

Registered pharmacy inspection report

Pharmacy Name: HHCS Pharmacy (Winchester), Burrell Building (B-Floor), Royal Hampshire County Hospital, Romsey Road, Winchester, Hampshire, SO22 5DG

Pharmacy reference: 9010309

Type of pharmacy: Hospital

Date of inspection: 06/03/2024

Pharmacy context

This is an outpatient pharmacy in a large hospital based in Winchester. The hospital is part of a multi-site Trust covering Christchurch and Poole. The pharmacy provides services to people receiving outpatient treatment at the hospital and supplies some prescriptions on a name patient basis to other units of the same trust. The main hospital activity is regulated and inspected by the Care Quality Commission (CQC).

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 team identifies and manages risks in the pharmacy satisfactorily. Team members record their mistakes and ensure they learn from them to reduce the likelihood of any recurrences. Team members are clear about their roles and responsibilities and work well together. The pharmacy keeps up-to-date records as they should do. The pharmacy keeps people's private information safe and team members understand their role in protecting the safety of vulnerable people.

Inspector's evidence

There were a range of policies and protocols in place, including standard operating procedures (SOPs). These were reviewed every two years by the Superintendent Pharmacist or when there were any significant changes. They covered the relevant GPhC activity and requirements, including responsible pharmacist (RP) regulations and controlled drug regulations. Pharmacy staff had read through these and confirmed they agreed to adopt them. The role of the responsible pharmacist was outlined in the SOPs, so responsibilities and lines of accountability were clear. The team also had SOPs for the rest of the pharmacy tasks which all included the roles and responsibilities of the staff. Appropriate professional indemnity insurance was in place and an insurance certificate was displayed in the dispensary. People were able to raise complaints with the Trust through Patient Advice and Liaison Service (PALS) and online. Details of how to do this were displayed around the hospital and online.

The pharmacy had processes in place to identify, record and learn from mistakes. All near misses were recorded in a near miss log and the errors were recorded on the hospital's Datix system. The data from the incidents would be collated and any risks and trends would be identified every week. The information was analysed, and any key messages or issues highlighted at the end of each month would be shared with all pharmacy staff members and posters highlighting this information would be produced and placed in shared areas such as the staffroom. The hospital's Patient Safety Lead would have a monthly one-to-one meeting with each member of staff to share areas for improvement. The team described how they had changed the process for take-home oncology medicines where they now log who collects patient's medicines and what is sent to other units to ensure they have a more robust audit trail in place.

The pharmacy held a suitable responsible pharmacist record, and a valid Responsible Pharmacist notice was on display in the pharmacy. Controlled drugs (CDs) registers were maintained, and the balance of CDs was checked every week. The maximum and minimum fridge temperatures were checked daily and continually monitored electronically.

Information governance training was mandatory for all staff and repeated annually. Passwords to access the pharmacy IT systems were only known by staff. Confidential material was suitably located, and confidential paper waste was segregated and removed for safe disposal. Safeguarding training was also mandatory for all staff and this was repeated regularly online. The pharmacists and technicians had all completed level 2 safeguarding training, and the hospital had a safeguarding team and concerns could also be escalated according to the Trust's policy. Safeguarding contacts were available for the staff in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. Team members work well together and are supportive of each other. And they have access to training resources to help keep their skills and knowledge up to date. Team members are able to raise concerns and make suggestions.

Inspector's evidence

There were enough suitably qualified and skilled staff present to manage the workload. The pharmacy team at the time of the inspection included one pharmacist and two accredited checking technicians. All the SOPs defined the staff roles which may work under the SOP. Staff were observed working well together during the inspection and following pharmacy specific protocols. Staff received feedback during their appraisals which were held annually on a one-to-one basis with the superintendent pharmacist.

The team had access to regular training, whether online or face-to-face. On the day of the inspection, the pharmacist stated she was going to a training event in the afternoon. The team explained they regularly completed training on the hospital's 'Green Brain' training portal and they had regular meetings where they would discuss training.

Regular team meetings were used to communicate current issues and to provide updates. The pharmacy had an open culture, where staff were able to contribute ideas or raise issues. There was a whistleblowing policy in place and the team had a forum whereby they could provide feedback and suggestions to the hospital trust. Team members were able to work within their own professional judgements and staff were empowered to ask questions and make changes as needed for the benefit of the people using their services. There were no financial incentives within the pharmacy with the focus being solely on patient care.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy and to deliver some services.

Inspector's evidence

The pharmacy was located on the ground floor of the hospital and included a hatch for people to speak to staff and a small dispensary. The dispensary was separated into distinct areas and included a sink for the preparation of medicines and a sink for hand washing. There was also a waiting area outside the pharmacy with seating available if anyone required it. The dispensary fixtures and fittings were clean and in good order, and the pharmacy was well-presented, bright and airy. There was plenty of space for staff to work.

The pharmacy had a dedicated consultation room by the reception area which was kept locked when not in use. Access to the pharmacy was restricted to pharmacy staff only and the pharmacy was locked and alarmed when closed. Cleaning was completed daily and there was a rota in place showing the different cleaning tasks the staff members would carry out.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services effectively, and people with a range of needs can access them. The pharmacy sources and manages medicines safely. This ensures that the medicines it supplies are fit for purpose. Team members identify people taking high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

The pharmacy was open five days a week throughout the year and had business continuity plans in place should any of its systems go down. People could contact the pharmacy by phone if required. The pharmacy was able to produce large print labels for people with poor sight and the team had access to translation services. An induction loop was available should anyone require this.

The pharmacy dispenses outpatient prescriptions for patients in the hospital. There were clear working processes where work would be prioritised, and tasks were allocated to different staff members. All supplied medicines were labelled appropriately, and all high-risk medicines were double checked prior to issue. The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing of valproates to all people in the at-risk group and the team were aware of the need to provide these in original packs.

Team members explained that they dispensed a lot of prescriptions for the dermatology department in the hospital and many of these were for isotretinoin. They explained that they often asked the department for blood test results for patients on isotretinoin but they have had some pushback from the department. As a result, the pharmacy's team members explained that they were working with the department to find a solution which could satisfy the needs of safe supply while also causing minimal disruption for the dermatology department.

The pharmacy sourced stock from various licensed suppliers and direct from some manufacturers. Medicines were stored in controlled environments and monitored continuously. The dispensary had air conditioning to keep all medicines in the acceptable temperature range.

The pharmacy had a suitable waste contract and medicines that had been returned to the department were segregated and sorted prior to disposal. Hazardous waste, inhalers and confidential waste were all disposed of appropriately using the correct disposal methods. Drug alerts and recalls were received by the pharmacy team regularly and any follow-up action was taken as necessary. The recall notices were printed off, annotated to show the action taken and held in a file. Expiry date checks were undertaken on a rolling basis.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure.

Inspector's evidence

There were crown-stamped measures available for use and amber medicine bottles were seen to be capped when stored. There were also clean counting triangles available as well as capsule counters. Up-to-date reference sources were available and internet access was also available should the staff require further information sources.

There were suitable pharmacy facilities including CD cupboard, fridges and freezers used for medicines storage. There were maintenance contracts for the refrigerators and the air conditioning systems. Designated bins for the disposal of waste medicines were available for use and the team also had separate bins for the disposal of hazardous waste.

All computer screens were suitably located and access to computers containing patient data was protected using individual passwords which were changed regularly. All data was saved on secure servers.

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.