pharmacists were stationed. There was also a hatch with a small waiting area at the front of the premises, staff served people here to access medicines. The pharmacy was professional in appearance, it was clean, well ventilated and suitably lit. There was no separate area or room that could be used to provide private conversations although staff described speaking quietly when they spoke to people at the hatch.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easily accessible to people with different needs. The pharmacy provides its services in a safe manner. It sources, generally stores and manages its medicines appropriately. Team members make some checks to ensure that medicines are not supplied beyond their expiry date. But, as the pharmacy has no up to date written details about this, this makes it difficult for the team to show that they are making the relevant checks.

Inspector's evidence

The pharmacy was situated in one building and section of the hospital that was accessible by lifts as well as stairs and signposted around the hospital. There were wide corridors leading to the pharmacy as well as clear, open space outside the hatch. This helped people with wheelchairs or limited mobility to easily access the pharmacy's services. There were five seats available for people waiting for prescriptions and several car parks within the hospital grounds. The pharmacy department was open during the week and on weekends, it also provided out of hours access. There was a hearing aid loop to assist people who were partially deaf, and staff explained that a language line or interpretation service could be used to assist people whose first language was not English. The team was multilingual and spoke several languages such as Polish, Russian, Hebrew, Spanish, Portuguese as well as South Asian Languages to help converse with people if required.

Most of the pharmacy's medicines were stored inside the robot, the remainder were in containers around the dispensary. The pharmacy obtained its medicines from the stores department at the hospital who used several licensed wholesalers such as Alliance Healthcare and AAH. The pharmacy was not yet fully set up to comply with the EU Falsified Medicines Directive (FMD) however, staff were knowledgeable on the subject.

The team described date-checking medicines for expiry regularly, however, there were no records verifying when this process had taken place. Short-dated medicines were highlighted and there were no date-expired medicines or mixed batches seen. Liquid medicines with short stability were marked with the date upon which they were opened. CDs were stored under safe custody. The keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight. The medical fridges were operating at appropriate temperatures and records to verify this were kept. Drug alerts and product recalls were received via email, stock was checked, and action taken as necessary. The team had kept a partial audit trail at the pharmacy to verify this process as the documented paperwork was usually sent back to the stores department. This was discussed at the time. The pharmacy phoned and cascaded information about drug alerts to the separate facilities so that appropriate checks could be made.

Several medicines were seen stored outside of their original container with some missing and necessary information such as batch numbers or expiry dates. This included some CDs. In some circumstances, this information was retrievable from the backs of blisters contained within them.

The pharmacy had designated containers to store medicines returned for destruction. This included separate containers for hazardous and cytotoxic medicines. Details about CDs that were returned for disposal would be entered into a register, segregated and destroyed in line with the Trust's policy.

People returning sharps for disposal were signposted to other providers who could accept and dispose of them.

During the dispensing process, trays were used to hold prescriptions and medicines, this helped to prevent the inadvertent transfer of items. They were colour co-ordinated to highlight priority and the different types of prescriptions. Several dispensing audit trails were used by the team to identify staff involved. This included accuracy checking logs.

Orders for the separate organisations were received by fax or electronically through the pharmacy's internal system, the details were printed, screened and clinically checked by pharmacists before being processed, assembled by staff and accuracy-checked. They were then sealed, stored and either delivered to the units or collected by the patients themselves. The pharmacy kept audit trails to verify this. There had been no CDs supplied to the separate facilities.

The pharmacy had access to blood test results for people prescribed and supplied Clozapine. Once the medicine was dispensed, the pharmacy manager described staff at the other facility being responsible for checking the blood test results and assessing suitability for the patient before this was supplied to them. This was in accordance with the SOP. The pharmacy manager stated that they would not deliver this medicine if there was any delay with receiving, issues or concerns seen about the blood test results and records would be kept about this. There had been no other higher-risk medicines supplied under these services. This included valproates to females at risk. Staff were aware of the risks associated with valproates and there was educational material available to provide to people upon supply.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is usually kept clean, well maintained and used in a manner that helps protect people's privacy.

Inspector's evidence

The pharmacy held current reference sources and staff could use the hospital's medical information department if required. There was a range of clean, crown stamped conical measures for liquid medicines. This included designated conical measures to reconstitute antibiotics and for measuring CDs. The team could also use counting triangles although some of them could have been cleaner as there was tablet residue seen on them. The dispensary sink used to reconstitute medicines was clean, there was hot and cold running water available here with antibacterial hand wash. The robot was serviced annually or sooner if required. The medical fridges were operating at the appropriate temperatures. Computer terminals were positioned in a way that prevented unauthorised access.

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.