

Registered pharmacy inspection report

Pharmacy Name: Rowlands Pharmacy, Sheffield Children's NHS Foundation Trust, Sheffield Children's Hospital, Western Bank, Sheffield, South Yorkshire, S10 2TH

Pharmacy reference: 9010753

Type of pharmacy: Hospital

Date of inspection: 26/03/2024

Pharmacy context

This is an outpatient pharmacy located within the outpatient department of Sheffield Children's Hospital (SCH). The pharmacy dispenses medicines to people visiting outpatient clinics. It also delivers medicines to people's homes across the UK or to one of several local Rowlands pharmacies for people to collect.

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's team members record details of mistakes that happen within the dispensing process. They use these records to continually monitor procedures to ensure they remain effective and further improve patient safety.
2. Staff	Standards met	2.2	Good practice	The pharmacy's team members are well supported to update their knowledge and skills via protected learning time.
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 suitably manages the risks with its services and provides them safely and efficiently. Team members record mistakes they make during the dispensing process. They use the records to identify trends or patterns and make changes to the way they work to reduce the risk of similar mistakes recurring. The pharmacy keeps people's sensitive information secure, and team members know how to safeguard vulnerable adults and children.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) that had been provided by the pharmacy's head office team. The SOPs had been adapted for the outpatient pharmacy environment.

The SOPs covered various processes such as dispensing, the management of controlled drugs (CDs) and responsible pharmacist (RP) requirements. Each team member had read through the SOPs that were relevant to their roles. They signed and dated a document to confirm this. The SOPs were reviewed by the pharmacy's superintendent pharmacist (SI) team every two years. This was to ensure they accurately reflected the pharmacy's way of working. The next review was due to be completed in 2025.

If the responsible pharmacist (RP) identified any errors made during the dispensing process, known as near misses, they informed the person responsible for the error and asked them to rectify the mistake. The pharmacy had a near miss log for team members to record details of each near miss. The log had sections to record details such as the type of near miss and the reason it might have happened. The records were analysed each month by a team member for any trends or patterns. The findings of the analysis were documented into a monthly patient safety report which each team member was required to read. They then signed a document to confirm they had understood the contents of the report. Team members explained how this helped them to learn from each other's' mistakes and improve patient safety. Team members were required to attend a monthly patient safety meeting. During the meeting they discussed ways to improve patient safety by making changes to the way they worked. For example, team members had attached high alert warning stickers to shelf edges to remind them to take additional care when dispensing certain medicines. The pharmacy kept records of any dispensing errors that had reached people. They were reported both via the pharmacy's online reporting system and the hospital's reporting system known as Datix. All incidents were discussed with the team and the hospital's inpatient pharmacy department. The pharmacy had a concerns and complaints procedure in place. However, it was not clearly advertised for people to see. Any complaints or concerns raised verbally with a team member. If the matter could not be resolved by the team member, it was escalated to the SI. Team members described how some people had been dissatisfied with the time taken for the team to dispense medicines. To manage this, the pharmacy displayed several notices in the retail area which explained to people that some complex medicines can take some time to be dispensed and asked people to remain patient while they waited.

The pharmacy had current professional indemnity insurance. At the start of the inspection the RP notice displayed the incorrect name and registration number of the RP on duty. This was changed to the correct details during the inspection. Entries in the RP record complied with legal requirements. CD registers were appropriately maintained. Running balances were regularly audited against physical stock. A random CD was checked against the running balance in the CD register and found to be correct. Records of supplies of unlicensed special medicines were in order. The team maintained a paper record

of the batch number and expiry date of each unlicensed special medicine supplied to people.

Records containing personal identifiable information were kept in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bag to avoid being mixed with general waste. Then it was periodically destroyed via a specialist contractor. Team members understood the importance of keeping people's private information secure and they had all completed information governance training annually. Team members explained they would offer the use of the pharmacy's consultation room if people wished to discuss their health and there was a risk of the conversation being overheard. The pharmacists on duty had completed training on safeguarding vulnerable adults and children. Other team members had completed internal training and were aware of their responsibilities and when they should escalate any concerns. Team members were aware of the local and hospital safeguarding teams contact details.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a skilled team to manage its workload effectively and efficiently. The pharmacy is good at supporting its team members to update their knowledge and skills. The team share learning with other healthcare professionals to support improvements in patient safety. Team members are encouraged to provide feedback and implement changes to the way the pharmacy works to improve service provision.

Inspector's evidence

At the time of the inspection the RP was a locum pharmacist who had been working at the pharmacy for several months. The RP was supported by another locum pharmacist, who had significant experience in working within outpatient hospital pharmacies, four full-time qualified dispensers, one of whom was the pharmacy's manager, and one full-time trainee dispenser. Two of the dispensers had recently completed training to be qualified as pharmacy technicians and were awaiting registration with the GPhC. The pharmacy employed other team members who were not present during the inspection. These included two qualified dispensers and the pharmacy's delivery driver. Despite the pharmacy having a busy workload, team members were observed working well and dispensing medicines under no significant pressure throughout the inspection. They supported each other in completing various tasks and requested the support of the pharmacists when needed for sales of medicines. There was a staff rota displayed on a wall in the dispensary.

The pharmacy provided training material for team members to use. The material was provided via an online programme of modules. Team members were asked to complete mandatory modules periodically. They also completed additional modules in response to their own identified learning needs. Team members who were enrolled on a training course were provided with protected training time to support them in completing their course. The trainee team member described how they felt well supported by the team and was encouraged to ask questions while they worked to help them learn. They had spent time shadowing other team members to help them learn how to complete various tasks. Pharmacists spent some time working alongside the team at the inpatient pharmacy. This allowed the pharmacists to build a better understanding of how the inpatient pharmacy worked and how the teams could support each other. For example, the teams had developed a way of sharing information about stock availability. Appraisals were completed annually and were in the form of a one-to-one conversation between the team member and the pharmacy manager. Team members discussed the parts of their role they felt they were doing well in, and opportunities for additional support.

Team members attended regular team meetings which were organised by the pharmacy manager. They planned workload, discussed patient safety, and were encouraged to provide feedback on ways to improve service provision. The pharmacy manager attended monthly meetings with various hospital staff and the inpatient pharmacy team. During these meetings, they discussed dispensing errors that had happened within both the inpatient and outpatient pharmacies and considered ways to prevent similar mistakes from recurring. For example, following a hand-out error where a patient was supplied an incorrect bag of dispensed medicines, the team had implemented a system to affix the person's address label to the top of prescriptions. This made it easier for team members to cross reference the label against the address documented on the prescription and ensure the medicines were supplied to the correct person. The pharmacy was set various targets to achieve from its head office and the

hospital trust. These included the time taken for prescriptions to be dispensed to be under 20 minutes. The pharmacy was currently operating at an average of seven minutes.

Principle 3 - Premises Standards met

Summary findings

The pharmacy premises are suitable for the services the pharmacy provides to people. And the premises are maintained to a high standard. There is a private consultation room available for people to use to have confidential conversations with a pharmacy team member.

Inspector's evidence

The pharmacy was clean, highly professional in appearance and well maintained. The dispensary was tidy and well organised with designated areas for team members to dispense medicines and for the RP to complete final checks of prescriptions. Floor spaces were mostly kept clear to prevent the risk of a trip or a fall. The pharmacy had a consultation room for people to have private consultations with team members. It was suitably equipped and soundproofed to prevent conversations being overheard by other people in the retail area. There was a privacy screen at the pharmacy counter which provided a semi-private area for people to talk with team members. There was a children's play area located in the retail area. Several children used the area to play while their parents or carers waited for their prescriptions to be dispensed. Toys stored in the area were cleaned regularly to help reduce the risk of the spread of infection.

The pharmacy had a clean sink in the dispensary that was used for the preparation of medicines. There were sinks in both the toilet and staff area which provided hot and cold water and other hand washing facilities. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are made easily accessible to people. The team are well equipped to carry out the necessary checks to support safe prescribing. Pharmacy team members follow robust processes to make sure the pharmacy stores and manages its medicines correctly.

Inspector's evidence

The pharmacy had level access from the hospital reception area. This helped people with wheelchairs or prams access the premises. The pharmacy advertised its opening time via a notice close to the pharmacy's entrance. It included details of arrangements when the pharmacy was closed during a bank holiday. The pharmacy used the hospital translation service to support parents and carers who did not speak English. The team had a good working relationship with the outpatient clinics and staff throughout the hospital. They kept a list of key contact details and were aware of how to contact consultant doctors via their bleep numbers. For example, if the pharmacists needed to query a dose or the directions on a prescription. Pharmacists had access to healthcare related correspondence to people which included hospital notes and letters from consultants to people's GPs. The pharmacists accessed blood results to complete clinical checks of prescriptions. For example, the RP demonstrated how they checked a person's liver function test results when completing a clinical check of prescriptions for methotrexate and isotretinoin. Pharmacists accessed the local prescribing formulary which they regularly used to ensure prescriptions were issued within hospital guidelines. Pharmacists used an electronic guide to support prescribers with their prescribing decisions. For example, they informed doctors which medicines were suitable to be administered via non-oral routes.

Team members used various alert stickers to attach to bags of dispensed medicines. The stickers reminded them to complete an action before they handed these medicines to people. For example, to highlight if a pharmacist felt it was necessary to provide additional advice or counselling to a person. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They explained the advice they would give when valproate was supplied. The team used clear bags to store all dispensed medicines that required cold storage. This was to support team members to complete another final check. The team used a four-signature system to maintain an audit trail of the dispensing process. Each team member signed the prescription when the clinical check, labelling, picking of stock and final accuracy checks had been completed. They used dispensing baskets to keep prescriptions and medicines together to reduce the risk of them being mixed up. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person, and one was kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people including those that had been posted. The pharmacy used the hospital's postal system to post medicines to people.

The pharmacy (P) medicines were stored behind the pharmacy counter. Prescription only medicines were kept in restricted areas of the premises, and they were stored tidily on shelves and in drawers. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The team followed a process to check the expiry dates of its medicines and it was up to date with the process. However, two expired medicines were found in the dispensary following a check of around 20 randomly selected medicines. The medicines had

been marked as short-dated which reduced the risk of them being supplied to people. The CD cabinet was well organised and out-of-date medicines were appropriately segregated. The pharmacy had two medical grade fridges. The team used them to store medicines in that required cold storage. The contents of the fridges were well organised, and the team monitored and recorded the minimum and maximum temperature ranges of both fridges each day. The records seen were within acceptable ranges. The pharmacy received details of medicine alerts via email and the inpatient pharmacy team. A record of the alert and action taken was retained.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to safely manage its services. The equipment is well maintained to ensure it is fit for purpose.

Inspector's evidence

Team members had access to up-to-date reference sources including access to electronic copies of the British National Formulary (BNF) and BNF for children. The pharmacy used a range measuring cylinders, but some were not crown stamped or CE marked. And so, they may not be accurate.

The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private.

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.