

Registered pharmacy inspection report

Pharmacy Name: Mid-Cheshire Hospitals NHS, Foundation Trust,
Leighton Hospital Pharmacy Dept, Middlewich Road Leighton,
CREWE, Cheshire, CW1 4QJ

Pharmacy reference: 1107412

Type of pharmacy: Hospital

Date of inspection: 05/03/2020

Pharmacy context

This is the pharmacy department of a large general hospital. Most of the pharmacy department's activities are part of the business of the hospital and therefore fall outside of the scope of this inspection, which is focussed only on registerable activities. The pharmacy is registered so that it can dispense a small number of 'take home' medicines for patients of a local hospice, occasionally dispense other private prescriptions, and sell a limited 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
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

The pharmacy has written procedures to help ensure its staff work safely and effectively. Members of the team record things that go wrong so that they can learn from them. And they take action to avoid similar mistakes being repeated. They generally keep the records that are needed by law. But the responsible pharmacist records are unreliable. Which means there could be confusion about who was taking responsibility at a certain point in time.

Inspector's evidence

The pharmacy department had a full range of written SOPs for all of its services. There were specific SOPs for supplies to the hospice, medicines sales and responsible pharmacist procedures. The SOPs were reviewed every two years and training records were signed by staff to confirm they had read and understood them.

Dispensing errors were recorded electronically on the Datix system and sent to the divisional clinical risk manager for review. The pharmacist was not aware of any recent errors that related to any of the registerable activities. There was an internal log that was used to record any near miss incidents. The records were reviewed weekly and any learning points were discussed with the team. The pharmacist gave an example that stocks of cytotoxics had been relocated because many of the medicines had similar names. A monthly summary report was provided to the pharmacy management team meeting for discussion.

A responsible pharmacist (RP) notice was displayed in the reception area, but it did not identify the current RP. The pharmacist explained that the RP changed frequently during the day, so the notice was not always kept up to date. A responsible pharmacist rota was printed out in advance and this was used as the RP record. The current RP was supposed to initial the rota when they took on responsibility, to authenticate the record. However, the record had not been initialled by the RP currently on duty. Even if the procedure had been followed correctly it was unlikely that the record would meet the requirements of the Medicines Act.

Controlled drugs records were in order, running balances were recorded and checked at the time of dispensing. Patient returned CDs were recorded separately. Electronic records were kept of supplies to hospice patients and a book was used to record any other private prescriptions dispensed. An information governance policy was in place and all staff received annual training. Confidential waste was separated from general waste. There was a safeguarding policy in place and all staff were trained at least to level 2. Some staff, including those involved in paediatrics, had completed level 3 or level 4 training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the workload and they are appropriately trained for the jobs they do. Members of the pharmacy team are able to use their professional judgement. And they know how to raise concerns.

Inspector's evidence

The pharmacy department had a large team of staff that included pharmacists, pharmacy technicians and dispensers. All team members completed appropriate training for their roles. Responsibilities for registerable activities were not assigned to specific individuals and these tasks could be carried out by any team members who were available. A whistleblowing policy was in place and there was a dedicated phone number and an e-mail address that staff could use to raise concerns.

Pharmacists and pharmacy technicians attended 'pharmacy focus' meetings at least once a month, which provided training on a range of healthcare topics. All members of the pharmacy team were required to complete online training about pharmacy procedures.

A pharmacist visited the hospice two days a week and a pharmacy technician visited three days a week. They compiled and reviewed drug histories for any new patients and helped to prepare prescriptions. They also checked medicine stocks held at the hospice and compiled stock orders. Stock medicines were then obtained by wholesale from a different hospital.

All sales of over-the-counter medicines were made by a pharmacist. Only a limited range of medicines were available and did not include any codeine products or other medicines prone to abuse. No performance related targets were set in relation to the registerable activities.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy and provides a suitable environment for healthcare. A consultation room is available to allow private conversations.

Inspector's evidence

The pharmacy was located in a large room in the main body of the hospital. There were several rows of workbenches and there appeared to be sufficient space for the volume of work. All areas were clean and tidy and the work flow was well organised. Sinks were equipped with hot and cold running water. All areas were well-lit and the ambient temperature was appropriate.

All doors to the dispensary area were fitted with swipe card locks, so that only pharmacy department staff were able to gain entry. There was a waiting area with a reception counter and a consultation room was available, in case private conversations were needed.

Principle 4 - Services ✓ Standards met

Summary findings

Members of the pharmacy team work to professional standards and supply medicines safely and effectively. The pharmacy stores its medicines appropriately and carries out checks to make sure they are kept in good condition.

Inspector's evidence

The pharmacy reception area had a level entrance from one of the main corridors and was suitable for wheelchairs. Opening hours were displayed outside the pharmacy and there were posters and leaflets in the reception area giving information about the pharmacy service and various healthcare topics.

The pharmacy dispensed medicines for named patients of the hospice for them to take home with them. While people were in-patients at the hospice they normally had medicines administered from the hospice stocks. A pharmacy professional visited the hospice in the mornings and helped to prepare the prescriptions for people who were leaving. Electronic prescriptions were issued for most medicines and paper prescriptions were issued for controlled drugs. The prescriptions were signed by a doctor at the hospice. The pharmacy normally dispensed the prescriptions after lunch so that the medicines could be delivered to the hospice later the same day.

Medicines for the hospice were sealed in pouches for delivery and a record was kept that was signed by a dispenser and a pharmacist or a pharmacy technician, to show they were responsible for checking the contents of each pouch. An internal transport contract was in place for the delivery service and a nurse at the hospice signed to acknowledge receipt of the pouches. Very occasionally medicines were supplied in multi-compartment compliance aids. The pharmacist confirmed that these would be labelled with descriptions so that individual medicines could be identified, and patient information leaflets would always be supplied. The pharmacist was aware of the risks associated with the use of valproate during pregnancy and a valproate policy was in place. Educational material was available to supply when valproate was dispensed.

Stock medicines were stored tidily, and expiry date checks were carried out on a rolling programme so that all medicines were checked every three months. Medicines were being scanned and decommissioned to comply with the requirements of the Falsified Medicines Directive. Several medicines fridges were in use. The larger ones were equipped with continuous temperature monitoring systems and smaller ones were equipped with thermometers that were checked daily. Controlled drugs were stored appropriately in a large cupboard. A small range of medicines was kept for over-the-counter sales. These were not on display but there was a notice to advise people of the medicines that were available.

Drug alerts were received by e-mail from MHRA. They were checked by the pharmacists and records were kept showing what action had been taken. Medicines brought in by patients were also checked.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team have the equipment they need and it is appropriately maintained. The pharmacy has suitable facilities to protect confidentiality.

Inspector's evidence

The pharmacy had appropriate measuring equipment and up to date reference sources, including current editions of the BNF. Online resources were also available. Electrical equipment appeared to be in good working order.

The dispensary was not visible from the reception area so there was good privacy for the dispensing operation. A consultation room was available.

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.