

# Registered pharmacy inspection report

**Pharmacy Name:** Pharmacy @ The Royal, Chesterfield Royal Hospital, Chesterfield Road, Calow, Chesterfield, Derbyshire, S44 5BL

**Pharmacy reference:** 9011312

**Type of pharmacy:** Hospital

**Date of inspection:** 02/02/2022

## Pharmacy context

This pharmacy is in the main entrance of a large hospital. It mainly supplies prescriptions to hospital outpatients but it is registered with the GPhC because it sells over-the-counter medicines and dispenses private prescriptions to people from the community. 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 adequately manages risks and it takes steps to improve patient safety. Members of the pharmacy team work to professional standards and they are clear about their roles and responsibilities. The team has written procedures on keeping people's private information safe and protecting the welfare of vulnerable people. It asks its customers for their views and generally completes all the records that it needs to by law.

### Inspector's evidence

The registrable activities carried out by the pharmacy consisted of selling pharmacy (P) medicines and dispensing a very small number of private prescriptions to people in the community. These activities made up a minimal part of the pharmacy's activities. The pharmacy had up-to-date standard operating procedures (SOPs) in electronic version for the registrable activities. Members of the pharmacy team could access the SOPs and there was a matrix available which showed which members of the team had read and accepted them. Roles and responsibilities were set out in SOPs and the team members were performing duties which were in line with their role. They were wearing uniforms and name badges showing their role. The name of the responsible pharmacist (RP) was displayed on a screen in the waiting area.

The pharmacy team had considered the risks of coronavirus to the pharmacy team and people using the pharmacy and had introduced several steps to ensure social distancing and infection control. Individual staff risk assessments had been completed.

Dispensing incidents were reported on an electronic reporting system and learning points were included. Near misses were reported and discussed with the pharmacy team. There were monthly patient safety meetings where near miss and dispensing incidents were reviewed internally and issues were fed back to higher management. Posters highlighting look-alike and sound-alike drugs (LASAs) were on display to remind the team to take extra care when selecting these.

A notice was on display in the waiting area of the pharmacy with the complaint procedure and the details of who to complain to. It also highlighted how people could give feedback about the pharmacy. The pharmacist superintendent (SI) provided assurance that insurance arrangements were in place which covered all the activities carried out at the pharmacy.

Private prescription records were maintained on a spread sheet which was password protected. The RP record was maintained electronically. No controlled drugs (CDs) were supplied as part of the registrable activities.

All members of the pharmacy team had completed information governance (IG) training which included confidentiality. Confidential waste was collected in a designated place and disposed of with the rest of the hospital's confidential information. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public.

All members of the pharmacy team had complete either level 1 or level 2 safeguarding training depending on their role. There were safeguarding policies in place. There was a consultation room available for anyone requiring a confidential conversation. There was nothing on display highlighting that the pharmacy had a chaperone policy, so people might not realise this was an option.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members work well together in a busy environment, and they have the right training and qualifications for the jobs they do. Team members are comfortable providing feedback to their manager and they receive informal feedback about their own performance.

### Inspector's evidence

There was a pharmacist, an accuracy checking technician (ACT), an NVQ2 qualified dispenser (or equivalent), and a trainee pharmacist on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the people who visited the pharmacy. There was an operational lead who was a pharmacy technician (PT). He explained that he managed a team of around 10-15 staff who covered the hospital's inpatient pharmacy as well as this pharmacy. A detailed staff rota was used to allocate duties to the team members. They were all multiskilled and could work in either of the pharmacies. The operational lead explained that this was a very challenging time because absence levels were high due to Covid-19. But there were contingency arrangements for absences as members of the 'ward team' and the 'production team' could assist in either of the pharmacies when necessary. The operational lead had oversight of the workload in the pharmacy as he had access to the screen showing the active prescriptions which were red, amber, or green (RAG) rated depending on how long they had been in the pharmacy. He could therefore arrange for additional staff to come from the hospital's in-patient pharmacy when it was required. Non-essential training, meetings and office duties had been suspended because of the impact of the pandemic on staffing.

Members of the pharmacy team completed trust wide mandatory training, some of which was reviewed annually. Members of the pharmacy team carrying out the sales of medicines had completed appropriate training courses. The pharmacy team were given formal appraisals where performance and development were discussed. The operational lead explained that most communication was either by email or group messenger system. There was also a notice board with laminated posters on display. One member of the team confirmed he knew who to report concerns to. He said it was highlighted on the trust's intranet and could be either his line manager or a designated independent person in the hospital. He said the SI also held monthly listening sessions where people could discuss their ideas for improvements, or any issues they might have. Another member of the team confirmed they were empowered to exercise their professional judgement. For example, refusing to sell a pharmacy medicine containing codeine, because they felt it was inappropriate. Some targets were set, for example they had a target of twenty minutes to complete a prescription. Completion times were very important in the pharmacy but they didn't feel targets ever compromised patient safety.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are safe, secure, and suitable for the pharmacy services provided. The pharmacy is clean and well maintained.

### Inspector's evidence

The pharmacy premises were clean, well maintained and in a good state of repair. The area in front of the pharmacy was free from obstructions, professional in appearance and there was a waiting area with chairs. A hospital cleaner cleaned the pharmacy for half an hour every day. The temperature and lighting were adequately controlled. The pharmacy was fitted out to a good standard, and the fixtures and fittings were in good order. Maintenance problems were reported to the hospital's estates department and the response time was appropriate to the nature of the issue.

There was a wash hand basin with antibacterial hand wash and a separate dispensary sink for medicines preparation with hot and cold running water. The pharmacy team used the hospital's other staff facilities which included WCs. There were information notices about Covid-19, and reminders of the requirement to maintain social distancing. The consultation room was uncluttered, clean and professional in appearance. The availability of the room was highlighted by a sign on the door. This room was used when customers needed a private area to talk.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to most people and they are generally well managed, so people receive appropriate care. The pharmacy gets its medicines from licensed suppliers and ensure medicines are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. The opening hours were advertised in the pharmacy's window. The pharmacy team was clear what services were offered and where to signpost people to a service not offered, or a P medicines which they did not stock. The pharmacy offered a home delivery service although people collecting a private prescription usually waited whilst it was dispensed.

Space was quite limited in the pharmacy, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat, and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Recognised licensed wholesalers were used to obtain medicines and these were stored in their original containers at an appropriate temperature. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. A team member explained what questions they asked when making a medicine sale and knew when to refer the person to a pharmacist. They were clear what action to take if they suspected a customer might be abusing medicines such as a codeine containing product.

## 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. They maintain the equipment so that it is safe and use it in a way that protects privacy.

### Inspector's evidence

Team members routinely wore face masks when working in the dispensary and alcohol hand sanitizer was available. There were Perspex protective screens at the counter to reduce the spread of infection. A current version of the British National Formulary (BNF) was available but the RP explained she used the electronic BNF for the most up-to-date information. There was a clean medical fridge. The minimum and maximum temperatures were usually recorded automatically however the probe was not working at the time of the inspection so the temperature was being monitored manually. It had been within range throughout the previous month. All electrical equipment appeared to be in good working order. There was a backup power supply which could operate two computers in the pharmacy, which could be used in the event of a power failure to prevent disruption to services. There was a selection of clean glass liquid measures with British standard and crown marks. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

### 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.