

# Registered pharmacy inspection report

**Pharmacy Name:** Pharmacy@Bucks, Ground Floor, Wycombe  
Hospital, Queen Alexandra Road, High Wycombe, Buckinghamshire,  
HP11 2TT

**Pharmacy reference:** 9011095

**Type of pharmacy:** Hospital

**Date of inspection:** 16/09/2019

## Pharmacy context

The pharmacy is an outpatient pharmacy located in Wycombe Hospital in High Wycombe. The hospital has a cancer centre, a children's ambulatory care centre, midwife led birthing centre, a GP-led urgent treatment centre, specialist cardiology and respiratory services, haematology and in-patient stroke care. The main hospital activity is regulated and inspected by the CQC. The pharmacy dispenses outpatient prescriptions for patients of the hospital as well as NHS and private prescriptions written by hospital doctors.

## 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's working practices are safe and effective. It protects people's private information and keeps the records it needs to by law. People are able to give feedback and make a complaint about the services. The team members follow written instructions to make sure they work safely, and they learn from their mistakes. And they understand how to safeguard vulnerable people.

### Inspector's evidence

The pharmacy team had Standard Operating Procedures (SOPs) in place for all the pharmacy tasks which were reviewed every two years. The SOPs included the roles and responsibilities of the staff and the pharmacy staff members had all signed the SOPs to say they had read and understood them. Appropriate indemnity insurance was in place from the NPA and was valid until the 5th June 2020.

Near misses were recorded by the team and they would be reviewed every week by the pharmacy manager. In these reviews, any trends would be identified, and they would be highlighted with the whole team so they could find areas of improvement. Dispensing errors would be reported on the Datix system and would be shared with the whole team. The team held a meeting at the end of each week to discuss how the week was and what they needed to do to improve their performance. The near misses and incidents would also be discussed in this meeting with the staff.

Patients could raise complaints with the Trust through PALS and those relating to pharmacy were most commonly around waiting times. The pharmacist explained that the team used a tracker to track a prescriptions journey around the dispensary and they had a target to ensure all prescriptions were completed within 30 minutes. Patients could also provide feedback to the Trust online, and details of how to do this were displayed on the pharmacy noticeboard in the waiting area.

The responsible pharmacist record was completed daily and the correct responsible pharmacist notice was displayed in the pharmacy where patients could see it. Controlled drug records were checked every time a medicine was dispensed and a sample of Sevedol 10mg tablets was checked for record accuracy and was seen to be correct. The maximum and minimum fridge temperatures were checked daily and were seen to be in the required 2 to 8 degrees Celsius range. The pharmacy team kept a private prescription book to record the supply of private prescriptions, but they had not yet dispensed a private prescription.

Information governance training was mandatory for all staff and periodically repeated. The team also had a GDPR policy in place. The pharmacy IT systems were password protected and only known by authorised staff and individual passwords were used to access the system. Individual smart cards were used to access NHS summary care records. Confidential material was suitably located, and confidential paper waste was segregated and removed for safe disposal by the NHS Trust. Safeguarding training was also mandatory for all staff and this was repeated annually. The pharmacists had completed Level 2 safeguarding training and the dispensers had completed Level 1 safeguarding training. Safeguarding concerns were escalated through a central point according to the Trust's policy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and are involved in improving pharmacy services.

### Inspector's evidence

The regular staffing profile usually consisted of one pharmacist and two dispensers. Training certificates for the dispensers were displayed in the pharmacy. The team explained that they would have an extra pharmacist who would come from the sister pharmacy in Stoke Mandeville Hospital on busier days and if there was just one pharmacist, lunch times would be covered by a pharmacist from the in-patient dispensary. The team had recently recruited two part time healthcare assistants who would start the healthcare assistant course. The pharmacy manager explained that he was planning on putting one of the dispensers on the NVQ 3 pre-registration technician course, with the other dispenser to start the course 6 months later.

The team explained that training updates would be highlighted in their weekly meetings by the pharmacists and they could also attend various training events at the hospital. One of the pharmacists was completing the post-graduate clinical diploma to include independent prescribing and the team explained they were planning on using this in the future by running clinics. Staff were free to make appropriate judgements which would benefit the service being delivered and there was a no blame culture within the pharmacy which helped to improve the learning environment and ensure that everyone learned from mistakes and errors which occurred. The dispensers explained they had recently asked if they could move all the antibiotics out of the robot as they felt they could dispense them quicker than the robot could and it was easier to check stock levels. The pharmacist had agreed to this and they set about removing all the antibiotics from the robot. The team could raise issues with the pharmacist or management team if required, and whistleblowing was covered as part of the staff induction process.

No commercial incentives or targets were set for staff. The team only had a target to complete 90% of prescriptions within 30 minutes.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect private information and the pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy consisted of a reception area with seats for waiting, a large dispensary with a robot and an office sometimes used as a consultation room. The public would access pharmacy services via a hatch in the reception area. The pharmacy was bright, well-presented and fixtures and fittings were well maintained. The pharmacy was clean and the cleaning was completed daily by contracted cleaners.

Although the pharmacy team did not have a dedicated consultation room, they had an office which they sometimes used for private conversations where required or they would go out to patients and counsel them in a discreet area.

## Principle 4 - Services ✓ Standards met

### Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action.

### Inspector's evidence

The pharmacy is located on the ground floor near to the hospital reception and is easy to locate and accessible to all. There was reception counter and patient seating/waiting area. The team explained they have used their own language skills in the past to help patients who did not speak English understand their medicines. The team also had a language card in the dispensary which they could use to identify a patient's language and then obtain a translator from within the hospital.

Medicines were appropriately labelled with yellow dispensing labels to ensure they stood out against the medicine packaging. Patients were counselled when they attended to collect medication and all staff were trained to undertake this. The pharmacist explained that when prescriptions came in they would be scanned initially so they could be tracked to ensure they were completed within 30 minutes. The prescriptions would then be screened by a pharmacist and any relevant blood test results would be checked, and the full patient profile may be checked if required on the hospital's 'Evolve' system. The prescriptions would then be labelled and dispensed before an accuracy check was completed.

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. The team explained they would also ensure that people on isotretinoin were also on a pregnancy prevention programme.

The pharmacist explained that the pharmacy was registered with Secure Med, but they were not yet compliant with the European Falsified Medicines Directive (FMD). The Trust was working to implement a tailor-made FMD program to use in all their pharmacies and once this was operational, the team would start to use it. The pharmacy obtained medicinal stock from several licensed wholesalers and direct from some manufacturers. Date checking was carried out regularly and records of this were completed appropriately.

There were destruction kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. The fridge was in good working order and the stock inside was stored in an orderly manner. MHRA alerts and recalls came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for aripiprazole solution. The recall notices were printed off, annotated to show the action taken and held in a file in the dispensary.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. Equipment is used in a way that protects privacy.

### Inspector's evidence

There were several crown-stamped measures available for use including 100ml, 50ml and 10ml measures. 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 such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources.

The fridge was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Computer screens, telephones and medicines awaiting collection were suitably located to protect confidentiality.

### 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.