

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: 21/06/2024

Pharmacy context

This pharmacy is in a closed unit within a hospital which is part of the University Hospitals of Derby and Burton Foundation Trust. People who use the pharmacy are outpatients of the hospital's rheumatology, oncology, haematology, or dermatology clinics. Most medicines are provided as a home delivery service. People usually receive their medicines by post or courier, but they can collect their medicine from the pharmacy if they prefer. The pharmacy dispenses and delivers etanercept (a medicine for rheumatoid arthritis) to patients of the Trust under a separate dispense and delivery contract.

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	2.2	Good practice	The team members have the appropriate skills, qualifications and competence for their roles and the pharmacy effectively supports them to address their ongoing learning and development needs.
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

The pharmacy largely identifies and manages the risks associated with its services to make sure they are safe, and it accurately completes the records that it needs to by law. 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 on the Royal Derby Hospital site. It dispensed prescriptions issued by the hospital's rheumatology, oncology, haematology, or dermatology outpatients' clinics, which were mostly delivered to people's homes. 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 and sold over-the-counter medicines.

The pharmacy had up-to-date standard operating services (SOPs) for the services provided. The SOPs had been compiled by the pharmacy manager and reviewed by the pharmacist superintendent (SI) within the last year. The SOPs had been read and signed by members of the pharmacy team. The dispensing and delivery service for etanercept was dealt with in a slightly different way to other medicines supplied by the pharmacy. There was a separate etanercept dispensing guide which helped the pharmacy team understand the procedures to follow for this service. The pharmacy had not completed any formal risk assessments in relation to this service. Some risks had been identified and mitigated in the Etanercept dispensing Guide. For example, the importance of supplying people with the same brand of medicine had been highlighted as a risk together with some suggested mitigating actions.

There was an agreement between the pharmacy and the Trust that a pharmacist from the Trust carried out a full clinical check of all etanercept prescriptions before they were sent to the pharmacy. This was not set out in the SOPs or the Service Level Agreement (SLA), so members from both teams might not be fully clear about their roles, responsibilities and who was accountable for what. The SI confirmed that the contract service manager would discuss this with the Trust in order to update the SLA. 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.

The pharmacy team used the electronic reporting system Datix to report any errors reaching patients. Near miss errors were recorded electronically on tablet devices which were kept in the dispensary. Reports were completed by the person carrying out the accuracy check. The dispenser was also involved in the completion of the report. Near misses were reviewed weekly and monthly by the pharmacy manager, and coloured charts and tables were produced which helped to identify any patterns or trends. Every month the pharmacy team had a meeting to discuss the near miss review. It was also discussed by the pharmacy management team and at board level. Following a team discussion about a dispensing error which involved a look-alike-and sound alike (LASA) medicine from the oncology clinic, the two medicines had been further separated on the shelves, and the team had

produced checklists for both the accuracy checking process and the dispensing process. They were placed above the dispensing and checking benches to provide a visual reminder of all the checks which should take place. Significant incidents and any learnings were shared at monthly operational and quality assurance meetings between the pharmacy and the Trust.

A period of validation was given to all new members of the pharmacy team, which involved dispensing a set number of items until they had proved that they could dispense safely. A pharmacist assessed this period. Following validation, the pharmacy manager spoke to team members on a one-to-one basis if they were identified as making a higher number of mistakes than other members of the team. Additional training and support were provided if necessary. The meeting was documented, and the HR team was involved. Interventions usually included giving the person a break from dispensing duties for a while, retraining them and giving them the opportunity to shadow another member of the pharmacy team before repeating their validation period (re-validation). An example was given when this approach had been successful for one member of the team, who had completed re-validation, and this had helped them refresh their knowledge of the dispensing process.

The pharmacy had a complaints SOP. Brief details about the pharmacy, including its contact details and the name of the SI and pharmacy manager were on a website (www.D-hive.co.uk). The website didn't highlight the pharmacy's complaints procedure, so people might know how to raise a concern or leave feedback. General queries and concerns about the pharmacy's services were dealt with by all members of the pharmacy team and escalated to the pharmacy manager or SI when required. There was a separate procedure for the Trust to raise a concern about the pharmacy. There were three dispensers who were responsible for the dispensing of etanercept prescriptions, and they also formed the customer service team (CST) for this service. They dealt with telephone queries, liaised with the Trust about missing prescriptions and updated the master spreadsheet, which was used to manage the patient orders and workflow. The CST dealt with queries relating to the supply of etanercept, but most other queries including how to use it were escalated to the Trust's homecare team. The Trust had a dedicated homecare email inbox. The CST checked their own email inbox at least once every day.

A business continuity plan was in place which aimed to ensure that emergency planning roles and responsibilities were clearly defined, and adequate steps were taken to prepare for an emergency and maintain business continuity. Critical incidents covered in the plan included loss of power, severe long term staff shortages, medication shortages, hospital closure and loss of IT system access or data.

Professional indemnity Insurance arrangements were in place. The RP record was appropriately maintained. The pharmacy did not stock or supply controlled drugs (CDs). Private prescriptions were not dispensed.

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.

The pharmacists and pharmacy technicians (PTs) had completed a minimum of level two training on safeguarding children and vulnerable adults. Other staff had completed level one or two depending on their role. One member of the team described a safeguarding concern which she had reported and resulted in the crisis team being sent to a person's home. She had reported the concern to the Trust's safeguarding team and had received advice and support. The Trust's safeguarding team had an out-of-hours provision.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are well trained, and work effectively together. The pharmacy encourages team members to keep their skills up to date and supports their development. 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 three pharmacists, (including the SI and the RP), two PTs and five (NVQ2 or equivalent) qualified dispensing assistants on duty at the pharmacy. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other. The full pharmacy team consisted of around 30 people who were multiskilled and could work across both registered out-patient pharmacies at the hospital. The SI and two PTs made up the pharmacy management team. One PT was the pharmacy manager, and one PT was the contract service manager. Team members worked extra hours or staff were transferred from the other pharmacy to cover absences or increased workload. There was a member of bank staff who could help out when necessary.

Members of the pharmacy team carrying out the services had completed appropriate training and 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. This included subjects such as infection control and safeguarding, as well as fire, and health and safety. Two of the dispensers were on PT apprenticeships, which were integrated courses and included accuracy checking. They were allowed 20% of their working time to study. Training on the etanercept dispense and delivery service was initially provided by the Trust and then it was passed on to other colleagues in the pharmacy team. In-house ongoing training was provided, and new team members shadowed more experienced colleagues until they were fully competent. The Trust could provide refresher training, if necessary. Specific training was provided for the CST by experienced team members. Training included when to call patients, what to do if the patient didn't answer, or if the patient told the CST they had stopped taking their medicines.

The pharmacy team had formal appraisals annually where performance and development were discussed. These were carried out by the pharmacy manager. The pharmacy team communicated with each other via weekly huddles. There were additional weekly huddles specifically for pharmacists, which were more clinical in nature. The RP said he would feel comfortable talking to the pharmacy manager or SI about any concerns he might have, and said they had an open-door policy. A member of the pharmacy team confirmed that they felt confident admitting errors and that learning from mistakes was encouraged. There was an employment engagement survey once each year which was anonymous. The main issue identified at the last survey was that people didn't feel valued or included in decision making. One change which was being considered by the management team was that when SOPs were being prepared or reviewed, they would involve staff at an early stage and that specialist staff would always play a key part in this activity.

The RP confirmed that he was empowered to exercise his professional judgement and could comply with his own professional and legal obligations. For example, refusing to supply a prescription because he was not comfortable that the dose was in line with current guidance. KPI's were set for some elements of the services that the pharmacy provided. These were generally related to delivery times, and bonuses were associated with KPIs, but team members didn't feel under excessive pressure to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment for the provision of healthcare services. The pharmacy team have access to a private room so people can have confidential conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy was situated in a secure unit which was clean and in a good state of repair. It was fitted out to a good standard. The temperature and lighting were adequately controlled, and the room temperatures was being closely monitored. 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 a main dispensary with designated dispensing and checking areas. In addition, there were a couple of offices, a stockroom and a small staff tearoom. Staff used the hospital's other facilities which included WCs with wash hand basins and antibacterial hand wash. Hand washing notices were displayed throughout the hospital and hand sanitizer was available at various locations. There was a hatch into the pharmacy from a corridor where people could collect their medicine from if they preferred. The pharmacy had access to a separate room close to the pharmacy premises, which could be used if it was necessary to speak to people in private. The D-hive website contained brief information about the pharmacy including its contact details.

Principle 4 - Services ✓ Standards met

Summary findings

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

Inspector's evidence

People communicated with the pharmacy team via the telephone or by email. 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 out-patient pharmacy in the hospital.

The Trust's homecare team carried out the registration process for people using the etanercept dispense and delivery service and sent the patient's information to the pharmacy with their first prescription. Most people received their medication every eight weeks. Every month the pharmacy sent an email to the Trust's homecare team with a list of etanercept prescriptions that were due to expire within the next 30 days. The Trust crosschecked this with their information. When the prescriptions were received a check was made and any missing prescriptions were followed up with the Trust. There was a box on the prescription which the pharmacist at the Trust initialled to confirm that a clinical check has been carried out. A pharmacist at the pharmacy was required to check brand continuity, strength, and formulation as well as their normal accuracy check.

Pharmacists working in the pharmacy were able to access clinical records including blood tests, and they carried out clinical checks for all prescriptions, including rheumatology prescriptions, other than those for etanercept. For example, blood tests were checked, and doses confirmed before supplying methotrexate and folic acid to patients. The pharmacy wasn't involved in the registration or ordering of prescriptions for people in other clinics. Patients from these clinics initiated their own repeat prescriptions and the prescriptions were sent electronically or by hand to the pharmacy to dispense and deliver.

SOPs were in place for deliveries via a courier and Royal Mail. A designated courier delivered all the pharmacy's fridge lines. They were packed for delivery in 24-hour medical grade cool bags, which contained a thermostat. Gel packs and blocks were returned to the pharmacy after use, stored in the pharmacy fridges and rotated. The pharmacy had not carried out any independent checks to confirm that the cool bags were working effectively during transit. The pharmacy's management team relied on the manufacturer's assurance that the bags retained the required temperature for 24 hours. The courier also delivered all oncology medicines and anything breakable, such as any medicine in a glass bottle, via a same-day service. Patients or their representatives were required to sign for the deliveries and confirm the patient's date of birth. The courier deliveries were all recorded on a delivery portal, which was used to manage the delivery process. Following communication with the patient a pharmacy team member entered the preferred delivery date onto the portal. Patients were sent a text message with a two-hour slot on the day of the delivery. If the patient was not able to receive the delivery, the medicines were returned to pharmacy. A note was left if the delivery was unsuccessful. The delivery driver was able to enter messages on the portal.

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 usually annotated prescriptions to indicate how urgent the medicine delivery was, and the team knew the criteria for urgent medicines. Medicines which were returned to the pharmacy because of a failed postal delivery were destroyed.

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 and this information was also recorded on the prescriptions. The pharmacist initialled and dated the prescriptions to indicate a clinical check had been completed. Baskets were used to improve organisation in the pharmacy and keep people's prescriptions separate.

There were two stock coordinators who worked at the pharmacy. Stock levels were checked daily. This included both a physical stock check and a check of electronic records held by the pharmacy. Recognised licensed wholesalers were used to obtain medicines and they were stored in their original containers at an appropriate temperature. The minimum and maximum temperatures of the medical fridges were being recorded regularly, either manually or via an automated logger system, which alerted the team when the fridges went outside the required range. The temperatures had been within range throughout the last month, with some minor exceptions. Two of the fridges had maximum and minimum temperatures outside of the required range during the inspection, although the current temperatures were within range. The thermometers were re-set during the inspection and the fridges remained within range. Date checking was carried out and documented on a matrix. Short-dated stock was highlighted.

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 accessed the internet for the most up-to-date information. There were five large clean medical fridges and a freezer. All equipment appeared to be clean and in good working order. IT support was provided by the Trust. This included the prescribing system and the dispensing system. The Trust's IT team were on the hospital site. The systems were stored on protected servers with UK-based off-site backup servers. This ensured data was still accessible in the event of on-site damage and regular data transfers ensured minimal loss of data. Off-site servers were secure from damage by fire and flooding and protected from mechanical or overload failures.

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.