

Registered pharmacy inspection report

Pharmacy Name: Nuffield Health Parkside Hospital, Parkside
Hospital, Pharmacy Dept Outpatients Bldg, 53 Parkside, LONDON,
SW19 5NX

Pharmacy reference: 1105307

Type of pharmacy: Hospital

Date of inspection: 19/05/2023

Pharmacy context

This is the outpatient pharmacy at the Nuffield private hospital near Wimbledon common. It is easily visible from the main hospital reception. It dispenses prescriptions written by doctors in the hospital for people who are seeing them for private health treatment. It also keeps a very limited range of over-the-counter medicines for sale. Those are the only activities it carries out which fall within the remit of its registration with the GPhC, although it does carry out other activities covered by other regulators.

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	1.1	Good practice	The pharmacy effectively manages the risks involved in providing its services and works with other departments within the hospital to maintain its risk register.
		1.2	Good practice	Records of errors and near misses are regularly reviewed and the pharmacy ensures it learns from people's mistakes. It also carries out regular audits to ensure its team members follow the correct procedures.
2. Staff	Standards met	2.2	Good practice	Staff are encouraged to develop their skills and the pharmacy provides them with plenty of training material to choose from. It also gives them the time to complete their training modules.
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 manages the risks associated with its services very well. It works closely with other people in the hospital to make sure it is doing as much as it can to reduce those risks. The pharmacy has detailed written procedures which tell staff how to carry out their tasks safely. It regularly reviews those processes to make sure they stay up to date. It has good processes for learning from mistakes and effectively shares what it has learned. The pharmacy keeps up-to-date records of the things it needs to, and it carries out regular checks to make sure they are all completed properly. The pharmacy manages and protects confidential information well and its team members understand their role in helping to protect the welfare of vulnerable people. The pharmacy has suitable insurance in place to help protect people if things do go wrong.

Inspector's evidence

There were approximately 80 separate standard operating procedures (SOPs) available online for team members to follow. These included the required responsible pharmacist (RP) SOPs. They were regularly reviewed by the pharmacy manager. He explained that he was currently updating them all to remove references to the pharmacy's previous owner. One example of a recently updated SOP was for dispensing heparin, which now included adding a red warning label to each supply. All team members had a deadline by which they had to have read all the SOPs and failure to do so meant that they couldn't then access the pharmacy's computer systems. They were regularly audited to check that everyone was following them, and then RAG rated. They were expected to achieve an audit score of at least 95% compliance against each one.

Medicines that looked alike or whose names sounded alike (LASAs) were either separated, such as Gardasil and Gardasil-9, or were wrapped to highlight them. As part of their overall risk management, the pharmacy checked that all prescriptions for antibiotics stated the duration of treatment as well as the dose and quantity. Insulin prescriptions had to include the dose in units, and all prescriptions had to include the GMC registration number of the prescriber. They also checked that the prescribers were prescribing within their scope of practice.

Any new medicines could only be added to the pharmacy system by two pharmacists. Some of those items were screened by a committee to check that they would only be issued within the prescriber's competence and scope of practice, along with checking for any potential product licence issues. Those team members questioned were able to describe what they could and could not do in the absence of the RP.

Team members documented their near misses on a daily record sheet at each workstation. They were also encouraged to reflect upon their mistakes and think about what they could change to prevent any repetition. Any errors had to be accompanied by a reflective report written by the team member involved, which was then discussed with their manager. This account was structured in the same way as in NHS hospitals. Entries were also made on the hospital's 'Datix' system for recording errors that weren't identified until after they had left the pharmacy. These typically represented approximately 10% of their mistakes. They were reviewed monthly and benchmarked against all Nuffield pharmacies. The pharmacy manager held a departmental meeting every six to eight weeks and produced a quarterly medicines safety report.

Roles and responsibilities were clearly set out for each member of the team within their job descriptions, setting out what they could and couldn't do. The correct RP notice was on display during the inspection. Those entries examined in the RP log were complete and up to date, including explanations for any absences.

Professional indemnity and public liability insurance was in place, arranged centrally through the hospital. Certificates were held centrally by the hospital's management. Each registrant present confirmed that they also carried their own personal professional indemnity cover. There was a business continuity plan in place to ensure the pharmacy continued to provide its services in the event of an emergency.

The pharmacy didn't supply any controlled drugs (CD) so there were no registers to examine. Records of unlicensed medicines, or 'specials', had a complete audit trail in a 'specials log' showing exactly what was obtained and supplied. This also applied to licensed products being used 'off licence' together with an explanation from the consultant for their use.

The pharmacy had an Information Governance (IG) policy in place and members of the team were able to describe how they maintained confidentiality. They didn't disclose anybody's personal information until they had confirmed the person's identity or otherwise satisfied themselves that they could share the information. There were separate trays for confidential waste which was then added to designated bins at the end of the day for destruction by the hospital trust. All registrants were trained to level two in safeguarding, and there was an in-house safeguarding training module for all other staff. There were three safeguarding leads in the hospital.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff, with a variety of skills, to manage its workload safely. There is a good management structure in place which helps the pharmacy run smoothly and effectively. Pharmacy team members are well-trained and have a clear understanding of their roles and responsibilities. They work well together as a team and can make suggestions to improve safety and workflows as required.

Inspector's evidence

There were three pharmacists on duty at the time of the inspection, including the RP and the dispensary manager. One of those present was qualified as an independent prescriber although she didn't make use of this in her current role. The staffing level appeared to be sufficient for the workload as everyone was working calmly and communicating effectively with one another.

All team members had access to their own online training portal with a dashboard which summarised their current level of progress. This covered a mix of mandatory training modules and optional ones for people to choose from. They were a mix of clinical and operational topics. The manager also had a dashboard which he used to monitor the team's progress. There was another part of the hospital just down the same road with its own in-patient pharmacy. All staff rotated between the two sites as part of their professional development.

The manager explained that their targets were primarily based around patient safety, although he also had overall profit and loss (P&L) targets to achieve. He was comfortable with the targets and there was no pressure that may compromise their professional judgement. There was a whistleblowing policy in place and people knew who to go to if they had a problem.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are welcoming and provide a suitably professional setting for the service it delivers. They are bright, clean and easily accessible to people using the hospital.

Inspector's evidence

The premises were clean and airy with easy access from the hospital's main entrance. They were tidy and in a good state of repair. There was a waiting area at the entrance to the pharmacy in front of the prescription reception. There was a clear screen fitted to help reduce the spread of airborne viruses and protect both team members and those using the pharmacy. The premises were cleaned once a day and then deep cleaned twice a year by the hospital's contract cleaners. Usually once in the summer and again at Christmas time.

The dispensary itself had enough space for each member of the team to have their own workstation for assembling prescriptions. There was a networked computer at each workstation. The sink was at the rear of the dispensary, complete with handwashing facilities. It was very clean with no evidence of any limescale.

Staff had access to the toilet facilities in the hospital, so these were not included in the inspection. Likewise the canteen facilities for staff rest breaks. Room temperatures were maintained by combined heating and air-conditioning units at a level suitable for the storage of medicines and to keep staff comfortable. There were temperature sensors linked to a central monitoring system managed online by an external organisation approved by the hospital trust.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its service in an easily accessible, safe and effective manner. Its team members give people detailed information about their medicines, taking into account the differing needs of people attending the hospital. They have a good understanding of the risks involved with some medicines and have suitable processes in place to highlight them to people and help them take those medicines safely. The pharmacy sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds well to drug alerts or product recalls to make sure that people only get medicines or devices which are safe for them to take.

Inspector's evidence

Access to the pharmacy was through the main hospital entrance with a ramp and plenty of space for those using wheelchairs or other mobility aids. The pharmacy had its own bespoke PMR system for dispensing prescriptions. Team members were aware of the risks of selecting the incorrect item when dispensing LASAs and took extra care when doing so. All dispensing labels were signed to show who had assembled the items and who had completed the final accuracy check. There was also an audit trail to show who had conducted the initial clinical check and who had produced the label. People collecting their medicines were asked to confirm their identity before being asked if they knew what medicines they were expecting and whether they knew how to take them.

There was an online temperature check log for the pharmacy's fridge. The log was automatically monitored every 15 minutes by an external organisation who would call the pharmacist if any of the temperatures went outside the correct range. There was a separate SOP to cover this. There were two cabinets securely fitted to the walls which were used for storing flammable liquids and spare prescription pads. The pharmacy had a very small selection of pharmacy-only medicines (P-meds) which it kept in the dispensary. They sold very few to people visiting the hospital and were mainly sold to members of staff.

Those questioned were aware of the risks to women taking valproates who could become pregnant. Although the pharmacy hadn't dispensed any valproate prescriptions, it had stocks of the information leaflets and cards if required. They also knew not to stick the dispensing label over the manufacturer's warnings on the packaging. There was a separate process for dispensing isotretinoin prescriptions. People had to read and sign a declaration based upon that devised by the original manufacturer. A note was added to the PMR to confirm the declaration had been signed.

There was a daily checklist of activities to be undertaken every day. There was also a monthly checklist which included items such as clearing out the uncollected prescriptions, checking every item due to expire within the next three months.

The hospital accepted unwanted medicines returned by patients. There were suitably designated bins for unwanted medicines, which were sealed when full and taken away for destruction by the hospital. The pharmacy received alerts and recalls direct from the MHRA and there was a separate folder within the hospital's email system to show what had been done and who by.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has suitable facilities for the services it provides, and it makes sure that they are correctly used and maintained. It also ensures that people's private information is kept safe and secure.

Inspector's evidence

The hospital had contracts in place for maintaining all of its equipment. The fridge was calibrated annually and replaced every eight years. The pharmacy's PMR system was supported by the internal IT team. It was backed up to the cloud and had three separate servers, one of which was offsite to spread the risk. Every member of the team had their own login details which were not shared with anyone else. There was suitable equipment available for measuring out loose tablets and capsules and for liquids. Prescriptions awaiting collection behind the reception counter were arranged so that no patient details were visible to people waiting at the window.

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.