General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: East & North Hertfordshire NHS Trust, Pharmacy Department, Mount Vernon Hospital, Rickmansworth Road, NORTHWOOD, Middlesex, HA6 2RN

Pharmacy reference: 1103568

Type of pharmacy: Hospital

Date of inspection: 20/02/2020

Pharmacy context

This is a pharmacy located inside Mount Vernon Hospital in Northwood, Middlesex and comes under the East & North Hertfordshire NHS Trust. The hospital specialises in providing treatment and services for people with cancer. 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). 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 a local Hospice and a few wards in Hillingdon Hospital. The inspection and resulting report only deal 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	1.1	Good practice	The pharmacy has ensured that the risks associated with providing its services are identified and managed. The team is following the pharmacy's standard operating procedures and the pharmacy is complying with the standards that have been set by the General Pharmaceutical Council (GPhC).
		1.2	Good practice	The pharmacy ensures that the safety and quality of its services are regularly reviewed and monitored. Team members routinely record, review and seek to learn from their mistakes.
2. Staff	Good practice	2.2	Good practice	Pharmacy team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out. Members of the team ensure that routine tasks are always completed so that the pharmacy can run in a safe and effective manner
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. The Trust provides resources to ensure the team's knowledge is kept up to date.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Good practice	4.2	Good practice	The pharmacy's services are managed and delivered safely and effectively. The pharmacy has a system of checks and records in place to ensure that its activities are traceable.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy is operating in a safe and effective manner. The pharmacy maintains its records in accordance with the law. 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.

Inspector's evidence

The pharmacy was well-managed. It was clear of clutter and organised. There was enough space for the pharmacy's dispensing activities to take place safely. This included separate workstations for the pharmacist responsible for clinically screening or for staff to process prescriptions, separate designated areas for prescriptions to be assembled as well as a segregated section for the final accuracy check to take place. This helped reduce the likelihood of errors happening. The accuracy-checking technician (ACT) explained that for the registered activity and medicines supplied to Hillingdon Hospital, it was clear that the clinical check had taken place from the records on the electronic system (see Principle 4). Staff only assembled prescriptions after this had been checked by the responsible pharmacist (RP). The ACT was not involved in any other process other than the final check, and there was a standard operating procedure (SOP) to cover this process. There were records in place to verify who completed each of the different processes (see Principle 4). This included a dispensing audit trail through a facility on generated labels.

The pharmacy routinely recorded details about the team's near misses. Staff were informed about them at the time and the errors were reviewed every month by the ACT. This helped identify any trends or patterns that may have caused the mistakes. The results from the review were analysed by the ACT who created a visual pie chart with an action plan to help staff minimise the risk of them happening again. They were discussed with the team in monthly meetings and this information was also on display on the staff noticeboard. The process for incidents involved correcting the mistake, discussing the situation with staff, recording the details on Datix and the team completed reflective accounts in response. The latter also took place if recurring near misses were seen. The RP had not seen any incidents relating to the supply made to the separate entities.

The pharmacy usually 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. The RP explained that the chief pharmacist obtained feedback from the separate facilities that the pharmacy supplied medicines to, but if there were any issues, they would be contacted by telephone or email. According to staff, there had been no complaints or feedback provided about the service they provided.

Team members had been trained to identify signs of concern to safeguard the welfare of vulnerable patients. They referred to the pharmacist in the first instance for advice and knew where to access relevant contact details if escalation was required. Training on this was mandatory for staff and took place through the hospital's e-Learning. Confidential information was contained within the pharmacy premises. 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 and they completed mandatory

training on information governance as well as data protection.

A range of documented SOPs were available to support the provision of services. They were dated from November 2019. Staff had read and signed them. They understood their responsibilities and knew which activities were permissible as well as the process to follow in the absence of the RP. The correct RP notice was on display and this provided details of the pharmacist in charge of operational activities, on the day.

The pharmacy had not supplied medicines against private prescriptions, made emergency supplies or supplied unlicensed medicines to the separate legal entities. Although occasional overwritten details were seen within the RP record, this and a sample of registers seen for controlled drugs (CDs) had otherwise been maintained in line with statutory requirements. On checking a random selection, the quantities held matched the balance entries in the corresponding registers. Frequent balance checks for CDs were taking place and records were kept verifying this. Staff checked the actual stock balance against the electronic record and the documented supply made to the wards. A complete record of CDs that had been returned by people and destroyed at the pharmacy had also been routinely maintained. Daily records about the minimum and maximum temperatures for the medical fridges were maintained electronically. This helped verify that medicines were being appropriately stored here. The hospital's professional indemnity insurance was through the Trust.

Principle 2 - Staffing ✔ Good practice

Summary findings

The pharmacy has enough staff to manage its workload safely. Its team members are suitably qualified for their roles. They understand their roles and responsibilities. And the hospital provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

Staff during the inspection consisted of one of the regular pharmacists, the ACT who was also the dispensary manager and two pharmacy technicians. One of the latter was managing the clinical trials side of the pharmacy. In total, the pharmacy's staffing profile consisted of around 10 pharmacists, six pharmacy technicians, an ACT and a dispensing assistant who was responsible for managing stock on the wards. Staff were trained through accredited routes. The team's certificates of qualifications obtained were not seen but their competence was demonstrated. All the team members were wearing identity cards with their names. Staff normally covered one another as contingency for leave or absence. Some of the team had been given additional responsibilities such as the ACT who was the dispensary manager and was responsible for reviewing near misses. Team members were provided with e-Learning through the Trust to keep their knowledge current. This also included mandatory training on data protection and safeguarding. Formal appraisals were conducted bi-annually. Meetings were held at lunchtimes to discuss updates or if additional training was required. They communicated verbally and also used noticeboards to convey relevant information.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide a suitable 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. It was not accessible to members of the public as another pharmacy situated within the same area provided services to outpatients. There were separate areas for dispensing processes and pharmacy activities to take place. Every station was clear of clutter. The pharmacy’s premises also included offices, additional stock areas and a space for clinical trials. The pharmacy was clean, well ventilated and suitably lit. The fixtures and fittings in the dispensary were dated but still functional. There was no separate area or room that could be used to provide private conversations although this was not required for the activities registered with the GPhC as conversations took place by telephone in the enclosed dispensary. This meant that people’s privacy was protected.

Principle 4 - Services ✔ Good practice

Summary findings

The pharmacy provides its services in a safe manner. It has a system of records and checks in place to help ensure that activities associated with its supply of medicines is traceable. The pharmacy sources its medicines from reputable suppliers. And it stores as well as manages its medicines well.

Inspector's evidence

The pharmacy was situated in one section of the hospital that was on the ground floor and signposted around the hospital. There were wide corridors leading to the pharmacy although outpatients were served by a different pharmacy within the same vicinity. There were 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. Staff explained that a language line or interpretation service could be used to assist people whose first language was not English, or representatives could be used.

During the dispensing process, trays were used to hold prescriptions and medicines, this helped to prevent the inadvertent transfer of items. The pharmacy supplied medicines to a local Hospice (Peace Hospice) and four wards inside Hillingdon hospital. There were Service Level Agreements (SLAs) in place for this and the medicines were supplied under a Wholesale Distribution Authorisation (WDA). The pharmacy received requisitions as lists of stock that were required for the Hospice. This was by fax and email. The lists were printed, the medicines assembled and kept separately before the staff from the Hospice arrived to collect them. The pharmacy maintained audit trails of the orders and collections. This included records of CDs that had been supplied.

For Hillingdon Hospital, the pharmacy supplied medicines as stock, ‘to take away’ medicines (TTA) and medicines for inpatients on four wards. The authority to supply these medicines were also through a WDA. The pharmacy and hospital used an electronic system to track the orders. Staff held their own passwords and log-ins to access the system and check the requests. The prescribers at Hillingdon hospital issued prescriptions for the medicine(s). They were clinically screened by the pharmacists at Hillingdon hospital before medicines were assembled by staff at this pharmacy. The system was clearly marked when the clinical check had taken place and the RP explained that the requests were not actioned until it was clear that this process had happened. Nursing staff at the hospital were also able to check these records before medicines were administered. The medicines were then delivered via the hospital’s porters. The pharmacy also maintained records of the deliveries. This included identifying CDs. Signatures were obtained from the staff at Hillingdon Hospital and no medicines were left unattended.

The RP explained that the pharmacy was only responsible for supplying the medicines and both entities had pharmacists present who counselled people when this was required. There had been no higher-risk medicines supplied under these services. This included valproates to females at risk. Staff were aware of the risks associated with this medicine, a poster was on display to help highlight this and there was educational material available to provide to people upon supply.

The pharmacy’s medicines were stored in an organised manner around the dispensary. The pharmacy obtained its medicines from the stores department at the hospital who used several licensed wholesalers. This included AAH, Alliance Healthcare, Phoenix and Maudsley’s. 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 date-checked medicines for expiry regularly and records to verify when this process had taken place were maintained by the stores department. 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. Medicines had been stored evenly and appropriately in the medical fridges.

The pharmacy held designated containers to store medicines returned for destruction. This included separate containers for hazardous and cytotoxic medicines. The team was in the process of obtaining an up-to-date list for hazardous and cytotoxic medicines so that they could be easily identified. Details about CDs that were returned for disposal were noted, segregated and destroyed in line with the Trust's policy. Drug alerts and product recalls were received by email and through the hospital's purchasing department. Stock was checked, and action taken as necessary. An audit trail to verify this process had been maintained. The pharmacy could trace affected batches. The team informed the separate facilities about drug alerts so that the appropriate checks could be made.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has an appropriate range of equipment and facilities. This helps it to provide its services safely. Its equipment is kept clean and used in a manner that helps protect people's privacy.

Inspector's evidence

The pharmacy held the appropriate equipment required to provide its services safely. This included current versions of reference sources with online access to databases. Clean equipment was present. This included counting triangles, a range of standardised, conical measures for liquid medicines with designated ones used for chemotherapy. Potable water was used for reconstituting medicines, the bottles were marked with the date upon which they were opened and discarded after 24 hours. The medical fridges were operating at the appropriate temperatures. There were enough computer terminals present in the pharmacy which were positioned in a way that prevented unauthorised access and were password-protected.

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.