

Registered pharmacy inspection report

Pharmacy Name: SWFT Clinical Services Ltd, George Eliot Hospital,
Lewes House, College Street, Nuneaton, Warwickshire, CV10 7DJ

Pharmacy reference: 9011317

Type of pharmacy: Hospital

Date of inspection: 07/11/2024

Pharmacy context

This outpatient pharmacy is located within George Eliot Hospital in Nuneaton, Warwickshire. It is a wholly owned subsidiary of South Warwickshire NHS Foundation Trust. The hospital is managed by The George Eliot Hospital NHS Trust and its activities are regulated by the Care Quality Commission. The outpatient pharmacy is registered with the General Pharmaceutical Council so it can sell over-the-counter medicines and dispense outpatient prescriptions.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	N/A	N/A	N/A
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

Overall, the pharmacy has safe and effective working practices. It identifies and manages the risks associated with its services and it keeps the records it needs to show that medicines are supplied safely. Team members record and review their mistakes so that they can learn and improve from these events. The pharmacy keeps people's private information securely and it has procedures to safeguard vulnerable people.

Inspector's evidence

Team members had access to the NHS Trust's policies, business continuity plan and standard operating procedures (SOPs). Some of the pharmacy's SOPs had not been reviewed since 2022. The superintendent pharmacist (SI) provided assurances that these were in the process of being reviewed. There were several policies such as the whistle blowing policy, privacy policy and safeguarding policy not available at the time of the inspection. These were submitted after the inspection. Team members had read and understood the SOPs. And they could explain the tasks they could not undertake in the absence of a pharmacist.

The correct responsible pharmacist (RP) notice was displayed. At the time of the inspection, both pharmacists appeared to be very busy and could not fully engage in the inspection process. A pharmacy technician led the inspection. They were competent and demonstrated good knowledge about how the pharmacy operated.

Patient safety incidents were recorded on an electronic recording system, and learning points were identified and discussed with the team. Mistakes that were spotted before the medicine left the pharmacy (near misses) were recorded and discussed with individual team members involved to ensure they learnt from their mistake. Learnings were also shared with the team during regular meetings and discussed during governance meetings to highlight what actions had been taken to minimise recurrence. Details of how to raise a complaint were displayed in the pharmacy waiting area. The pharmacy used the hospital complaints procedure. People could raise concerns or provide feedback by scanning a QR code or by contacting the Patient Advice and Liaison service (PALS). The pharmacy technician said that team members always endeavoured to resolve complaints locally.

The pharmacy protected people's confidential information appropriately. There was no confidential information visible to people visiting the pharmacy; prescriptions were stored out of sight in the dispensary. An Information Governance (IG) policy was in place and staff received mandatory IG training annually. Access to the pharmacy's computers and the patient medication record (PMR) system was restricted to authorised personnel and was password protected. Confidential waste was separated and collected by the Trust for secure disposal.

A sample checked of the pharmacy's records found these were kept in line with requirements. These included a sample of private prescription records, CD registers, and the RP records. Running balances on all CDs were kept and full balances were audited intermittently. The physical stock of several solid dose forms was checked against the recorded balance, and was found to be correct. A separate register was used to record patient-returned CDs. Professional liability and public indemnity insurance was in place.

The pharmacy used the Trust's comprehensive safeguarding policy and there was a designated safeguarding lead for team members to report any safeguarding concerns. All team members had completed safeguarding training relevant to their roles and responsibilities. However, the pharmacy did not have information about its chaperone policy displayed in the consultation room. This was pointed out during the inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its current workload safely. Team members work well together, and they can raise concerns or make suggestions to help improve the pharmacy's services. And they have access to training resources to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team comprised of two pharmacists, four qualified dispensers and two accuracy checking pharmacy technicians. The pharmacy had a couple of vacancies that it was trying to fill. A notice by the medicine counter was displayed informing people visiting the pharmacy that, due to staff shortages, prescriptions were taking longer to dispense. The pharmacy's deputy manager was not present at the time of the inspection. The pharmacy team was also supported by a wider team within the Trust including pharmacists and dispensers who covered the pharmacy at busy periods. On the day of the visit, team members were observed working well together and they were managing the workload comfortably. They demonstrated a good rapport with each other and with people visiting the pharmacy.

The pharmacy had an induction program for its newly recruited team members. All staff were required to complete Trust-led compliance training such as information governance and safeguarding training. Annual appraisals were completed and used to identify training and development needs. Team members had access to the hospital Trust's e-learning system. Completion of mandatory training was monitored.

Team members understood how they could raise concerns via their deputy manager or the SI. Members of the pharmacy team were aware about the whistle blowing policy albeit evidence about this was provided after the inspection. There were some key performance indicators (KPIs) in place which included monitoring the safety of the service and waiting times. The pharmacy technician didn't seem to think that KPIs compromised the team's professional judgement or the safety of pharmacy services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are adequate for the services it provides. They are kept secure from unauthorised access.

Inspector's evidence

The pharmacy was located on the ground floor of the hospital building and it was signposted. Its access was level from the hospital entrance and there was parking available on site. The dispensary was clean and it had enough space for team members to carry out dispensing tasks safely. Dispensary benches were kept tidy and designated workspace was allocated for specific tasks such as assembling prescriptions and for final accuracy checks. There was some seating available for people visiting the pharmacy. Access to the dispensary was restricted and activities carried out in the dispensary were generally out of view of people visiting the pharmacy. A basic consultation room was available to enable people to have a private consultation with a team member if required. Members of the pharmacy team had access to other facilities including canteen and hygiene facilities. There was adequate lighting in the pharmacy and the ambient temperature was suitable for storing medicines safely. The pharmacy was secured against unauthorised access when it was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources, stores and manages medicines safely. And its team members take the correct action in response to safety alerts and recalls to make sure medicines supplied to people are fit for purpose.

Inspector's evidence

The pharmacy provided a limited range of services. Its main activity involved dispensing prescriptions from the hospital's outpatient clinics and take home medication. A prescription delivery service which was provided by volunteers through the Trust was offered to people who did not wish to wait for their prescriptions. The pharmacy technician said that the service did not operate daily and most people opted to wait for their prescriptions.

Team members used baskets during the dispensing process to prioritise workload and minimise the chances of dispensing mistakes. The workflow in the pharmacy was organised. Prescriptions were clinically checked by the clinical pharmacists before they were sent to the pharmacy. Pharmacists and the accuracy checking technicians completed the final accuracy checks in the pharmacy. Dispensing labels were initialled at the dispensing and checking stages to keep an audit trail to show team members involved in each task. Clinical interventions were routinely documented on the Trust's recording system. Team members were aware of the guidance for supplying valproate-containing medicines and the requirement to supply them in their original containers.

Medicines and medical devices were obtained from licensed wholesalers and stored in an organised fashion. Thermolabile medicines were stored appropriately in medical fridges. Fridge temperatures were monitored and recorded daily. Records seen showed temperatures had remained within the required range. Expiry dates on stock medicines were checked at regular intervals and no date-expired medicines were found amongst in-date stock. Short-dated medicines were marked to highlight the expiry date.

All CDs were stored in line with requirements. Access to the CD cabinets was managed by the pharmacists. Waste medicines were stored in designated containers and collected periodically for safe disposal. Cytotoxic medicines and clinical waste were disposed of in appropriate containers. Notices about medicine alerts and recalls were received from the Trust's team and these were actioned appropriately and in a timely manner.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it maintains its equipment and facilities adequately.

Inspector's evidence

Access to the pharmacy computers and PMR systems were restricted to authorised personnel who had individual usernames and passwords. The computer screens were out of view of the public. There were calibrated measuring cylinders available for liquid medicines; Equipment for counting tablets and capsules was clean. All electrical equipment was in good working order. Team members had access to suitable reference sources to verify up-to-date clinical information and to help with providing advice to people.

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.