

Registered pharmacy inspection report

Pharmacy Name: Royal Free London Pharmacy, Pharmacy
Department (Outpatients), Chase Farm Hospital, 127 The Ridgeway,
Enfield, EN2 8JL

Pharmacy reference: 9011019

Type of pharmacy: Hospital

Date of inspection: 15/11/2019

Pharmacy context

The pharmacy is situated in the hospital at Chase Farm. It dispenses mainly for outpatients of the hospital and people having treatment in the private wing of the hospital. It also sells over the counter medicines to the public. There is a robot dispensing unit. The pharmacy is owned by a separate legal entity to the hospital.

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

Members of the pharmacy team generally try to identify and manage risks effectively. They are clear about their roles and responsibilities. The pharmacy keeps its records up to date. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people. There is some learning from near misses to avoid problems being repeated. But pharmacy team members do not usually log any mistakes they make during the pharmacy processes. So they may be missing opportunities to find any patterns or trends and learn from these to improve their processes.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the hospital. The SOPs covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random and this was found to have been reviewed within the last two years. The SOPs were signed by the pharmacy's team members to indicate they had been read. The written procedures said the team members should log any mistakes in the dispensing process in order to learn from them. They did discuss the issue with the person who had made the mistake. However, the team members did not usually log these mistakes.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice.

The pharmacy did not have any formal process for seeking feedback from people about its services but it had a notice about how to complain on display. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions from private prescribers in a book, but the details of the prescriber and the date of the prescriptions were not always recorded accurately. Prescriptions generated by the NHS hospital trust were recorded on the internal computer system for the Trust. This was not part of the business of the pharmacy but could be accessed to show what had been dispensed and when and on what authority. The controlled drug (CD) registers were up to date and legally compliant. Records were also kept for some Schedule 3 CDs as well as those required by law. The team did regular checks on the recorded balance and actual stock of CDs to ensure that there were no missing entries. Fridge temperatures were recorded daily and were within the recommended range for storing medicines safely.

Confidential waste was separated from normal waste and destroyed by a licensed waste contractor. Confidential material was not accessible by people not authorised to do so. smart cards were used to access the trust computer system and were not shared by the staff.

The registrants present had completed relevant safeguarding training and had access to the safeguarding contacts in the Trust and local safeguarding boards. The non-registered staff had undertaken Trust training on the subject.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe services. The pharmacy team is provided with training by the hospital trust and staff find this useful to help keep their skills and knowledge up to date.

Inspector's evidence

There were two regular pharmacists working in the pharmacy. There were also a registered pharmacy technician and a dispensing assistant who had started working in April and had yet to be put on a formal training course. The pharmacist undertook to do this immediately.

The staff said that training was mostly from the hospital trust, rather than the pharmacy owner. They were up to date with the compulsory training for the Trust. The team had completed training on the General Data Protection Regulation (GDPR), safeguarding, clinical matters, information governance and health and safety.

The staff said that they felt able to ask their employers about matters which concerned them, although they also reported that feedback from the pharmacy owners was often slow. They had requested a ladder to reach the top shelves of the units in the shop, but as they had not been allowed to purchase one yet, had to borrow a ladder from the hospital when they needed to reach the shelves.

There were no targets set for the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare. The pharmacy has enough space to be easily navigated by people using wheelchairs.

Inspector's evidence

The pharmacy shop area was large and well laid out, with medicines displayed on shelves. Pharmacy medicines were displayed where they could not be self-selected. There was bright lighting. The dispensary was also well lit and spacious. It contained a robot to aid product selection in the dispensing process. There was a consultation room, but this was cluttered and did not give the same professional image as the rest of the premises. The pharmacist said that this was their only space for storage and it tended to be used for that. Alternative storage arrangements were discussed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. There could be greater clarity about the shared responsibilities between the Trust pharmacy and this pharmacy in relation to professional checks carried out on chemotherapy prescriptions.

Inspector's evidence

Access to the pharmacy was level from the outside concourse and from the main hospital corridor. It was well signposted from the main doors of the hospital. There were automatic doors at the entrance from the outside and a shutter into the corridor. It was reported that people found the access to over-the-counter medicines useful, and there was quite a significant amount sold.

The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. No emergency supplies were made by the pharmacy, but the Urgent Care centre in the hospital sent prescriptions to them during opening hours.

Most of the prescriptions dispensed were generated by the hospital and had 'advanced electronic signatures'. The prescriptions from the Chemocare department were not on the same computer system, and the pharmacist was not sure if these complied with the legal requirements for signatures on prescriptions. The pharmacists in this pharmacy relied on employees of the Trust to do the clinical screening of oncology prescriptions. When asked, the regular pharmacist did not have access to the service level agreement that might set out the roles, responsibilities and accountabilities of both the Trust pharmacists and this pharmacy's team in relation to these clinical checks. The regular pharmacist said that she would check the service level agreement with the Trust, but she thought that this pharmacy was responsible solely for the accuracy of the dispensing and not the clinical validity of the prescription. The process followed was that each prescription was checked by an oncology pharmacist who put their name on the prescription to show they had clinically assessed it. This involved checking the bloods and other tasks, which the pharmacist was not sure about. It was then dispensed by the pharmacy and given to the person collecting it. If the patient had any questions they would be referred back to the oncology team, if it was beyond the knowledge of the pharmacist present.

Prescriptions for CDs were signed for by patients or their representatives when they were collected. Schedule 4 CD prescriptions were not highlighted to staff who were to hand them out. This would have helped them to ensure that they were not given out more than 28 days after the date on the prescription.

People taking warfarin, lithium or methotrexate, who brought their own prescriptions into the pharmacy or had their prescriptions on repeat, were usually asked about any recent blood tests or their current dose. The reviews of blood tests were recorded on the computer record. So, the pharmacy could show that it was monitoring the patients in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were routinely counselled about pregnancy prevention. The necessary counselling information was available to give to people.

The dispensing robot was filled manually with stock and all stock was given an expiry of the date on the package. This meant that a report could be produced on a monthly basis and the expiring stock removed. The robot was used to dispense most of the prescriptions supplied, and so the number of picking errors was low. It was reported that quantity errors were still common however due to box sizes being 28 and 30 from different manufacturers. The pharmacy got its medicines from licensed wholesalers, stored them in the robot and on shelves in a tidy way. There were 'use first' stickers on the shelves and boxes to indicate items which were short dated. Regular date checking was done.

Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross-contaminate other tablets. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing. The dispensing robot was under a maintenance contract from the manufacturer, and medicines could be taken out of it manually if there was a power shortage. The hospital had emergency generators for power, which supplied the pharmacy.

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.