

# Registered pharmacy inspection report

**Pharmacy Name:** Pride Pharmacy, Royal Derby Hospital, Uttoxeter Road, Derby, Derbyshire, DE22 3NE

**Pharmacy reference:** 9011245

**Type of pharmacy:** Hospital

**Date of inspection:** 17/11/2021

## Pharmacy context

This pharmacy is a closed unit within a hospital. All the people who use the pharmacy are outpatients of the hospital's rheumatology, oncology, haematology, or dermatology clinics. People receive their medicines by post or courier delivery. They do not visit the pharmacy in person. 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>	Good practice	2.2	Good practice	The pharmacy team members have the appropriate skills, qualifications and competence for their role and the pharmacy proactively supports them to address their ongoing learning and development needs.
		2.4	Good practice	The pharmacy team work well together. Team members communicate effectively, and openness, honesty and learning are encouraged.
<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 effectively manages risks to make sure its services are safe. Pharmacy team members work to professional standards and they are generally clear about their roles and responsibilities. They record their mistakes so that they can learn from them and they act to help stop the same sort of mistakes from happening again. Team members have a clear understanding of how to protect vulnerable people and know how to keep private information safe.

### Inspector's evidence

This pharmacy was one of two registered pharmacy premises owned by the same company situated on the Royal Derby Hospital site. This pharmacy dispensed prescriptions which were delivered to people from the hospital's rheumatology, oncology, haematology, or dermatology outpatients clinics. It's operating hours varied in line with workload. The other pharmacy was at the main entrance of the hospital and operated over longer hours. It dispensed the remainder of the hospital's outpatient prescriptions.

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided, with signatures showing that all members of the pharmacy team had read and accepted them. The pharmacist superintendent (SI), who was new to her role, had not prepared the SOPs, but confirmed that she had read them. The pharmacy carried out a dispensing and delivery service for etanercept, which was a treatment for chronic rheumatoid arthritis. This was dealt with in a slightly different way to other medicines in the pharmacy. For example, the clinical check of etanercept was carried out by a pharmacist who worked for the Trust, rather than Pride pharmacy. There wasn't a specific SOP for the service, but the SI agreed to prepare a new SOP for this to ensure people would be fully clear about their roles, responsibilities and who was accountable for what. The pharmacy team members were performing duties which were in line with their role. They were wearing uniforms and identity badges showing their name and role.

Near misses were discussed with members of the pharmacy team and some of the details were recorded on a 'tracker'. Significant dispensing incidents and all errors which left the pharmacy were investigated by the pharmacy and recorded on the reporting system 'Datix'. The Trust had oversight of this which helped to share learning. The operation manager reviewed the incidents and ensured action was taken to prevent any re-occurrence. She gave an example of an issue that had arisen because two different eye drops were in almost identical packaging, so one type was removed from stock. Following liaison with the Trust, issues with the dosage of sulphasalazine and missing warnings from prescriptions were identified and resolved. Learning with the pharmacy team was shared at team huddles, but this not always formally documented. The SI explained that she had identified a need to review the SOP which covered the reporting of near misses and dispensing incidents. She explained that the responsibility was currently with the person identifying the error, but she wanted the person who made the error to carry out a more active role in reflection and document their learning in a more formalised way.

The operation manager had considered the risks of coronavirus to the pharmacy team and people using the pharmacy. The team had introduced several steps to ensure social distancing and infection control.

There was a hand washing and PPE SOP. Members from the team attended the Trust's monthly operation meetings and they followed the Trust's policies on PPE and isolation. Individual staff risk assessments had been completed.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was available in the pharmacy. The RP record was appropriately maintained. The pharmacy did not have any controlled drugs (CDs) on the premises. All members of the pharmacy team had completed information governance (IG) training which included patient confidentiality as part of the Trust's mandatory training. Confidential waste was collected in designated bags which were sealed when full and sent to the hospital's Estates department for destruction with the rest of the hospital's confidential waste. A member of the pharmacy team correctly described the difference between confidential and general waste.

The pharmacists and pharmacy technicians (PTs) had completed level 3 training on safeguarding. Other staff had completed level 1 or 2 depending on their role. The operation manager said she would discuss any concerns regarding children and vulnerable adults with the Trust's safeguarding team, which was always available and had an out-of-hours provision. The SI confirmed that they had the contact numbers of who to report concerns to in the local area, which could be used if necessary.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

Pharmacy team members are well trained and work effectively together. The pharmacy encourages them to keep their skills up to date and supports their development. The team members are comfortable providing feedback to their manager and they receive feedback about their own performance. The pharmacy enables the team members to act on their own initiative and use their professional judgement to the benefit of people who use the pharmacy's services.

### Inspector's evidence

There were two pharmacists on duty at this site, including the SI and the RP, and five other members of the team who were all NVQ2 equivalent qualified dispensing assistants or PTs. The operation manager was a PT. All the staff were multiskilled and could work across the two pharmacy sites. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other. The operation manager described the pharmacy team as very strong. She said they had been through difficult times during the pandemic and the last couple of months had been particularly challenging. As well as transferring staff from the other site and increasing the hours of part-time staff in the team, there was a pool of bank staff (mainly pharmacy students) who could help out, and locum agency staff were also used when necessary. The SI had been in role for around six weeks and had reviewed staffing levels against workload. She said, as well as a long-term absence which was being covered, there was also current vacancy, which they were recruiting for.

Members of the pharmacy team carrying out the services had completed appropriate training and new starters were buddied up with more experienced members of the team. Members of the pharmacy team had individual online learning records. They were required to complete the Trust's mandatory training, which was assigned by role, and they were given time to complete this training. The operation manager was sent alerts if team members fell behind with their mandatory training. One of the dispensers was on a PT apprenticeship, which was an integrated course and included accuracy checking. She was allowed 20% of her working time to study. She was completing a six-month online review with her tutor from the training provider at the time of the inspection. The SI explained she was intending to expand regular protected training time to all roles and would like to introduce specialist clinical training on subjects such as rheumatology and TB, to give the pharmacy team a better understanding of the medicines they were supplying. The pharmacy team had formal appraisals annually where performance and development were discussed. These were carried out by the operation manager with input from the SI. There was a summary of each staff member's training including registration numbers, if relevant. It indicated if they had read the SOPs, where they were up to with the mandatory training, and their appraisal dates.

The team used a messenger system to communicate with each other. There was a group for the whole team and a separate one just for pharmacists. Messages on this were operational in nature and did not contain details about patients. Team huddles had taken place earlier in the year and notes had been retained for these. The SI had written a couple of briefing notes which had been distributed to the pharmacy team. A dispenser said she would feel comfortable talking to the operation manager or SI about any concerns she might have. She felt confident admitting errors and felt that learning from mistakes was encouraged. She said she was often asked for suggestions to improve things.

Team members were empowered to exercise their professional judgement and could comply with their own professional and legal obligations. For example, refusing to supply a prescription, because it was not in line with current guidance. The SI and operation manager said they worked well with the Trust, and if their decision could be justified on the grounds of patient safety, they would be supported. There was a Trust governance pharmacist they could ask for advice. KPI's had been set previously, but they had been relaxed due to staffing issues and the Covid-19 pandemic. Targets associated with delivery times for their services were still in place. The team liaised with the various clinics to set realistic delivery times and had worked hard over the last few weeks to make sure people got their medicines safely and on time.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises provide a professional environment for the provision of healthcare services. The pharmacy is clean and well maintained.

### Inspector's evidence

The pharmacy was in a secure unit which was clean and in a good state of repair. It was fitted out to a good standard, and the fixtures and fittings were in good order. The temperature and lighting were adequately controlled. Maintenance problems were reported to the Trust, who owned the unit, and the response time was appropriate to the nature of the issue. There were Trust cleaners who cleaned the pharmacy regularly under supervision from the pharmacy team. The pharmacy consisted of dispensing and checking areas with some stockrooms and offices. It did not have a consultation room, but the pharmacy at the front entrance of the hospital had facilities for face-to-face communication with people if required.

Staff facilities included a small tearoom, and the staff used the hospital's other facilities which included WCs and wash hand basins with antibacterial hand wash. Hand washing notices were displayed throughout the hospital and hand sanitizer was available at various locations. Team members all wore face masks in line with hospital policy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy services are well managed to help make sure people receive their medicines safely. The pharmacy gets its medicines from licensed suppliers and it carries out checks to ensure medicines are in good condition and suitable to supply.

### Inspector's evidence

People could communicate with the pharmacist and staff via the telephone. The pharmacy team was clear what services were offered from the pharmacy and knew where to signpost people to a service not offered. For example, the other pharmacy in the hospital.

SOPs were in place for deliveries via a courier and Royal Mail. A designated courier delivered all the pharmacy's fridge lines including etanercept, as they had appropriate facilities for maintaining the cold-chain during transit. The courier also delivered all oncology medicines and anything breakable, such as any medicine in a glass bottle. The courier provided a same-day service with a cut off time of 1.30pm, so the pharmacy generally operated in the mornings. All other medicines were posted to people via a Royal Mail tracked service. A 24-hour service was used for urgent medicines, such as antibiotics and steroids, and a 48-hour service was used for non-urgent medicines. Prescribers annotated prescriptions to indicate how urgent the medicine delivery was.

The pharmacy managed people's prescriptions for etanercept, and deliveries to these people were usually made every eight weeks. A patient registration form was completed for each patient which recorded details such as their preferred delivery time and preferred contact number. It was organised so that people always had at least two weeks of medicines in stock, so there was a little flexibility with the workload and deliveries. All patients from the rheumatology clinic were telephoned prior to their delivery to confirm their current address. If the person had been prescribed methotrexate then the dose and form would be checked, and whether they had been prescribed folic acid. A check would be made that blood tests were up to date, and if there were any issues then the prescriber would be contacted before the supply was made.

Space was adequate in the dispensary, and the workflow was organised into separate areas. The dispensary shelves were neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. The pharmacist initialled and dated the prescriptions to indicate a clinical check had been completed.

Recognised licensed wholesalers were used to obtain medicines and they were stored in their original containers at an appropriate temperature. Date checking was carried out and documented on a matrix. Short-dated stock was highlighted. Medicines which were returned to the pharmacy because of a failed postal delivery were destroyed. Failed courier deliveries were very uncommon, as most people had been contacted before the delivery.

Alerts and recalls were received via email messages from the Trust. These were read and acted on by a member of the pharmacy team. A copy was retained in the pharmacy with a record of the action taken



so the team were able to respond to queries and provide assurance that the appropriate action had been taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have access to the equipment and facilities they need for the services they provide. Equipment is appropriately monitored and maintained so that it is safe to use.

### Inspector's evidence

The pharmacy team could access the internet for the most up-to-date information. There were three large clean medical fridges and a freezer. The minimum and maximum temperatures were being recorded regularly, either manually or via an automated logger system, which alerted the team when it went outside the required range. The temperatures had been within range throughout the last month, with some minor exceptions which the operation manager was monitoring. She had liaised with the manufacturer of one of the fridges and had been advised to carry out regular resets to resolve the issue. All other equipment appeared to be clean and in good working order.

### 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.