

# Registered pharmacy inspection report

**Pharmacy Name:** YourHealth Pharmacy, Out-Patients Pharmacy,  
Mount Vernon Hospital, Rickmansworth Road, NORTHWOOD,  
Middlesex, HA6 2RN

**Pharmacy reference:** 1124486

**Type of pharmacy:** Hospital

**Date of inspection:** 09/01/2020

## Pharmacy context

This is a pharmacy located within Mount Vernon Hospital in Northwood, Middlesex and comes under the East & North Hertfordshire NHS Trust. The hospital specialises in providing services and treatment for people with cancer. The pharmacy provides dispensing services for people who attend the pharmacy during the day for procedures and as outpatients. The pharmacy is regulated by the Care Quality Commission (CQC). It is also registered with the General Pharmaceutical Council (GPhC) as the pharmacy supplies medicines against private prescriptions and sells some over-the-counter (OTC) medicines. The inspection and resulting report only deal with activities associated with its GPhC registration.

## 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
<b>1. Governance</b>	Good practice	1.1	Good practice	The pharmacy ensures that the risks associated with providing its services are identified and managed. It does this by routinely complying with the standards set by the General Pharmaceutical Council (GPhC) and by the hospital. The pharmacy reviews as well as amends its internal processes in response to incidents. This helps to ensure its processes are safe for people who use the pharmacy's services
		1.2	Good practice	The pharmacy routinely monitors the safety and quality of its services. Staff regularly record, review and monitor incidents. They have changed the pharmacy's internal processes to make them safer as a result
<b>2. Staff</b>	Good practice	2.2	Good practice	The pharmacy's team members have the appropriate skills, qualifications and competence for their roles and the tasks they carry out. The team ensures that routine tasks are always completed so that the pharmacy operates 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 and team members ensure they routinely work in line with the pharmacy's standard operating procedures
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Good practice	4.2	Good practice	The pharmacy ensures its services are effectively managed so that they are provided safely. The team makes appropriate clinical checks for people and there are audit trails to verify this
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Good practice

### Summary findings

The pharmacy is operating in a safe and effective manner. It has robust working practices in place. Members of the pharmacy team monitor the safety of their services and learn from them. They protect people's privacy well and understand the need to safeguard the welfare of vulnerable people. In addition, the pharmacy routinely maintains the records it is required to by law.

### Inspector's evidence

This was an organised and well-managed pharmacy. The pharmacy was busy during the inspection and its team members were observed working efficiently to clear the workload. There were a range of documented standard operating procedures (SOPs) present to support the provision of services. This included SOPs to cover private prescriptions and over-the-counter (OTC) sales of medicines. The SOPs had been reviewed in 2019. Staff had read and signed them. They knew their responsibilities. The correct responsible pharmacist (RP) notice was on display and this provided details of the pharmacist in charge of operational activities on the day.

There was enough space for the pharmacy's dispensing activities to take place safely. This included separate workstations. The pharmacy's workflow involved prescriptions initially being handed in at the hatch, they were marked to indicate people who were obtaining the services privately. Relevant details were initially taken down by staff using bespoke docketts (see Principle 4) and people were provided with a number for the queue system. The prescriptions were screened to check that they were clinically suitable for people by pharmacists who worked at separate workstations. They were then sent to a section to be processed, labels were generated before being dispensed by another member of staff and checked for accuracy. The latter took place from a segregated area.

The layout of the pharmacy meant that the different stages occurred in a circular motion with easy access to medicines. Different members of staff were also involved in each of the various processes and this helped reduce the likelihood of errors occurring. The accuracy checking technician (ACT) was not involved in any other process other than the final check, and there was an SOP to cover this process. In addition, the team had introduced a further screening section at the back for a pharmacist to extensively clinically screen prescriptions for people receiving chemotherapy. During the inspection, the RP was positioned here. There were audit trails to verify when and who completed each of the different processes (see Principle 4).

The pharmacy had completed risk assessments about the pharmacy's procedures. During the processing and dispensing stages, staff described conducting a three-way check of the prescription, generated label and medicine. They incorporated a date-check of medicines whilst they were assembling prescriptions and used stickers to highlight medicines that were being supplied and due to expire in the next six months. Staff were informed about their near misses at the time. They were routinely recorded, reviewed and trends or patterns seen were shared with the team every month. Team members also took it in turns to formally review the near misses so that they could all learn from the process. A summary was created and placed on the noticeboard once the details had been brought to the attention of everyone. In response to this, it had been noted that patient information leaflets (PILs) were not always being provided at the dispensing stage, the team had subsequently created a folder and placed this within easy access on this workspace. They ensured stickers were available for

medicines that were due to expire and to highlight chemotherapy. Staff had also highlighted the steps required during the dispensing procedure by using notes on the workspace and this helped to reinforce processes.

The process for incidents involved correcting the mistake, discussing the situation with staff, recording the details on Datix and amending the pharmacy's internal procedures as well as the SOPs. The pharmacy held a documented complaints process and the manager usually handled incidents. Previous incidents had involved a hand-out error. The pharmacy had subsequently changed some of its internal processes. This included ensuring dispensed prescriptions were stored in the retrieval system as soon as they had been checked. This helped keep workspaces clear. The team required a second person to accuracy check prescriptions with chemotherapy and medicines placed outside of their original containers were opened and the contents checked upon hand-out.

A prescription tracking system monitored the pharmacy's processes as well as the time to completion. A monitor in the waiting room helped people waiting for their prescriptions to know where they were in the queue and when their prescriptions were ready. The pharmacy obtained feedback from people by conducting weekly surveys. There was a lockable box in the waiting area to obtain comments or suggestions and information on display for people to access details about the hospital's Patient Advice and Liaison Service (PALs). The RP explained that the pharmacy obtained updates every month from the surveys, its waiting times had improved, the pharmacy was efficient, and it had received 100% positive feedback in the last two months. The team ensured that people were always kept informed and they routinely took down contact details if issues were identified.

The pharmacy protected people's private information appropriately. Confidential information was retained within the dispensary, 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, they completed mandatory training on information governance and data protection. Team members could identify signs of concern to safeguard vulnerable patients. They referred to the pharmacists in the first instance for advice and knew where to access relevant contact details if escalation was required. The team was trained as part of their induction processes and this consisted of mandatory training through the hospital. The RP record, records of private prescriptions, unlicensed medicines and a sample of registers seen for CDs were maintained in line with statutory requirements. The pharmacy held appropriate professional indemnity insurance to cover its services.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has enough staff to manage its workload safely. Its team members are well qualified. They understand their roles and responsibilities. Team members have access to resources that help them to complete regular and ongoing training. This keeps their skills and knowledge up to date. And they routinely ensure that the pharmacy operates in line with its standard operating procedures. This has helped make the pharmacy safer.

### Inspector's evidence

The pharmacy's staffing profile consisted of three pharmacists, one of whom was the manager, two pharmacy technicians, an ACT and two dispensing assistants. Staff were trained through accredited routes. The team's certificates of qualifications obtained were not seen but all the team members were wearing identity cards with their names. As contingency for leave or absence, cover could be obtained by using locum staff. Staff rotated between jobs and different stations to help prevent complacency and increase their skill mix.

The manager explained that only a small quantity of Pharmacy (P) medicines were sold to staff from the hospital and people using the pharmacy's services. Team members asked a range of appropriate questions before they sold OTC medicines and referred to the RP as needed. The team's initial training included a four-week overlap where staff learnt about the pharmacy's various processes and to assist with ongoing training needs, the team had access to online resources, training through the Trust and mandatory training. They were also provided with relevant literature and took instructions from the pharmacists. Formal appraisals were conducted twice a year. Team meetings were held once or twice a week and as they were a small team, they communicated and discussed details verbally. The superintendent pharmacist was also described as keeping the team informed about updates as they attended the pharmacy every week.

## 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 of an average size with enough space for dispensing processes to take place safely and for stock to be stored appropriately. As described under Principle 1, there were separate areas for dispensing processes and pharmacy activities to take place. The back workspace also included a marked, separate area to dispense cytotoxic medicines. Every station was clear of clutter and the pharmacy was organised. There was a hatch with a small waiting area at the front of the premises and staff served people here to access medicines. The pharmacy was professional in appearance, it was clean, well ventilated and suitably lit. There was a notice on display to inform people that if they required a private area for conversations, they could speak to the pharmacist. Staff explained that a separate area or office could be used to provide private conversations.

## Principle 4 - Services ✓ Good practice

### Summary findings

The pharmacy delivers its services using safe and effective processes. The pharmacy's services are accessible to people with different needs. And the pharmacy sources, stores and manages its medicines well. Team members routinely obtain relevant information from people when they hand in their prescriptions. They take extra care to clinically screen prescriptions for people with higher-risk medicines or chemotherapy. This helps ensure that people can take their medicines safely.

### 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 as well as clear, open space outside the hatch. This helped people with wheelchairs or limited mobility to easily access the pharmacy's services. There were seven seats available for people waiting for prescriptions and several car parks within the hospital grounds. The pharmacy's opening hours were on display. Staff described coming into the waiting area outside the pharmacy to speak to people with different needs as this helped to remove the physical barrier between them. There was a hearing aid loop to help communicate with people who were partially deaf and verbal as well as physical assistance was provided to people who were visually impaired. For the latter, the team also called out people's names and numbers instead of just using the electronic system.

The pharmacy obtained its medicines from several licensed wholesalers such as Alliance Healthcare, AAH 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, they described equipment being delivered and due to be set up soon. The team date-checked medicines for expiry every quarter and there were records verifying when this process had taken place. 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. The medical fridge was operating at appropriate temperatures and records to verify this were kept centrally. Drug alerts and product recalls were received via email, stock was checked, and action taken as necessary. An audit trail had been retained to verify this process.

The pharmacy had designated containers to store medicines returned for destruction. This included a designated container for hazardous and cytotoxic medicines and there was a list available for the team to identify them. Details about CDs that were returned for disposal would be entered into a register, segregated and destroyed in line with the Trust's policy. People returning sharps for disposal were signposted to a specific ward in the hospital who could accept and dispose of them.

During the dispensing process, trays were used to hold prescriptions and medicines, this helped to prevent the inadvertent transfer of items. They were colour co-ordinated to highlight priority. There were dispensing audit trails being used by the team to identify staff involved. This included information recorded onto prescriptions and through a facility on generated labels. Dispensed prescriptions were held inside an alphabetical retrieval system. CDs, fridge items, cytotoxic and higher-risk medicines were identified. Uncollected prescriptions were removed every month.

The pharmacy team used bespoke docketts to obtain relevant details when prescriptions were handed in. This included asking about other medicines, allergies, the date of people's last blood test and obtaining consent to access summary care records. There were two screening stations to clinically assess the suitability of prescriptions for people. The first was for outpatient prescriptions, the second for chemotherapy. Pharmacists carried out a more in-depth and extended clinical check at the latter. This involved checking that doses and people's critical blood tests were within the appropriate range as well as whether associated medicines, such as antiemetic's (or anti-sickness medication) had been co-prescribed. If there were any queries or issues identified, the pharmacists checked with the doctors or pharmacists in the clinics. The pharmacy team had created screening information and guidelines for the pharmacy to use. People's blood tests were also routinely checked, details were easily accessible for people prescribed higher-risk medicines such as methotrexate and they were counselled accordingly. Details were recorded and there were audit trails to verify the checks that had been made. Staff were aware of the risks associated with valproates and there was educational material available to provide to people upon supply.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy held current versions of reference sources that they required, the team could also use online databases with access to various protocols. There was a range of clean, crown stamped conical measures for liquid medicines, counting triangles, including separate ones for cytotoxic medicines. The dispensary sink used to reconstitute medicines was clean, there was hot and cold running water available here with hand wash. Computer terminals were positioned in a way that prevented unauthorised access. Staff held their own NHS smart cards and took them home overnight.

### 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.