

Registered pharmacy inspection report

Pharmacy Name: Homecare Pharmacy, Kings Norton Buisness Centre, 32-34 Melchett Road, Kings Norton Business Centre, Birmingham, West Midlands, B30 3HS

Pharmacy reference: 9011634

Type of pharmacy: Hospital

Date of inspection: 13/01/2023

Pharmacy context

This pharmacy is linked to the Queen Elizabeth Hospital (QEH). And it is situated in an industrial estate in Birmingham. It is closed to the public and it mainly dispenses and delivers medicines to transplant patients and those who have attended virtual clinics with consultants-led teams at QEH. The pharmacy does not process any community-issued NHS prescriptions.

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	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 identifies and manages the risks associated with its services well. It has written procedures to help deliver its services safely. Members of the pharmacy team protect people's private information appropriately. And they understand how they can help protect vulnerable people. The pharmacy doesn't always record or review dispensing mistakes that are corrected before they reach people. So, it may be missing opportunities to learn and improve its processes from these events.

Inspector's evidence

The pharmacy had a range of current electronic standard operating procedures (SOPs) issued by the superintendent pharmacist (SI) and training records were available to show that team members had read and signed the SOPs. Staff roles and responsibilities were described in the SOPs and members of the pharmacy team understood the tasks they could not undertake in the absence of a pharmacist. At the time of the visit, the Responsible Pharmacist (RP) notice was not displayed. The RP said that she didn't think she needed to display the notice as the pharmacy was not accessible to members of the public. This was discussed and the correct RP notice was printed and displayed.

The pharmacy had systems to record dispensing incidents. Dispensing errors (mistakes that had been identified after people received their medicines) were recorded and reviewed using the Trust's incident reporting system. The SI oversaw the process of incident management and routinely shared learnings with team members. The RP said dispensing mistakes which were identified before the medicine was sent out for delivery (near misses) were discussed with team members and corrected. But the pharmacy did not routinely record or review near misses to identify any emerging trends.

The pharmacy had a complaints procedure. People using the pharmacy's services were given information about how they could give feedback or raise any concerns about the quality of service received. Feedback could be given by scanning a QR code linked to a feedback form or by contacting the Patient Advice and Liaison Service (PALS). All feedback received from people was reviewed by the SI and acted upon as appropriate.

The pharmacy had current professional liability and public indemnity insurance, confirmed by the SI. Records about RP were kept in line with requirements. The pharmacy did not hold any Schedule 2 controlled drugs (CDs). And it did not dispense any private or community-issued NHS prescriptions.

The Trust had written procedures and mandatory staff training about protecting confidentiality. Members of the pharmacy team completed training about the General Data Protection Regulation annually and this was recorded on individual staff training records. The Trust's information governance policy was included in the induction handbook. The pharmacy's computers were password protected and confidential waste was appropriately managed.

Members of the pharmacy team completed annual mandatory training about safeguarding children and vulnerable adults. The RP had completed level 2 safeguarding training. The Trust's leads and other relevant safeguarding information was also included in the staff induction handbook.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its current workload safely. Members of the pharmacy team 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

At the time of the visit, the pharmacy was staffed by the RP and two qualified dispensers. Members of the pharmacy team worked well together, and they were managing their workload adequately. The RP was kept busy throughout the inspection. The SI arrived shortly after the start of the inspection to help support the team. The Trust had a comprehensive induction and training program to enable team members to work within a hospital setting and in specialised areas such as oncology and HIV medicines. On-going training to support team members to keep their skills and knowledge up to date was overseen by the Trust's pharmacy education and training team. Training undertaken by team members was recorded and it formed part of their personal development plan.

Members of the pharmacy team could raise concerns with their SI or Chief Pharmacist. And regular team meetings also provided team members opportunities to feedback or raise any concerns. The staff induction handbook included the whistle blowing policy. Members of the pharmacy had a set of key performance indicators (KPIs) to meet. But they did not feel their professional judgement or patient safety was compromised by the KPI's. KPI's were also used to monitor workload levels and help to ascertain whether the staffing levels were correct and the skill mix was appropriate in the pharmacy.

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 premises were in an industrial estate and they were not open to members of the public. The pharmacy was in a self-contained room and it was fitted to a basic standard; it was adequate for the current activities undertaken by the pharmacy. There was just about sufficient floor and workspace to undertake the workload safely. There was adequate lighting in the pharmacy and the ambient temperature was suitable for storing medicines safely. Members of the pharmacy team had access to clean hygiene facilities and a separate sink was available for hand washing. The pharmacy was secured against unauthorised access when it was closed.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and effectively to help make sure that people receive appropriate care. It gets its medicines from reputable sources and stores them properly. It takes the right action in response to safety alerts and recalls so that people get medicines and medical devices that are fit for purpose.

Inspector's evidence

The pharmacy provided a very limited range of services, and at the time of the inspection it was solely dispensing hospital prescriptions generated by the consultants at the QEH. The non-urgent prescriptions were mainly for transplant patients who had attended virtual appointments with their consultants. The service somewhat relieved the workload in the main outpatient pharmacy at the QEH to enable that team to focus on more urgent and complex prescriptions.

Dispensed medicines were dispatched using a courier service and the pharmacy kept appropriate records about deliveries to provide an audit trail. Failed deliveries were returned to the pharmacy and a note was left for the person to contact the pharmacy to re-arrange the delivery. The SI said that there weren't many failed deliveries as the courier company informed people in-advance about the delivery of their medicines and the person could arrange an alternative day if necessary. The pharmacy did not stock or supply medicines that required cold storage or CDs. And it did not sell or supply any pharmacy-only medicines on-line.

Members of the pharmacy team used baskets during the dispensing process to prioritise workload and minimise the chances of any dispensing mistakes. The workflow in the pharmacy was sufficiently organised. The RP undertook clinical checks on all prescriptions as part of the clinical screening process. And any clinical interventions were recorded on the Trust's system. All dispensed items were checked by the RP. The pharmacy provided its contact telephone number to all its patients in the event of any queries about their medicines.

The pharmacy obtained its medicines and medical devices from licensed wholesalers and special suppliers. This was overseen by the pharmacy procurement team. No date-expired medicines were found in amongst stock. Short-dated medicines were marked for removal at an appropriate time. Waste medicines were stored in designated bins. The pharmacy had a process to deal with safety alerts and medicines recalls. Drug alerts and recalls were dealt with by the procurement and medicine safety advice teams. Records about alerts and recalls and the action taken by the team were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had an internet connection and team members had access to on-line resources including specialist medicine information resources such as NICE. Access to patient medication records was password protected. Due to the closed nature of the pharmacy, all computer equipment was out of public view. All electrical equipment appeared to be in good working order and adequately maintained.

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.