

# Registered pharmacy inspection report

**Pharmacy Name:** Pharmacy@Bucks, Level 2 Amersham Hospital,  
Whielden Street, Amersham, BUCKINGHAMSHIRE, HP7 0JD

**Pharmacy reference:** 9011315

**Type of pharmacy:** Hospital

**Date of inspection:** 24/05/2021

## Pharmacy context

This is a pharmacy located inside Amersham Hospital in Buckinghamshire. The pharmacy began trading during the COVID-19 pandemic in 2020. It is registered with the General Pharmaceutical Council (GPhC) to dispense and supply medicines against outpatient prescriptions. The pharmacy holds a Service Level Agreement (SLA) with the NHS Trust Hospital for this activity. It does not have an NHS contract and no sales of over-the-counter medicines take place. The pharmacy does not currently provide any other services. This inspection took place 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	1.1	Good practice	The pharmacy actively identifies and manages the risks associated with its services. Staff are involved in modifying internal systems to make processes safer.
		1.2	Good practice	The pharmacy regularly reviews and monitors the safety and quality of its services through routine recording and review of near misses and incidents.
<b>2. Staff</b>	Standards met	2.2	Good practice	Members of the pharmacy team are competent. They have the appropriate skills and qualifications (or are enrolled on accredited training) for the roles and the tasks they undertake.
		2.4	Good practice	The pharmacy has embedded a culture of openness, learning and honesty into its practice. Its team members are provided with training resources and staff are given time to complete this. This helps improve their knowledge and skills.
<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 identifies and manages risks well. This includes the risks associated with COVID-19. The pharmacy's team members regularly monitor the safety of the pharmacy's services by recording their mistakes and learning from them. Staff are trained to protect the welfare of vulnerable people. The pharmacy protects people's private information appropriately. And it keeps the records it should.

### Inspector's evidence

The pharmacy was clean, tidy, and organised. It had an appropriate range of standard operating procedures (SOPs) to provide guidance to the team about the services it provided. They had been reviewed in 2020 and the staff had read and signed them. The superintendent pharmacist described updating and creating new SOPs as the service had progressed and in response to the pharmacy's internal processes changing. The pharmacy had systems in place to identify and manage the risks associated with its services. This included limiting the spread of infection from COVID-19.

Information was displayed at the Hospital entrance asking people to wear a mask upon entering. The team had been provided with personal protective equipment (PPE) and staff were wearing masks at the time of the inspection. They washed their hands frequently and cleaned the pharmacy regularly. The staff had also received both doses of the COVID-19 vaccination. Risk assessments for COVID-19, including occupational ones for the team had been completed. The team had been using the Hospital's testing system for COVID-19 and isolating appropriately if required. The pharmacy had a business continuity plan in place. The superintendent pharmacist (SI) was aware of the requirement to report any cases of staff contracting COVID-19 during work. The Hospital trust also had a policy in place for this.

Staff routinely recorded their near miss mistakes. They were formally reviewed every week during the pharmacy's safety meetings and discussions were held with the team. Medicines that had been involved in errors, were identified. Dividers had been placed between medicines to help identify and prevent mistakes from happening again. Staff were informed to raise their awareness. Incidents were recorded, handled appropriately, and reviewed with the team so that the staff could contribute to modifying the pharmacy's internal procedures. An example included the team requesting the creation of a 'safe and legal' book. This included a complete record of the pharmacy's daily relevant tasks and various records so that the details could be easily found in one location and audited. Various other auditable processes had also been implemented. This included details about who received the pharmacy's medicine order, who booked it in, and which member of staff put this away. In addition, the SI routinely identified and reviewed the risks associated with the pharmacy's services (see below and Principle 2).

People's feedback could be obtained through an electronic system in the pharmacy's waiting area. As this involved a touch screen, the SI explained that fewer people had been using this because of the pandemic. The pharmacy team routinely tried to identify the cause of the issue and to learn from complaints. Staff had also implemented weekly team meetings so that relevant details could be easily discussed and resolved. The SI described an example of people complaining about their prescriptions not being ready. On investigating, he completed a root cause analysis and isolated the root of the problem. Nurses had been telling people that their prescriptions were ready when they had

only been generated by the doctor at the clinic. It took several more days for the prescription to reach the pharmacy and then for the pharmacy to process them. Once this had been communicated to the directors and after much reinforcing, this practice by the nurses had now stopped and the issue had been resolved.

The pharmacy protected people's confidential information appropriately. There were no sensitive details that could be seen from the area where people waited for their prescriptions. Confidential waste was segregated and held in designated bins before being appropriately destroyed. Computer systems were password protected. Pharmacists were trained to level three to safeguard the welfare of vulnerable people and dispensing members of staff were trained to level 2. They had completed mandatory training through the Hospital trust's e-learning system and knew who to refer to in the event of a concern.

The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. The pharmacy's records were compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs) and the responsible pharmacist (RP) record. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. The team routinely checked the stock balances. The pharmacy's professional indemnity insurance was through the National Pharmacy Association. Records verifying that fridge temperatures had remained within the required range had been completed. The 'safe and legal' records that the team had created had also been completed in full.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload appropriately. Team members have completed the required training for their roles or are enrolled onto suitable training courses. And the pharmacy continually provides them with resources for their ongoing training. This helps keep the team's knowledge and skills up to date.

### Inspector's evidence

The pharmacy's staffing profile included pharmacists, dispensers, technicians, and staff in training who worked at the pharmacy's other site in Stoke Mandeville. Staff worked at this site on a rota, contingency arrangements involved the superintendent pharmacist and pharmacists based at the other hospital. The SI was present at the inspection and confirmed that because of the low footfall and workload, only one pharmacist and dispensing member of staff worked here at any one time. This was enough staff to manage the workload and the team was up to date with this. Few walk-in prescriptions were seen but staff also prepared prescriptions from the Hospital's outpatient clinics. The team wore identity cards. Certificates of the staff's training to verify their qualifications were not seen at this site but the competence of the member of staff who was present during the inspection was visible.

The latter was undertaking training for the NVQ3 in dispensing. He was given time at work to complete this and described being supported by the pharmacists. In turn, qualified staff supervised new members of the team and provided support to them. The member of staff present had regular performance reviews and was confident to raise issues if needed. Staff meetings were held every week so that any concerns, incidents, or points of interest could be easily raised and discussed. Members of the pharmacy team had access to the hospital trust's e-learning system. They completed mandatory training on various topics and regular reports of the completion as well as any training required were provided to the SI to monitor.

There were some formal targets in place with the trust. This included monitoring the safety of the service that the pharmacy provided and its efficiency. The latter included how quickly prescriptions were dispensed and supplied with the average waiting time calculated. This was monitored electronically but also manually. The SI confirmed that these targets did not compromise the safety of the pharmacy's working practices. When the workload was high, staff worked towards ensuring that the service they provided was safe first. The SI attended a contract meeting every month with the trust where any concerns, issues and if targets were not met were fed back. Minutes were taken in the meetings and records kept. The SI compiled an exception report which used a colour coded system to effectively highlight how the pharmacy had been performing. If the workload couldn't be easily managed, this was highlighted as a risk and appropriate action was taken to help the team.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a suitable environment to deliver healthcare services. It is clean with plenty of space available to provide its services safely. And the pharmacy has an appropriate area where confidential conversations can take place.

### Inspector's evidence

The pharmacy was clean, bright, and well ventilated. It was professional in its appearance. The dispensary was large with plenty of space for the team to carry out dispensing tasks safely. There was also enough space for staff to socially distance and different workstations for various activities to take place. The seats in the pharmacy's waiting area had been appropriately spaced apart so that people could wait for their prescriptions away from one another. A notice was on display by the pharmacy hatch informing people that if they required a confidential area to discuss private details, this was available. A separate consultation room was present inside the dispensary for this. This room was by the dispensary entrance, away from any confidential information. It was spacious and suitable for its intended purpose. The hospital itself had screens in front of the reception area, posters on display asking people to wear masks upon entry and a hand sanitising station at the entrance. Only four people at a time could use the lifts and there were markers on the floor here to indicate where people could stand.

## Principle 4 - Services ✓ Standards met

### Summary findings

People can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources. It stores and manages its medicines well. And the pharmacy regularly identifies as well as advises people with higher-risk medicines so that they can take their medicines safely.

### Inspector's evidence

The pharmacy was located on the ground floor close to the main reception area of the hospital. It could be reached by lifts and stairs and was signposted around the hospital. The hospital had car parks, automatic doors at its entrance and wide aisles. The pharmacy had clear, open space outside its hatch. This helped people with restricted mobility to easily access the pharmacy's services. A few seats had been placed in the pharmacy's waiting area, the pharmacy's opening hours and a few posters providing relevant information were on display. This included one informing people about how they could access assistance outside of the pharmacy's opening hours. Staff explained that they would speak clearly to people who had different needs, such as someone who was partially deaf. They also checked and reinforced their understanding and could speak several different languages for people whose first language was not English. Representatives were also used to help translate if needed.

The pharmacy did not provide any additional services and it only dispensed medicines against prescriptions obtained from the Hospital's outpatient department and clinics. The workflow involved prescriptions being taken in at the hatch or given to the pharmacy from the clinics. They were first validated and clinically screened by the pharmacist before being prepared by dispensing staff. Both the pharmacist and the team member worked in different areas of the dispensary. The RP also checked medicines for accuracy from another section. Staff used colour coded trays to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them and identify priority. Once staff generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail. Further audit trails included the pharmacist's clinical screen and as a third check, when bagged prescriptions were handed out.

Prescriptions for higher risk medicines were routinely identified, people were appropriately counselled by pharmacists and full clinical screening including checking blood test results took place before supply. When bagged prescriptions were handed out, people were always counselled by pharmacists. Staff were aware of the risks associated with valproates, a poster was on display about this and there was literature available to provide to people at risk.

The pharmacy's stock was stored in an organised way. CDs were stored under safe custody. The pharmacy used licensed wholesalers such as AAH and Alliance Healthcare to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated medicines were identified and separated. Medicines returned for disposal that had been dispensed by the pharmacy, were accepted by staff, and stored within designated containers before being collected. The pharmacy did not accept sharps, people were referred to their clinics who could take this from them. Drug alerts were checked by the pharmacist regularly and actioned appropriately. Records had been kept verifying this.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean. And used appropriately to protect people's private information.

### Inspector's evidence

The pharmacy had a suitable range of equipment and facilities. This included current versions of reference sources, clean, standardised conical measures for liquid medicines, counting triangles, legally compliant CD cabinets and an appropriately operating pharmacy fridge. The dispensary sink for reconstituting medicines was clean. There was hot and cold running water available. Computer terminals were positioned in a manner that prevented unauthorised access. The pharmacy had cordless telephone so that private conversations could take place if required.

### 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.