

# Registered pharmacy inspection report

**Pharmacy Name:** Harrison Wing, Harrison Wing, 2nd Floor, Guy's Hospital, Great Maze Pond, London, SE1 9RT

**Pharmacy reference:** 9011051

**Type of pharmacy:** Hospital

**Date of inspection:** 21/09/2023

## Pharmacy context

This is a registered pharmacy located within Guys Hospital on the 2nd floor of the Southwark wing. It has been open since July 2017 at the current location.

The current services relate to the dispensing of medicines against hospital outpatient prescriptions from the HIV, Sexual Health and Renal departments at the hospital. The opening hours are: Monday- Friday 9am to 6.00pm (Wednesdays 9 am -8.00pm). The pharmacy is currently trading as Lloyds Pharmacy Healthcare 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<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 manages its risks appropriately. It has written instructions to help its team members work safely. It keeps the records it needs to by law. It has the insurance it needs to protect people if things do go wrong. People who work in the pharmacy review the mistakes they make to try and stop the same sort of things happening again. They can explain what they do, what they are responsible for and when they might seek help. They keep people's private information safe. And they understand their role in protecting vulnerable people.

### Inspector's evidence

The pharmacy team used written standard operating procedures (SOPs) issued by Lloyds specifically for their hospital pharmacy service, as well as following Trust policy. These procedures were regularly reviewed and staff had read and signed them.

A near miss log was available to document errors identified before hand-out. Near-miss errors were reviewed and discussed with the team and using the 'safer care' internal process. A near-miss review was completed every month; staff said they all participated to complete this; they noted areas for improvement to prevent errors reoccurring and shared them with the manager. Staff were ticking the strength of drugs when conducting checks and described conducting thorough checks to reduce errors. Dispensing errors were also recorded on the Lloyds internal system 'PIMS' and on the Datix system and these were reviewed and discussed regularly to ensure appropriate learning. Regular meetings were held with Trust to discuss any incidents and feedback and there appeared to be a good working relationship with the Trust.

Colour coded baskets helped staff manage and prioritise their workload and prevented transfer between patients' prescriptions.

All medicines were clearly labelled on the shelves; this helped ensure stock was placed in the correct area when sorting deliveries and helped reduce picking errors.

The dispensers checked if medicines were newly prescribed (prescriptions were screened by hospital pharmacists who ticked a box on the prescription if the medicine was new). The PMR record was also checked to confirm changes/new medicines; any issues were referred back to the trust hospital pharmacists which worked well.

Appropriate indemnity insurance and public liability insurance was in place.

The RP notice was clearly displayed at the front counter and appropriate records of the responsible pharmacist were maintained.

The pharmacy did not provide emergency supplies or dispense or store controlled drugs nor did they dispense any private prescriptions. The pharmacy also did not keep any unlicensed special medicines. Any patients requiring such supplies were referred to the main outpatient dispensary downstairs.

Patient feedback and any complaints were collated and reviewed as part of the regular reviews held

with the Trust management.

Staff had read and signed the company's information governance (IG) policies. Confidential waste was collected in a separate bag and computers were password protected. A consultation room was available for private conversations. Team members had completed online training on safeguarding and team members said they would report concerns online and to the Trust.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough people in its team to deliver safe and effective care. Members of the pharmacy team do the right training for their roles. And they work well together and use their judgement to make decisions about what is right for the people they care for. The pharmacy team is comfortable about giving feedback to help the pharmacy do things better. And it knows how to raise a concern if it has one.

### Inspector's evidence

At the time of inspection the pharmacy was staffed by the responsible pharmacist and 2 dispensers. All staff had completed appropriate training courses for their roles. Staff said there was sufficient cover for the services provided.

The team worked across both pharmacies on the site and staff could support appropriately in the event of annual/sick leave or when required.

The pharmacy team completed ongoing training and this was monitored and overseen by the Health and Safety Operations Manager. Staff also received training from the Trust team in relation to the medical specialities they covered and they also worked closely with the Trust pharmacy team members. The Trust was about to implement a new electronic prescribing and record keeping system (EPIC) and staff were in the process of receiving comprehensive joint training with the Trust on the implementation of this system. Staff said they had opportunities to develop and were provided with protected time to learn.

Team members were kept updated through a weekly newsletter and updates from the Trust and staff were able to provide feedback which was acted on to improve the service to patients. Recently, as a consequence of staff feedback the pharmacy had reorganised the storage of completed prescriptions. Team members knew how and who to raise concerns with if they needed to.

The pharmacy had key performance indicators set by the Trust, but the team said targets did not affect their professional judgement.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are maintained properly and are suitable for providing the pharmacy's services. The premises are secure against unauthorised access, and they are accessible to people with mobility problems.

### Inspector's evidence

The pharmacy was small, but clean, tidy and well lit. The pharmacy had air conditioning and the temperature was appropriate. There was limited workbench space, but this was adequate for the current workload. There was a clear workflow and the workstations were kept tidy and clean. There was a clean sink in the dispensary with hot and cold water for the preparation of medicines.

The team also had access to a consultation room for use when speaking to patients in private and this was kept locked when not in use. The pharmacy was secured out of hours. The Trust also employed security staff who could be called if there were any issues.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy has working practices that are safe and effective. It sources and stores medicines appropriately and securely. And its team is friendly and help people access the services they need. Members of the pharmacy team dispose of people's unwanted medicines properly. And they carry out checks to make sure the pharmacy's medicines are safe and fit for purpose.

### Inspector's evidence

The pharmacy was located on the second floor of the Southwark wing and lifts were available to ensure easy access to all patients.

Prescriptions were clinically checked by the hospital pharmacy staff and patients were asked about any allergies. Staff also confirmed the patients name and date of birth when the prescription was handed in to confirm they had been supplied with the correct prescription. If a prescription was not filled in by the Trust screening pharmacist, they were sent back.

Prescriptions were booked into the prescription tracking system (PTS). Waiting times were displayed on the screen to keep patients informed.

Staff signed the 'dispensed by' and 'checked by' boxes on the medicine labels and on the prescription. Prescriptions were also endorsed as part of the audit trail to identify who had carried out each individual step and check in the process. Staff confirmed items dispensed and their quantities with patients when handing out. They checked the medicine label, medicine pack and prescriptions. Staff were observed reconfirming patient details and any allergies at hand out. The pharmacy did not receive many prescriptions for sodium valproate. However the staffs were aware of the guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP).

The pharmacy supplied people across a wide geographical area and a high proportion of prescriptions were delivered. People were contacted to arrange delivery of their medicines. The pharmacy used different couriers for deliveries. Deliveries were all booked on the system and could be tracked in the event of any problems.

Date checks on stock medicines were conducted regularly these checks were documented. Short-dated products were highlighted and no out of date medicines were found during the inspection. Stock inside the pharmacy fridges was well organised. The fridge temperature was monitored and recorded daily and the records observed were within acceptable limit.

Drug alerts and recalls were received and acted upon promptly.

The pharmacy had the appropriate bins to enable them to dispose of any waste medicines and staff were aware of the need to separate different types of waste.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had a glass measure to measure out liquids and it had equipment for counting loose tablets and capsules too, although it rarely needed to use them. Members of the pharmacy team kept this equipment clean and fit for use when required.

The pharmacy team had access to up-to-date reference sources as well as access to the expertise of the Trust staff and medical information team.

The pharmacy restricted access to its computers. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team.

### 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.