General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Pharmacy@Rsch, Royal Surrey County Hospital, NHS Foundation Trust, Egerton Road, GUILDFORD, Surrey, GU2 7XX

Pharmacy reference: 1123467

Type of pharmacy: Hospital

Date of inspection: 26/02/2020

Pharmacy context

An outpatient pharmacy set within an NHS hospital in Guildford. The hospital is part of Royal Surrey County Hospital NHS Foundation Trust (the trust). The pharmacy opens five days a week. It dispenses outpatient prescriptions from the hospital and the trust. And it sells a small range of over-the-counter (OTC) medicines too.

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	1.2	Good practice	The pharmacy continually monitors the safety of its services to protect people and further improve patient safety.
		1.4	Good practice	The pharmacy asks people using its services for their views. And tells them what it will do to try and make things better.
2. Staff	Good practice	2.2	Good practice	The pharmacy provides its team members with the training and support they need. And it actively encourages them to improve their skills.
		2.4	Good practice	Members of the pharmacy team work well together and have a work culture of openness, honesty and learning.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy is good at providing its services safely and effectively. It takes extra care when supplying prescription medicines.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy identifies and manages its risks adequately. It continually monitors the safety of its services to protect people and further improve patient safety. Its team members log and review the mistakes they make. So, they can learn from these and act to avoid problems being repeated. The pharmacy has appropriate insurance to protect people if things do go wrong. It keeps the records it needs to by law. It asks people using its services for their views. And tells them what it will do to try and make things better. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had a business continuity plan in place. It also had standard operating procedures (SOPs) for the services it provided. And the superintendent pharmacist was reviewing these at the time of the inspection. The pharmacy's team members were required to read, sign and follow the SOPs relevant to their roles. The team members responsible for making up people's prescriptions kept the pharmacy's dispensing workstations tidy. They stored pharmaceutical stock in an organised fashion within designated and labelled containers to help reduce the risks of them picking the wrong product. They used trays in the dispensing process to separate people's prescriptions and to help them prioritise the pharmacy's workload. The pharmacy had robust systems to record and comprehensively review dispensing incidents, near misses and other patient safety incidents. The pharmacy team used a paper-based system to record its near misses. Dispensing incidents were recorded electronically on the trust's 'Datix' system and were appropriately managed and escalated in line with trust policy. Members of the pharmacy team discussed and documented individual learning points when a mistake was identified. They reviewed their mistakes regularly to help spot the cause of them and any trends. So, they could try to stop them happening again and improve the safety of the pharmacy's dispensing service. For example, they've recently reviewed and strengthened their dispensing process following the supply of a medicine with the wrong dosage instructions. The safety and quality of the pharmacy's services and the outcomes from the review of the pharmacy's mistakes were discussed during regular governance meetings. So, learnings, such as the risks with ambiguously written prescriptions, could be shared across the trust to further improve patient safety.

The pharmacy displayed a notice that identified the responsible pharmacist (RP) on duty. The roles and responsibilities of the pharmacy team were defined within the SOPs. Members of the pharmacy team knew what they could and couldn't do, what they were responsible for and when they might seek help. For example, they wouldn't hand out prescriptions or sell OTC medicines if a pharmacist wasn't present. And they would refer repeated requests for the same or similar OTC products to a pharmacist. A complaints procedure was in place through the Patient Advice and Liaison Service (PALs). And a notice displayed next to the pharmacy told people how they could provide feedback about the trust, including the pharmacy, or help resolve a concern or complaint using PALs. The pharmacy team asked people for their views and encouraged them to provide feedback online or posting their written comments in the pharmacy's 'suggestions' box. The pharmacy also displayed people's feedback about the pharmacy and what it intended to do. For example, steps were being taken to reduce prescription waiting times. And a notice was now displayed to tell people about how their prescriptions were made up and the approximate time each stage of the dispensing process took.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA). Most outpatient prescriptions seen during the inspection didn't specify the prescriber's address as required by human medicines legislation. The superintendent pharmacist had helped develop an updated outpatient prescription template which included all the necessary details. But its use hadn't been sanctioned at the time of the inspection. The pharmacy's controlled drug (CD) register was generally kept in order. And the CD register's running balance was checked regularly. The pharmacy's private prescription records and its RP records were adequately maintained. The pharmacy hadn't made an emergency supply of a prescription-only medicine since the last inspection. Its records for the supply of unlicensed medicinal products ('specials') were fragmented. But the pharmacy team could retrieve all the necessary details when needed.

The pharmacy had an information governance (IG) policy in place. But it didn't display a privacy notice to tell people how their personal information was gathered, used and shared by the pharmacy and its team. Members of the pharmacy team were required to complete mandatory IG training at regular intervals during their employment. The pharmacy had arrangements to make sure its confidential waste was collected and then appropriately destroyed. Its team stored prescriptions in such a way so people's names and addresses couldn't be seen by someone who shouldn't see them. The pharmacy had safeguarding procedures and key contacts if its team needed to raise a safeguarding concern. Its team members were required to complete mandatory safeguarding training. And they knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✔ Good practice

Summary findings

The pharmacy has enough suitably qualified team members to provide its services safely and effectively. And it encourages them to give feedback. Staff work well together as a team and have a work culture of openness, honesty and learning. The pharmacy provides its team members with the training and support they need. And it actively encourages them to improve their skills. The pharmacy team makes appropriate decisions about what is right for the people it cares for. Staff know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 43¾ hours a week. It dispensed about 3,750 prescription items a month. The pharmacy team included three full-time pharmacists, two part-time pharmacists, two part-time pharmacy technicians, a full-time pre-registration pharmacy technician trainee, two full-time dispensing assistants, a part-time dispensing assistant and a full-time trainee medicines counter assistant. The pharmacy relied upon its team members and agency staff to cover absences. And to provide additional support when the pharmacy was busy. The pharmacy displayed the number of team members it had on duty for the day and their roles. It also displayed its ideal staffing profile. The superintendent pharmacist, three regular pharmacists, a locum pharmacist, two pharmacy technicians, the pre-registration pharmacy technician and a dispensing assistant were working at the time of the inspection.

The RP and the superintendent pharmacist led by example. And team members worked well together and supported each other. So, prescriptions were processed efficiently, but safely, and people were served promptly. The pharmacists supervised and oversaw the supply of medicines and advice given by the team. A sales of medicines protocol was in place which the pharmacy team needed to follow. A team member described the questions she would ask when making OTC recommendations and when she would refer people to a pharmacist. For example, requests for treatments for inpatients, infants or children, people who were pregnant or breastfeeding, elderly people or people with long-term health conditions.

The pharmacy had an induction training programme for its team. Members of the pharmacy team needed to complete mandatory training during their employment. And they were required to undertake accredited training relevant to their roles after completing a probationary period. They regularly discussed their performance and development needs with their line manager throughout the year and at their appraisals. And, for example, a recent review led to one of the dispensing assistants being enrolled upon an approved pharmacy technician training course as part of their development. The pharmacy kept a record of the training its team members completed. Team members helped each other learn. They were encouraged to ask questions, read trust-wide newsletters and familiarise themselves with new products. They were also encouraged to keep their knowledge up to date by completing training and assessments. They could train while they were at work or during their own time. But they received set aside or protected time to make sure they could learn at work or complete accredited and mandatory training. They were comfortable talking about their own mistakes and weaknesses with their colleagues. Team meetings and one-to-one discussions were held to update staff and to share learning from mistakes or concerns.

Members of the pharmacy team weren't under pressure to complete the tasks they were expected to do. And they didn't feel their professional judgement or patient safety were affected by targets. The pharmacy had a whistleblowing policy in place. Team members felt comfortable about making suggestions on how to improve the pharmacy and its services. And they knew how to raise a concern if they had one. Their feedback led to changes being made to the dispensary's layout. And, for example, the pharmacy's telephone was relocated from the pharmacy's reception desk and assembled prescriptions were accuracy-checked in a quieter area of the pharmacy to help minimise distractions.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy has a room where people can have private conversations with members of the pharmacy team. The pharmacy provides an adequate and clean environment for people to receive healthcare. But its team members don’t always have the workspace they need to work in.

Inspector's evidence

The pharmacy was air-conditioned, bright, clean, secure and adequately presented. The pharmacy team was responsible for keeping the registered pharmacy premises clean and tidy. And a cleaning contractor also cleaned the pharmacy when it was open. The pharmacy had a small consultation room if people needed to speak to a team member in private. The consultation room was locked when it wasn’t being used to make sure its contents were kept secure. The pharmacy team reorganised the dispensary and obtained some plastic boxes to maximise the amount of available storage. But the pharmacy still had limited workbench and storage space for its current workload. And its worksurfaces could become cluttered when it was busy. The pharmacy’s sinks were clean. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides services that people can access easily. It's good at providing its services safely and effectively. And it takes extra care when supplying prescription medicines. The pharmacy gets its medicines from reputable sources and it mostly stores them appropriately. Members of the pharmacy team are helpful. And they make sure people have the information they need to take their medicines safely. They dispose of people's waste medicines properly. And they generally carry out the checks they need to. So, people get medicines or devices which are safe.

Inspector's evidence

The hospital had step free access that extended to the pharmacy and the pharmacy's consultation room. The location of the pharmacy was adequately signposted within the hospital. A section of the pharmacy's reception desk was at a lower level to the rest. So, people with mobility difficulties, such as wheelchair users, could access the pharmacy's services. Some team members spoke different languages. And the pharmacy had translation resources available if needed. Members of the pharmacy team were helpful. And they knew what services the pharmacy offered and where to signpost people to if a service couldn't be provided. For example, dispensing of an NHS prescription from outside of the trust.

An electronic prescription tracker system was used to track the progress of each prescription presented to the pharmacy. And it helped the pharmacy team manage its workload more efficiently. The pharmacy kept an audit trail of the people responsible for each stage of the dispensing process from a prescription being clinically screened to it being handed out. The dispensing service was provided by team members working to agreed procedures. Prescriptions were clinically screened by a pharmacist. Dispensed products were assembled by trained staff or trainees who were seen to initial each dispensing label. And medicines were not supplied until they were checked by an appropriately trained checker who was also seen initialling the dispensing label. The pharmacy's team members rotated the tasks they undertook to minimise fatigue and the risks of errors. Prescription interventions were routinely made to make sure what had been prescribed was appropriate and safe for the patient. And, for example, with the agreement of the prescribing clinician, titrating doses of anticonvulsants were sometimes simplified so people only needed to take one type of tablet. Prescriptions were highlighted to alert the team member when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. The pharmacy had processes to make sure appropriate clinical checks were carried out for people receiving high-risk medicines, such as anticoagulants and cytotoxic drugs. Patient information leaflets were routinely supplied. And the pharmacy team routinely provided advice to people on how to take their medicines safely. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. Valproate educational materials were available at the pharmacy.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices in an organised fashion within their original manufacturer's packaging. But some pre-packed medicines were found within inadequately labelled containers. Pharmaceutical stock was subject to date checks, which were documented, and short-dated products were marked. The pharmacy team marked containers of liquid medicines with the date they were opened. The pharmacy

stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. And it also stored its CDs, which weren't exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. The pharmacy team was required to keep patient-returned and out-of-date CDs separate from in-date stock. Members of the pharmacy team were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't decommissioning stock at the time of the inspection. The pharmacy team was uncertain as to when the pharmacy would become FMD compliant due to complications with the medication record system the pharmacy and the trust used. But a contingency plan was in place. Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. The pharmacy had suitable waste receptacles for the disposal of hazardous and non-hazardous waste. The pharmacy had a process for dealing with alerts and recalls about medicines and medical devices. And staff described the actions they would take and demonstrated what records they kept when the pharmacy received a concern about a product.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and the facilities it needs to provide its services safely. Its team makes sure the equipment it uses is clean.

Inspector's evidence

The pharmacy had some glass measures. It had equipment for counting loose tablets and capsules too. And it had separate and dedicated equipment for the handling of cytotoxic drugs. Members of the pharmacy team made sure the equipment they used to measure or count medicines was clean before using it. The pharmacy team had access to up-to-date reference sources. And it could contact the NPA or the trust's medicines information department to ask for guidance. The pharmacy had four medical refrigerators to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded each refrigerator's maximum and minimum temperatures. Access to the pharmacy's computers and the medication record system was restricted to authorised team members and password protected. There were different levels of access to these which was dependent upon the person's role. The computer screens were positioned so only staff could see them. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

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.