General
Pharmaceutical
Council

Registered pharmacy inspection report

Pharmacy Name: St. Albans City Hospital, Pharmacy Department, Waverley Road, ST. ALBANS, Hertfordshire, AL3 5PN

Pharmacy reference: 1103266

Type of pharmacy: Hospital

Date of inspection: 27/09/2019

Pharmacy context

This is a pharmacy inside St Albans City Hospital, in Hertfordshire that falls under the West Hertfordshire Hospitals NHS Trust. The pharmacy dispenses medicines to people who have been admitted to the hospital and to 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 two other organisations that are separate legal entities; Albany Lodge and Lambourne Grove. Both provide mental health services. The inspection and resulting report only deal with activities associated with the pharmacy's GPhC registered activities.

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 is well-run with safe practice and competent team members in place. The pharmacy team protects people's privacy well. Team members understand how to protect the welfare of vulnerable people. And, the pharmacy adequately maintains most of its records in accordance with the law. But, the team does not have many records in place to fully demonstrate the process when internal mistakes happen. And, although pharmacy team members deal with their mistakes responsibly, this could mean that they may be missing opportunities to learn from their mistakes and prevent them happening again.

Inspector's evidence

The pharmacy held a range of documented and electronic standard operating procedures (SOPs) to support the provision of its services. They were last reviewed in 2019. Staff were in the process of reading and signing the SOPs. They understood their roles and responsibilities and knew when to refer to the responsible pharmacist (RP). However, there was no SOP seen to cover the supply of medicines to the separate legal entities. This meant that there was no guidance for the staff on the pharmacy's current process to follow when medicines were supplied to them. The correct RP notice was on display and this provided information about the pharmacist in charge of operational activities on the day.

The pharmacy was very organised and there were clear segregated areas for dispensing activity to take place. This included separate sections for dispensing, accuracy checking, unpacking orders and a separate area to process prescriptions for clozapine. There was plenty of space to dispense prescriptions safely and every bench was kept clear of clutter. Staff explained that they all took it in turns to serve people at the hatch and did not disturb one another when they were carrying out their individual tasks. This helped to prevent errors or interruptions to the flow of dispensing.

Accuracy checking technicians (ACTs) or pharmacists informed the team and discussed with them when near misses happened. If staff were new or in training, they were asked to identify their own mistakes to help improve their practice and raise their awareness. Medicines with similar names or packaging were identified and separated. The team looked to identify root causes of near misses at the time that they happened, and staff were subsequently trained or re-trained on the pharmacy's internal processes.

However, details about near misses were not routinely recorded or formally reviewed. This limited their ability to demonstrate that trends or patterns were routinely being identified and acted upon. The pharmacy manager explained that for one week in every quarter, they documented their near misses and this information was sent to the patient safety pharmacist across the Trust for trends or patterns to be identified. There was some laminated information about governance across the Trust sites, this included details about the numbers of complaints seen.

There was information on display to inform patients about how they could complain or provide feedback about the pharmacy's services. This was through the hospital's Patient Advice and Liaison Service (PALs) or internally through Datix. For incidents, the process involved investigating the situation, checking details, identifying the root cause, informing the patient (or the separate legal entities) of the outcome and learning from events. Details were brought to the attention of staff. Previous incidents

relating to the separate legal entities were managed in the same way, if any issues were seen or complaints, they were made direct to the chief pharmacist and then filtered down to the pharmacy manager. Outside of incidents, feedback about the services provided to the separate legal entities was described as obtained informally.

To protect people's private information, staff explained that they no longer accepted faxes and confidential waste was segregated and removed through the Trust's authorised carriers. The pharmacy used a ticket number system for people who were waiting for prescriptions and team members only called out the number and not people's names. Confidential information was contained within the dispensary and the team regularly completed mandatory training on data protection. Staff were trained through the hospital's e-Learning module to safeguard vulnerable people. They could access relevant contact details if escalation was required.

A sample of registers seen for controlled drugs (CDs) were maintained in line with statutory requirements. On checking a random selection of CDs, quantities held matched balance entries in corresponding registers. Balances for CDs were routinely checked, and details seen documented. This included checking the actual balance against the electronic and documented records. The documented RP record was generally complete, but there were crossed out or overwritten entries seen, and the records were made up of loose sheets. This meant that the information could potentially be lost, or records inserted inadvertently. There had been no unlicensed medicines provided, supplies made against private prescriptions or emergency supplies required for the separate legal entities. The pharmacy's professional indemnity insurance was through the Trust and the team maintained daily records about the minimum and maximum temperatures for the medical fridges. This helped verify that medicines were being appropriately stored here.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team are suitably qualified for their roles or are undertaking further training. They work well together and understand their roles and responsibilities. Team members are also provided with resources to help keep their skills and knowledge up to date.

Inspector's evidence

Staff present during the inspection included the RP, the pharmacist manager, an ACT, a pharmacy assistant and two dispensing assistants. One of the latter was a bank member of staff and had completed the NVQ 3 in dispensing but was not yet registered with the GPhC, the other was undertaking accredited training with Buttercups for the NVQ 3. There were also two other pharmacists and another bank member of staff who provided cover. Contingency for annual leave or absence involved staff covering one another, using bank members of staff or staff from the other sites across the Trust. The team's certificates of qualifications were not seen but their competence was demonstrated. All staff wore ID cards and name badges. The team were observed to efficiently manage the workload, the pharmacy manager explained that because they were a small team, they multi-tasked, routinely completed each other's jobs and each took it in turn to manage the walk-in trade at the hatch.

They were a small team and kept each other informed verbally, or they obtained relevant information from the intranet, from the pharmacy manager, from the noticeboard in the dispensary or from their monthly team meetings. Formal appraisals for the team were conducted annually. Staff in training were provided with set aside time to complete course material at work and team members were provided with ongoing and routine training through online material that was delivered through the Trust. There was a training database where completion of mandatory, refresher training and updates were monitored by Watford General Hospital and team members were provided with emails so that they could check their progress and stay up to date with this.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide an adequate environment to deliver its services. The pharmacy is clean, it has plenty of space to provide its services safely and it is kept secure from unauthorised access.

Inspector's evidence

The registered premises consisted of a spacious sized dispensary and two offices, one of which was located just off the dispensary. There was also a small kitchenette area. The pharmacy was clean, it was well-lit and sufficiently ventilated. The staff routinely monitored the ambient temperature which was also suitable. Fixtures and fittings inside the pharmacy were somewhat dated but mostly functional. Some of the drawers used to store medicines were faulty, but they had been clearly marked to highlight this and they were not being used by the team. There was no separate or designated area for confidential or private conversations to take place. Staff explained that they could bring people round to one side of the unit if required for this purpose.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are accessible to people with different needs. The pharmacy delivers its services using safe processes. And, the pharmacy sources, generally stores and manages its medicines appropriately.

Inspector's evidence

The pharmacy was on the ground floor of the hospital and signposted. There were wide corridors leading to the pharmacy as well as clear, open space outside the hatch. This helped people with wheelchairs to easily access the pharmacy's services. Staff explained that carers or representatives were used to assist people with different needs, they could use a hearing aid loop for people who were partially deaf, or people could pre-book the hospital's translation line if their first language was not English. The pharmacy's services could be accessed through hatches, one of which opened fully to allow an unobstructed and face to face conversations to take place with people.

There were plenty of seats available for people waiting for prescriptions as the pharmacy's waiting area was adjacent to the outpatient department where there were several further seats and there were a few car parks around the hospital. The pharmacy's opening hours were on display. The department was open Monday to Friday, if the separate entities required medicines outside of this time frame, they could contact Watford General Hospital to organise the supply or they would be signposted to the out of hours team.

Prescriptions were first screened by pharmacists, dispensed by staff and then ether accuracy checked by ACTs or pharmacists before supply. During the dispensing process, colour co-ordinated trays were used to hold prescriptions and medicines. This helped to prevent any inadvertent transfer of items and identify medicines that were for outpatients or for inpatients. Dispensing audit trails were used by the team to identify staff involved during the different processes.

Requests for medicines from Albany Lodge or Lambourne Grove were sent to the pharmacy via their internal system, they were then processed in the same way as other prescriptions before being delivered to the units. If requests came in after the driver's hours, staff from the separate organisations were sent to collect the medicines. The pharmacy kept audit trails to verify this, CDs and fridge items were highlighted, and a signature was obtained once they were in receipt of the medicines.

The pharmacy had access to blood test results for people. This included named patients prescribed and supplied Clozapine. The pharmacy manager explained that pharmacists at Albany Lodge informed them when the blood test results were ready to view and check. If the results were amber or green, supplies were made. The pharmacy did not deliver this medicine if there were any issues or concerns seen about the blood test results (such as a 'red' result) and records were kept. There had been no higher risk medicines supplied to Albany Lodge or Lambourne Grove. This included valproates to females at risk. Staff were aware of the risks associated with valproates, the pharmacy held a policy covering the supply of these medicines and educational material was routinely provided to people upon supply.

Medicines were stored in an ordered manner inside drawers in the dispensary and on shelves. The pharmacy obtained its medicines from Watford General Hospital. The pharmacy was not yet fully set up

to comply with the EU Falsified Medicines Directive (FMD), but they described working towards implementing the decommissioning process and had received guidance information about the process.

The team date-checked medicines for expiry every month and kept records to verify this. Short-dated medicines were highlighted with stickers. 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. The fridges were operating at appropriate temperatures and dispensed medicines were stored inside clear bags here. This helped to readily identify the contents upon hand-out. The pharmacy had designated containers to store medicines returned for disposal. This included separate containers for hazardous and cytotoxic medicines. Details about CDs returned for disposal were entered into a register, segregated and destroyed in line with the Trust's policy. Drug alerts and product recalls were received via email, stock was checked, and action taken as necessary. The team kept a full audit trail to verify this process and passed relevant information to the separate entities.

Some medicines were seen stored outside of their original container with missing necessary information such as batch numbers and, or expiry dates. In general, CDs were stored under safe custody. The keys to the cabinet were maintained in a manner that prevented unauthorised access during the day but not overnight as a tamper evident method was not used. These points were discussed during the inspection.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has a range of necessary equipment and facilities. This helps to provide its services safely. Its equipment is clean and used to help protect people's privacy.

Inspector's evidence

The pharmacy had the range of equipment and facilities required. This included current reference sources, clean, crown stamped conical measures for liquid medicines, counting triangles and capsule counters. The pharmacists could also use online reference databases as well as the medicines information department based at Watford General Hospital if required. The dispensary sink used to reconstitute medicines was clean, there was hot and cold running water available here with antibacterial hand wash. The medical fridges were operating appropriately. The CD cabinet was secured in line with legal requirements and computer terminals were positioned in a manner that prevented unauthorised access. Staff used their own individual passwords to access the pharmacy systems and there were cordless phones to help with private or sensitive telephone conversations.

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.