

# Registered pharmacy inspection report

**Pharmacy Name:** The Pharmacy Shop, Stepping Hill Hospital, Poplar Grove, STOCKPORT, Cheshire, SK2 7JE

**Pharmacy reference:** 1124487

**Type of pharmacy:** Hospital

**Date of inspection:** 02/11/2021

## Pharmacy context

This is an outpatient pharmacy inside Stepping Hill Hospital, near Stockport. The pharmacy dispenses outpatient prescriptions written by Stockport NHS Foundation Trust. It also provides a range of services including smoking cessation, emergency hormonal contraception and blood pressure monitoring.

## 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>	Standards met	1.7	Good practice	Members of the pharmacy team are given regular training so that they know how to keep private information safe.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

### Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were routinely reviewed. Members of the pharmacy team had signed to say they had read and accepted the SOPs.

Near miss incidents were recorded on a paper log. A pharmacy technician reviewed the records each month and discussed any learning points with the team during their weekly meeting. The pharmacist said he would also highlight mistakes to staff at the point of accuracy check and ask them to rectify their own errors. Members of the pharmacy team gave examples of action that had been taken to help prevent similar mistakes, which included moving different strengths of methylphenidate away from each other in the CD cupboard. Dispensing errors were recorded on the Datix recording system. An example of a recent error involved the supply of the incorrect strength of doxycycline capsules. This had been investigated and discussed with members of the pharmacy team.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A pharmacy technician was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. Any complaints were recorded and followed up by the superintendent (SI).

A current certificate of professional indemnity insurance was on display. Records for the RP and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained with running balances recorded and checked weekly. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team completed annual IG training and had confidentiality agreements in their contracts. When questioned, a pharmacy technician was able to describe how confidential information was segregated, to be removed and incinerated. The pharmacy's privacy notice was on display in the retail area.

Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The pharmacist said he had completed level 2 safeguarding training. Contact details for the local safeguarding board were on display. A counter assistant said she would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date. They routinely discuss their work and share learning between members of the team.

### Inspector's evidence

The pharmacy team included two pharmacists – one of whom was the SI, two pharmacy technicians, one trainee pharmacy technician, and a medicine counter assistant (MCA). All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be adequately managed. Staffing levels were maintained by a staggered holiday system. In the event of multiple absences, the pharmacy could request staff from the in-patient pharmacy.

Members of the pharmacy team completed some additional training, for example they attended lunchtime training events held by the in-patient pharmacy team. But these were not compulsory and were not routinely attended by everyone. So learning needs may not always be fully addressed. Staff gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed.

A pharmacist said he routinely worked alongside the SI, and he felt able to exercise his own professional judgement. The pharmacy technician said she received a good level of support from the pharmacist and felt able to ask for extra support if she needed it. The SI conducted appraisals with members of the pharmacy team. A member of the team said she felt able to discuss the feedback she received and challenge any comments she did not agree with.

The staff held weekly meetings about issues that had arisen, including when there were errors or complaints. A record was kept about important information so that it could be shared with staff who were not present. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. There were various targets in place for the pharmacy's services, but staff said they did not feel under pressure to achieve these.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided and steps have been taken to make the premises COVID secure. A consultation room is available to enable private conversations.

### Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and access to it was restricted by use of a gate. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of air conditioning units Lighting was sufficient. Staff had access to a kitchenette and nearby WC facilities.

Perspex screens had been installed at the medicines counter to help prevent the spread of infection. Markings were used on the floor to help encourage social distancing. Staff were wearing masks. Hand sanitiser was available.

Two consultation rooms were available with access restricted by use of a lock. Both were clean in appearance, clutter free, and had a desk, seating, adequate lighting, and a wash basin. The patient entrance to the consultation rooms were clearly signposted.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are provided safely. Members of the pharmacy team complete additional checks when prescriptions are handed in and provide counselling and advice when medicines are handed out. The pharmacy provides a counselling service for people who start on high-risk methotrexate and biologic-type injections, and feedback is given to the patient's clinics so they know if there are any problems. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition.

### Inspector's evidence

Access to the pharmacy was level and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Various posters gave information about the services offered. Pharmacy staff were able to list and explain the services provided by the pharmacy. If the pharmacy did not provide a particular service staff were able to refer patients elsewhere. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

Prescriptions were dispensed for outpatients of SNFT. When prescriptions were handed in, staff would check the patients details and ask whether they had any known drug allergies. After this, each prescription was clinically checked by a pharmacist. This included looking up on the hospital system about whether the relevant blood tests had been completed and were up to date. If it was the first time the patient had been prescribed the medicine, the pharmacist would mark the prescription for staff to refer back to the pharmacist for counselling advice at handout.

The hospital trust had changed their standard outpatient prescription form following the advice of the pharmacy. It had been updated so that prescribers would include the indication on the prescription form to help with the clinical decision making during the clinical check.

The pharmacy team initialled dispensed by and checked by boxes on the prescription to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing was recorded to provide an audit trail if the full quantity could not be immediately supplied. Some prescriptions were sent to a different pharmacy to be assembled. These were prescriptions issued by Pennine Care for patients who were being treated with Clozaril. When these prescriptions were received, they were clinically checked by the Pennine Care pharmacist and then the pharmacy team generated the dispensing labels. The labels and the stock medicines needed to dispense the prescriptions were taken to the company's other premises, which was also located within the hospital, where they were assembled by pharmacy staff and accuracy checked by Pennine Care staff. They were then returned to the In-patient pharmacy to be handed out to the patients. This activity was not covered in the pharmacy's SOPs and there was no written policy to show where responsibilities lay. So the pharmacy was not able to show whether all staff fully understood the process or that the risks were being properly managed. The pharmacy did not offer a routine delivery service, but in exceptional circumstances they provided delivery using the hospital's transport arrangements with a local taxi firm. A delivery sheet was kept of medicines which had been collected by a taxi driver, and signatures from the taxi driver and the patient were obtained as part of the audit trail. Dispensed medicines awaiting collection were kept on a shelf using a numerical retrieval system. Prescription forms were retained,

and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out. Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he would query any prescribing involving patients who were at risk to make sure the prescription was appropriate. The pharmacy provided a methotrexate counselling service on behalf of the gastroenterology, dermatology, and rheumatology clinics. This was a 30-minute counselling session with the pharmacist which people were booked into once commencing methotrexate injections. A checklist, specific to the clinic, was used to ensure all counselling points were covered with the patient and sent back to the clinic for their information. The pharmacist would ensure the patient understood how to use the medication and any other necessary information. A demonstration about how to perform the self-injection was provided and the patient would complete the first dose in the consultation room within the pharmacy. To ensure there was adequate follow up, the patient was supplied with an initial 4 weeks of medication, before returning to the pharmacy for a further consultation and the remaining 8 weeks medication. After this was completed, prescribing would be transferred over to the patient's GP surgery. There was also a similar service for patients commencing biologic-type medicines. Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a quarterly basis. A date checking matrix was signed by staff as a record of what had been checked, and shelving was cleaned as part of the process. Short-dated stock was highlighted in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email. Alerts were printed with details recorded on a separate sheet about the action taken, by whom and when before being filed in a folder.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

### Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and other specialist resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required.

### 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.