

# Registered pharmacy inspection report

**Pharmacy Name:** The Harley Street Hospital Pharmacy, 19 Harley Street, London, W1G 9QJ

**Pharmacy reference:** 9011111

**Type of pharmacy:** Hospital

**Date of inspection:** 02/06/2021

## Pharmacy context

This pharmacy is part of a small independent hospital. The hospital provides private healthcare services primarily focusing on treatments relating to the spine and orthopaedic care but also other specialties including cosmetic surgery. The pharmacy dispenses medicines for hospital patients usually following day surgery and it also supplies medicines to the hospital's operating theatres and recovery ward. The hospital is registered with the Care Quality Commission (CQC). The pharmacy does not currently provide any services which require it to be registered with the General Pharmaceutical Council. The inspection was undertaken during the covid-19 pandemic.

## 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 has policies and procedures to help make sure it can manage its risks and operate effectively. It maintains the records it needs to by law and it keep people's information safe.

### Inspector's evidence

The pharmacy had standard operating procedures covering the main activities such as dispensing, the responsible pharmacist and controlled drugs (CDs). Some procedures were not relevant to the current activities of the pharmacy. The pharmacist said staff were also expected to follow the hospital's policies and procedures which they could access on the hospital's computer system.

The hospital used a private practice software system. Dispensing labels could be generated but the pharmacy did not have a separate patient medication record system dedicated to recording prescriptions supplies. Prescription supplies were recorded manually in a book. A responsible pharmacist log was maintained, and an RP notice was displayed in the pharmacy. Standard hospital registers were used to record CD supplies. The pharmacy did not keep specials records as unlicensed medicines were not supplied. The pharmacy had incident and near miss logs but no recent errors had been recorded. The pharmacist felt mistakes were rarely made as they were not working under pressure. Pharmacy errors were reported to the superintendent pharmacist (SI) and hospital manager.

The hospital had information governance policies. The pharmacist had signed a confidentiality agreement as part of their employment contract. Confidential information was stored securely, and paper waste was shredded. The pharmacist had completed safeguarding training in a previous role. Any safeguarding concerns were reported to the hospital manager. The pharmacist had very limited direct contact with people accessing the hospital services. They wore a face mask when in close contact with people and followed the hospital's infection control measures.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacist is solely responsible for the service. The workload is manageable. The pharmacist can seek direction or support from the superintendent pharmacist or hospital management if needed.

### Inspector's evidence

The only pharmacy team member was the regular pharmacist who was employed by the hospital. They started working at the pharmacy in November 2020. The workload was manageable. The SI did not work at the pharmacy, but he was contactable and occasionally visited the pharmacy. The pharmacist reported directly to the hospital manager and felt able to raise any issues with them if there was a problem or if they needed advice. There was a hospital whistleblowing policy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services that it provides.

### Inspector's evidence

The hospital was arranged over three floors including the basement of the building. The pharmacy was situated in a room in the basement of the building. It was small and only big enough to accommodate as single person working at a time. It was fitted with shelves and cupboards used for storing medicines, and a small bench was used to assemble of medicines. It was clean, tidy and well organised.

The pharmacy was not accessible to members of the public and it did not have a dedicated consultation room. The pharmacy was windowless. A portable air conditioning unit could be used to control the ambient room temperature. The room temperature was regularly monitored and recorded. There was a small dispensary sink with hot and cold water. The pharmacist had access to toilet facilities on the same floor as the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's working practices are generally safe. It sources, stores and manages its medicines appropriately.

### Inspector's evidence

The pharmacy had reduced its opening hours during the pandemic and was operating four days a week 9.30am to 2.30pm. The website [www.theharleystreethospital.co.uk](http://www.theharleystreethospital.co.uk) provided information about the hospital and the services it offered. People could telephone or email the pharmacy for advice and information.

Hospital prescriptions were received electronically. Most were prescriptions for people who had spinal surgery and needed medicines to take home such as pain killers, antibiotics and anti-inflammatories. Occasional outpatient prescriptions were dispensed. The pharmacist could reference prescriptions against the patient's hospital notes and contact the consultant if they had any queries. The pharmacist was aware of the valproate pregnancy prevention programme. Prescription medicines were handed out to patients at clinics or on the recovery ward.

Medicines were obtained from licensed wholesalers and stored in an organised manner in the pharmacy. All medicines were ordered by the pharmacist. There was no clear stock control system in place and no regular audits of the pharmacy stock were completed. The pharmacy supplied medicines to the ward and theatres as stock. The pharmacist visited these locations to do regular stock checks and reconciliations. Controlled drugs (CDs) requiring safe custody were stored securely. CDs were usually supplied as theatre stock rather than on prescription, using CD ward requisition books so the supplies could be audited. The pharmacist reported any CD related concerns to the SI and the hospital manager.

The pharmacy also supplied some stock medicines to an external private ambulance service. Requisitions were authorised and signed by one of the hospital consultants. This appeared to be wholesale dealing although the pharmacist was unsure if an MHRA licence was in place. The SI subsequently confirmed the license details.

A medical fridge and freezer were used to store cold chain medicines. These were monitored to make sure they remained in an acceptable temperature range. There was a date checking system in place and short dated stock was highlighted and removed from the shelves before it expired. Pharmaceutical waste was removed by an authorised contractor for disposal. The pharmacy had subscribed to receive medicine and medical device email alerts and recalls from the MHRA. These were actioned by the pharmacist and filed for reference.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to deliver its services.

### Inspector's evidence

The pharmacy had a single computer terminal used to access the hospital patient management and IT systems. The systems were password protected. The pharmacist had access to the internet and a range of relevant reference sources. Measuring equipment, containers or cartons were available for dispensing purposes. The pharmacist had access to Personal Protective Equipment, handwashing facilities and sanitiser to help with infection control.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔ Excellent practice</span>	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.
<span style="color: green;">✔ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔ Standards met</span>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.