

Registered pharmacy inspection report

Pharmacy Name: Boots, Royal Devon & Exeter Hospital Wonford
Hospital, Barrack Road, Exeter, Devon, EX2 5DW

Pharmacy reference: 9010054

Type of pharmacy: Hospital

Date of inspection: 14/05/2019

Pharmacy context

The pharmacy is located within the Royal Devon and Exeter Hospital. It dispenses NHS outpatient prescriptions and sells medicines to treat minor conditions. It also supplies medicines in multi-compartment devices to people being discharged from hospital. It does not provide any other pharmacy services.

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 records its errors and regularly reviews them. It acts well to prevent them from happening again.
		1.8	Good practice	The pharmacy has good processes in place to protect vulnerable people and uses these when needed.
2. Staff	Standards met	2.1	Good practice	The pharmacy has plenty of staff. They are all well trained for their roles.
		2.4	Good practice	The pharmacy has a culture of openness, honesty and learning. Team members are told how they are performing and are supported to develop themselves.
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 identifies and manages risks well. It reviews its practices to make them safer and more efficient. Team members record their errors and learn from them to stop them happening again. Staff are clear about their roles and responsibilities. They work in a safe and professional way. The pharmacy asks people for their views and acts appropriately on the feedback. It has appropriate insurance for its services. The pharmacy keeps up-to-date records as required by the law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members take necessary action to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had processes in place to monitor and reduce risks. Near misses were routinely recorded on a paper log and contain details of the error and a brief reflection on the cause. The timing of near miss incidents was analysed and it had been identified that more errors occurred at lunchtime. The staff had been told to take more care at this time. A document was on display in the pharmacy detailing each team member's commitment to reduce near misses. Several of the commitments involved reducing chatter and noise to improve concentration. A pharmacy advisor said that he felt this had led to a calmer workplace and a reduction in errors.

High risk medicines such as cytotoxics were stored in dedicated shelves, the edges of which were highlighted using striped tape. Dispensing incidents recorded on the pharmacy incident and error reporting system (PIERs). A recent incident had involved an oncology outpatient's prescription being dispensed after the recommended seven-day window. This meant that the person had been supplied with a medicine that was no longer on the treatment plan. Following this incident, the date on oncology prescriptions was circled with a highlighter on receipt and was rechecked by the responsible pharmacist (RP) at the clinical check, and by the accuracy checking pharmacy technician (ACPT) at the final check. The ACPT described how she checked prescriptions in batches according to which department had issued them. She said that by checking oncology, renal prescriptions and genitourinary medicine (GUM) prescriptions together helped her to identify errors more easily.

Caution labels were seen on several shelf-edges, including the locations of amitriptyline and amlodipine, as part of the company's 'look-alike, sound-alike' (LASA) campaign. Laminated signs were displayed on computer terminals listing the twelve drugs highlighted as high risk by the superintendent's office: quinine, quetiapine, atenolol, allopurinol, amlodipine and amitriptyline, prednisolone, propranolol, carbamazepine, carbimazole, azathioprine and azithromycin. All staff were briefed to say the name of LASA drugs out loud when picking to try and reduce errors. The team attached 'Pharmacist Information Forms' (PIFs) to prescriptions containing LASA drugs, or those requiring additional counselling or advice.

The pharmacy team received and reviewed the monthly professional standard document supplied by the company's head office. A locally produced clinical governance document was also reviewed which outlined common themes across the region.

Standard operating procedures (SOPs) were in place and were specific to the service provided by the pharmacy. Several SOPs had additional local guidance to support them, such as the dispensing of systemic anticancer treatment prescriptions. SOPs were up to date and had been recently reviewed and adopted by the regular responsible pharmacist (RP), and had been signed by staff. The SOPs covering RP regulations had recently been reviewed and had been read by all staff. A pharmacy advisor could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities which were documented in the RP SOPs. They were clear on their job role and wore name badges.

Feedback was obtained using a satisfaction questionnaire kept on the counter. Results were reviewed by the manager. A complaints procedure was available in the practice leaflet which was displayed in the retail area. A pharmacy advisor described that the most common complaint was around waiting times. She said that when people complained, she took the time to explain the dispensing process and the additional checks that were required. She said that all team members tried to be very aware of people's emotions when visiting the hospital, particularly those visiting the oncology department.

Indemnity insurance was provided by the XL Insurance Company SENPA and expired on 30 June 2019. RP records were maintained in a log and the correct RP certificate was displayed. There were some omissions in the RP log. The regular RP had not signed out the day before the inspection and the relief RP had signed out pre-emptively.

The pharmacy did not make emergency supplies and did not dispense private prescriptions. Controlled drug (CD) registers were maintained as required by law. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and the general data protection regulations. Patient data and confidential waste was dealt with in a secure manner to protect privacy. The counter had privacy screens installed to allow conversations to be had in private. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. The pharmacy did not have access to the NHS spine and staff did not have smartcards. The relief RP had a smartcard which was stored securely.

All staff were trained to an appropriate level on safeguarding. The RP and the ACPT had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. The remaining staff had completed level 1 eLearning provided by the company.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members are well trained for their roles. They keep their skills and knowledge up to date and are supported in their development. Team members suggest and makes changes to improve their services. They communicate well with each other.

Inspector's evidence

Staffing levels were adequate on the day of the inspection and consisted of the RP, an ACPT, six NVQ2 trained pharmacy advisors and three medicines counter assistants (MCAs). The regular RP, who was the store manager, was at a meeting at head office.

Rotas were completed a week in advance. A holiday planner was displayed on the wall to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours. The ACPT explained that as the prescriptions she checked were different to those normally seen by other ACPTs in the company, her holiday and days off were usually covered by a pharmacist.

The team had a good rapport and felt they could usually manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities which were detailed in standard operating procedures, and tasks and responsibilities were allocated to individuals on a daily basis.

The pharmacy team reported that they were allocated protected time to learn during working hours. Resources accessed included the 30-minute tutors supplied by the company, eLearning packages and revised SOPs. Records of staff training were displayed in the staff room. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. The ACPT said that she regularly sat with the store manager and received feedback. Other staff said that they felt they were supported in their development and were encouraged to progress their careers.

Staff were seen to offer appropriate advice when selling medicines over the counter. An MCA was observed referring to the pharmacist when she was unsure. The staff felt able to raise concerns and give feedback to the store manager who they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The RP described that she felt supported by the store manager and the stores in the wider area. She was in regular communication with pharmacists working in nearby stores. The RP said the targets set were manageable and that they did not impede her professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was located in the Royal Devon and Exeter Hospital, near the main entrance.

A retail area stocked a range of health-related products, toiletries and food. The dispensary was galley style and was spacious. A consultation room was available which was of an appropriate size, but it did not have a computer terminal installed. It was soundproofed and was locked when not in use. It was used to store completed prescription forms, which were kept in cardboard boxes with lids.

The pharmacy was well laid out and presented a professional image. The dispensing benches were uncluttered and the floors were clear. There was a large waiting area with seven chairs. The dispensary counter was fitted with privacy screens.

Cleaning was undertaken by pharmacy staff and the pharmacy was clean on the day of the inspection. The benches were clear of clutter. The pharmacy was light and bright, and temperature was controlled by an air-conditioning unit.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and well positioned in the hospital. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. The pharmacy delivers medicines to other pharmacies to let people collect at a convenient place. It keeps appropriate records of this. The pharmacy obtains its medicines from reputable suppliers. They are stored securely and regularly checked that they are still suitable for supply. The pharmacy deals with medicines returned by people appropriately. It does not always remove people's details from returned medicines which may lead to confidentiality breaches.

Inspector's evidence

It was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A hearing loop was available. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. A pharmacy advisor described how if a patient requested a service not offered by the pharmacy, she would refer them to other departments in the hospital or to nearby pharmacies, calling ahead to ensure the service could be provided there. A sign-posting folder was available with details of local agencies and support networks.

Baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

All prescriptions were clinically checked by the RP. She was observed to interpret each prescription and annotate with exactly what should be dispensed, along with clear dosage instructions. She routinely checked the age of the person, the date of the prescription and which department had issued it. She used online resources such as the BNF to check doses were appropriate. The RP had recently completed cancer services pharmacist training to allow her to check oncology prescriptions, and she had a direct line to the hospital pharmacy in case of queries.

Patients receiving high risk medicines such as Methotrexate, Warfarin and anti-cancer medication were actively targeted to ensure that they received the necessary counselling and patient information. The regular RP had completed an audit of patients who may become pregnant receiving valproate as part of the Valproate Pregnancy Prevention Programme. Stickers were available for staff to apply to the boxes of valproate products for any potential women in the at risk group, and information cards and booklets present to be given to eligible patients at each dispensing.

The pharmacy prepared a small number of multi-compartment medicines devices for people being discharged from the hospital. Each pack had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. Patient information leaflets (PILs) were supplied. 'When required' medicines were dispensed in boxes and the pharmacy advisor was aware of what could and could not be placed in trays. A written record was kept of all medicines supplied to people in multi-compartment medicines devices.

Prescriptions containing omissions were appropriately managed, and the prescription was kept with the

balance until it was collected. One pharmacy advisor was responsible for stock management. Stock was obtained from reputable suppliers and invoices were seen. Appropriate records of unlicensed medicines were maintained.

The pharmacy delivered prescriptions to other stores in the chain for collection. Records were kept of what was delivered, and a process was in place to allow the pharmacy to be alerted when the prescription was collected. A large sticker was applied to all bags of medicines delivered for collection at other pharmacies supplying the contact details of the pharmacy in case of queries.

The pharmacy did not have the required hardware, software or scanners to be compliant with the European Falsified Medicines Directive (FMD). The dispensary shelves used to store stock were generally organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and the entire dispensary was checked every three months. A tracking sheet was completed detailing stock that was due to expire in the coming months. Spot checks revealed no date expired stock or mixed batches. Two bottles of uncollected codeine phosphate syrup had been returned to the shelves but had not been annotated with the batch number. The hospital trust issued a weekly stock balance check sheet which was completed by a pharmacy advisor.

CDs were stored in accordance with legal requirements in an approved cabinet. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded.

The dispensary fridges were clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of two to eight degrees Celsius.

Patient returned medication was generally dealt with appropriately and the pharmacy had a hazardous waste bin. Confidential patient information was not removed or obliterated from patient returned medication. Records of recalls and alerts were seen and were annotated with the outcome, the date and who had actioned it. A pharmacy advisor reported that they were received both by the trust and by the company head office.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy.

Inspector's evidence

Validated crown-stamped measures were available for liquids. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. Reference sources were available and the pharmacy could also access up-to-date information on the internet.

All equipment, including the dispensary fridges, was in good working order and PAT test stickers were visible and were in date. The dispensary sinks were clean and in good working order. Computers were positioned so that no information could be seen by customers, and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves.

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.