

Registered pharmacy inspection report

Pharmacy Name: Hampshire Hospitals NHS Foundation Trust, Royal Hampshire County Hospital, Romsey Road, Winchester, Hampshire, SO22 5DG

Pharmacy reference: 9011643

Type of pharmacy: Hospital

Date of inspection: 18/11/2021

Pharmacy context

This is an inpatient pharmacy in a large District General Hospital based in Winchester. The hospital is part of a multi-site Trust covering Basingstoke, Andover and Winchester. The pharmacy provides services to people receiving treatment at the hospital and to external units where they have Service Level Agreements (SLAs). A clinical and dispensing service is provided to Southern Health (Southern Mental Health Trust) and Solent NHS Trust where they supply inpatient medication and take-home medicines (TTOs). The main hospital activity is regulated and inspected by the Care Quality Commission (CQC) and the pharmacy holds a Home Office licence and a wholesale dealers licence.

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	1.2	Good practice	Staff members learn from incidents and make changes to their practice to prevent them from happening again.
		1.2	Good practice	The pharmacy holds regular clinical governance meetings to help manage the risks associated with providing its services.
2. Staff	Standards met	2.1	Good practice	The staff rota in the pharmacy ensures there is always a mix in the skills of staff at all times in the pharmacy.
		2.2	Good practice	Members of staff complete regular training and progression schemes have been introduced to retain staff members.
3. Premises	Good practice	3.1	Good practice	The pharmacy premises are brand new and purpose built to minimise disruption and reduce errors.
		3.5	Good practice	Staff input was sought to help design the new pharmacy to ensure it was fit for purpose and future-proofed.
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy team provide specialist anticoagulant counselling and ensuring patient being discharged with anticoagulants are referred for further services.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It protects people's private information and keeps the records it needs to by law. People are able to give feedback about the services provided. Team members follow written instructions to make sure they work safely, and they learn from their mistakes. And they understand how to safeguard and support vulnerable people.

Inspector's evidence

There were a range of hospital policies and protocols in place, including standard operating procedures (SOPs). These were reviewed every two years or when there were any significant changes. They covered the relevant GPhC activity and requirements, including responsible pharmacist (RP) regulations. Pharmacy staff had read through these and confirmed they agreed to adopt them. The role of the responsible pharmacist was outlined in the SOPs, so responsibilities and lines of accountability were clear. The team also had SOPs for the rest of the pharmacy tasks which all included the roles and responsibilities of the staff. Appropriate professional indemnity insurance was in place.

During the inspection all members of staff were observed to be wearing surgical face masks and regularly cleaning their hands either by washing them or by using alcohol hand gel. The pharmacy was large enough to ensure social distancing was maintained.

The pharmacy had processes in place to identify, record and learn from mistakes. All errors would be reported on the Datix system and the members of the team involved in the error would carry out a root cause analysis and complete a reflective account. The information from Datix would be collated and any risks and trends would be identified. The team also identified any human factors which may have caused the errors and had recently trained on human factors. A Medication Safety Officer and Medication Safety Technician were in place and the team carried out a monthly medicine's safety meeting and monthly governance meetings to discuss trends and concerns. There was also a Medicines Event Review Group which met monthly and looked at the incidents across the whole Trust and anything highlighted here would be raised to the Serious Event Review Group which met monthly. Any key messages or issues highlighted in these meetings would be shared with all pharmacy staff members and posters highlighting this information would be produced and placed in shared areas. Following an incident, the pharmacy team gave an example of a discharge checklist and large coloured labels they created for nursing staff to prevent them from accidentally handing out stock medicines.

Patients were able to raise complaints with the Trust through PALS and online. Details of how to do this were displayed around the hospital and online.

The pharmacy used an electronic responsible pharmacist record, and this was managed by a tracker system. The responsible pharmacist changed throughout the day. Controlled drugs registers were maintained, and balance reconciliations were made at the time of supply. Stock checks, generated by the stock control system, were undertaken on a rolling basis. The maximum and minimum fridge temperatures and freezer temperatures were checked daily and continually monitored electronically.

Information governance training was mandatory for all staff and repeated annually. Passwords to

access the pharmacy IT systems were only known by authorised staff. Individual NHS smart cards were used, confidential material was suitably located, and confidential paper waste was segregated and removed for safe disposal by the Trust. Safeguarding training was also mandatory for all staff and this was repeated regularly. The pharmacists and technicians had all completed level 2 safeguarding training. The hospital had a safeguarding team and concerns were escalated according to the Trust's policy which was available on the intranet.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the workload. Team members have the appropriate qualifications for their roles and they complete regular ongoing learning so that they can keep their knowledge up to date. They work in an open culture and are able to raise concerns or provide feedback.

Inspector's evidence

There were enough suitably qualified and skilled staff present to manage the workload. In total, there were around 140 members of the pharmacy team. Rotas were used to ensure continual cover and a mix of senior, junior and student members of staff at all times. The Chief Pharmacist oversaw all sites and visited the pharmacies regularly. There was a Dispensary Manager who supported the team on a day-to-day basis.

All the SOPs defined the staff group who may work under the SOP and members of staff completed training on induction tailored to the role. Staff were observed working well together during the inspection. All staff had received or were undergoing accredited training and there was an induction process for new staff, with individual training programme for specific roles. The trainee pharmacists had regular training led by NHS Education and they would regularly attend study days to learn more about the various clinical areas in preparation for their registration assessment. Pharmacists were supported to undertake clinical diplomas and the team had implemented a progression scheme for technicians to retain them.

Staff received feedback during their appraisals which were held annually on a one-to-one basis with their line manager. Regular huddles were used to communicate current issues and team meetings were held to provide updates. The pharmacy had an open culture, where staff were able to contribute ideas or raise issues, and there was a Trust whistleblowing policy. The team had a Pharmacy Action Group which would act on suggestions made by staff and they described a post box in the department where staff could post ideas or concerns anonymously which would be taken up by the action group and addressed. Team members were able to work within their own professional judgement which was emphasised during the induction and the Deputy Chief Pharmacist described how staff were empowered to question everything and make changes as needed. There are no financial incentives within the Trust with the focus being solely on patient care.

Principle 3 - Premises ✓ Good practice

Summary findings

The pharmacy is brand new, clean and modern. It is suitable for the health services it provides and is spacious enough to allow for the pharmacy to grow its service. The pharmacy uses modern technology to improve accuracy and free up time for staff. Its design ensures that staff can work effectively with minimal distraction.

Inspector's evidence

The pharmacy had recently opened following a relocation within the hospital. It was now located on the ground floor of the hospital and included a large bright dispensary with reception area, ancillary rooms, and offices. There were several meeting and training rooms in the department which were seen in use by university students. The pharmacy also had a staff room with small kitchen and several staff toilets including a disabled toilet. The pharmacy stores were located at the back of the dispensary and the pharmacy also had two separate rooms for medicines which had been returned and medicines due to leave. The dispensary fixtures and fittings were brand new, and the pharmacy was very well-presented, bright and airy. Due to the location of the pharmacy within the hospital, natural light was scarce and so the pharmacy had LED Sky Panels installed in the ceiling to mimic the outdoors. The team members explained that this helped brighten the dispensary and improve staff morale. The Deputy Chief Pharmacist explained that they took staff suggestions and advice when designing the new pharmacy to ensure it was functional, practical and future-proofed. As a result, the pharmacy was well laid out in a logical manner and was designed in a way to reduce distractions and allowed the staff to focus on their work.

Two robots had been installed in the pharmacy to reduce the amount of time staff members spent tidying orders and finding products for dispensing. The robots had also helped reduce the number of picking errors which occurred within the pharmacy. Electronic white boards had been installed in the Clinical Office which allowed staff in the office to see what was happening on the wards and identify the stages each patient was at in their journey through the hospital. This helped staff to organise discharges and plan their workload efficiently.

There was an out of hours room in the pharmacy which could only be accessed by staff who were provided with badge access. The room contained a Pyxis MedStation which was pre-filled with medicines which may be used out of hours. Nurses could use this to securely access any medicines out of hours while maintaining the security of the pharmacy. If a medicine was not in the MedStation, the pharmacy robot had an outlet into the out of hours room. The on-call pharmacist could dispense from the robot remotely and the medicine then be picked up appropriately by nursing staff.

The pharmacy had a dedicated consultation room by the reception area which was kept locked when not in use. Access to the pharmacy was restricted to pharmacy staff using swipe cards. The pharmacy department was locked and alarmed when closed and only accessible to on-call pharmacy staff.

Cleaning was completed daily by the Trust's facilities department. Additional cleaning could be requested when required.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible to a wide range of people. It manages the service safely and effectively so that people receive appropriate care. The pharmacy ensures that patients on some high-risk medicines receive further specialist services. It obtains medicines from licensed suppliers, and it carries out regular checks to make sure that they are in suitable condition to supply.

Inspector's evidence

The pharmacy was open seven days a week throughout the year and had business continuity plans in place should any of its systems go down. Patients could contact the pharmacy by phone and leaflets were included in prescription bags with contact details of the pharmacy medicines helpline number. The pharmacy was able to produce large print labels for patients with poor sight, had access to translation services. An induction loop was available should patients require this.

The registerable activity in the pharmacy included the supply of some medicines on a named patient basis for a children's hospice, a mental health hospital and community based mental health clinics. Service level agreements were in place. Medicines were delivered daily to the various sites and included medicines for the patients to take home and in-patient medication. If there were any queries with these prescriptions, the pharmacy could be contacted for clarification. There were clear working processes where work would be prioritised, and tasks were allocated to different staff members. All supplied medicines were labelled appropriately, and all high-risk medicines were double checked prior to issue. The Trust recently supported a secondment to an anticoagulation counselling project and is now piloting an anticoagulation pharmacist post as a result. The pharmacist provided counselling training for the clinical staff and has reviewed and updated the Trust processes for counselling. Patients are highlighted on the electronic patient records to identify whether they may need counselling, which is then followed up by the anticoagulation team if pharmacy doesn't manage to see the patient. Patients who are counselled by the pharmacy are also referred into the discharge medication service. The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing of valproates to all people in the at-risk group.

An electronic prescription tracking service was available which allowed prescriptions to be tracked around the pharmacy. Nursing staff could also see this and plan discharges appropriately.

The pharmacy sourced stock from a regional drug purchasing centre, licensed manufacturers and direct from some manufacturers. Medicines were stored in controlled environments and monitored continuously. The dispensary had air conditioning to keep all medicines in the acceptable temperature range and there was an electronic temperature monitoring system to monitor ambient and cold storage areas. This system provided alerts to staff, and to on-call staff outside of normal working hours.

The pharmacy held a waste contract and medicines that had been returned to the department were segregated and sorted prior to disposal. Hazardous waste, inhalers and confidential waste were all disposed of appropriately using the correct disposal methods. Drug alerts and recalls were managed by the procurement team. Any following action was taken as necessary. The recall notices were printed

off, annotated to show the action taken and held in a file. Expiry date checks were undertaken on a rolling basis.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the delivery of its services. It looks after this equipment appropriately to ensure that it works properly.

Inspector's evidence

There were crown-stamped measures available for use and amber medicine bottles were seen to be capped when stored. There were also clean counting triangles available as well as capsule counters. The Trust had framework contracts in place for reputable suppliers of equipment. Up-to-date reference sources were available such as a BNF, a BNF for Children and other reputable information sources and texts. And the pharmacy was supported by a medical information team. Internet access was also available should the staff require further information sources.

There were suitable pharmacy facilities including a CD room, fridges and freezers used for medicines storage. There were maintenance contracts for the refrigerators and the air conditioning systems. Designated bins for the disposal of waste medicines were available for use and the team also had separate bins for the disposal of hazardous waste.

All computer screens were suitably located and access to computers containing patient data was protected using individual passwords which were changed regularly. Staff had smart cards to access Summary Care records. All data was saved on secure servers.

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.