

Registered pharmacy inspection report

Pharmacy Name: City Hospitals Independent Commercial Enterprises Ltd, South Tyneside and Sunderland NHS Foundation Trust, South Tyneside District Hospital, Harton Lane, South Shields, Tyne and Wear, NE34 0PL

Pharmacy reference: 9011673

Type of pharmacy: Hospital

Date of inspection: 09/03/2022

Pharmacy context

This is a newly registered out-patient pharmacy inside South Tyneside District Hospital in South Shields. It mainly supplies prescriptions to hospital outpatients and to a small number of inpatients. It also sells a small range of over-the-counter medicines and dispenses private prescriptions to people. 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
1. Governance	Standards met	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	Use of staff between hospital sites help ensure that a suitable skill mix is maintained and regularly reviewed.
		2.2	Good practice	Members of the pharmacy team are well supported with on-going training to keep their skills and knowledge up to date.
3. Premises	Standards met	3.1	Good practice	The pharmacy's layout and design supports safe ways of working. Its team members keep it very well-organised, clean and tidy.
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy team provide counselling and support to people taking high risk medicines
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. They understand how to safeguard and support vulnerable people.

Inspector's evidence

The pharmacy had appropriately addressed the risks of managing its services during the Covid-19 pandemic. The layout of the pharmacy helped the team to socially distance. Team members continued to wear type IIR face coverings whilst working.

The pharmacy had a range of hospital policies and protocols in place, including standard operating procedures (SOPs). They covered activities such as dispensing, recording errors and the responsible pharmacist (RP) regulations. Pharmacy staff had read through these and confirmed they agreed to adopt those appropriate for their roles. The SI showed the inspector the signed training sheet for team members. The team had access to the electronic SOPs. And a printed set for easy access.

Team members used the Datix system to record errors and near misses and their possible causes. And team members reflected and learned from things that had gone wrong. Team members had responsibility to record details of their own near misses. The more significant ones and those errors likely to cause harm were recorded in more detail and discussed at the monthly clinical governance meeting. The minutes were available on the intranet and the team discussed the learning at regular team meetings. The SI provided some examples of changes made to make the system safer for patients. For example, the Trust used the Meditech, an electronic health record system, so if when a risk had been identified the learning and changes were shared through the hospital. For example changes had been made to make it clearer that certain medicines should be supplied by brand only due to different bio-availabilities. The Trust had a target error rate of less than 0.02%. The current patient safety incidence was less than 0.01%. If the error rate exceeded the target the procedure stipulated that an action plan would be required to get back on track. The Trust had a comprehensive complaints procedure. The team directed people to the Trust Help and Advice service if they wanted to make a complaint. The service logged the complaint and passed it to the SI to investigate and respond to the complainant. The SI provided examples of changes made following a complaint. For example, an outpatient had received their medication in a clear bag and had been unhappy because they did not want others to see their treatment. Moving forward the team used clear bags for inpatients only so that ward staff can see the contents.

The team clearly displayed the responsible pharmacist notice for people to see. The pharmacy had a book to record details of the Responsible Pharmacist (RP) on duty. A check of the log showed that all the records examined were complete. The pharmacy had a valid certificate of professional indemnity and public liability insurance from the National Pharmacy Association (NPA). The controlled drugs (CD) register had been correctly maintained, with running balances checked at regular monthly intervals. The pharmacy also kept a Meditech record of the dispensing of CDs so any discrepancies could be easily investigated. Although not mandatory, the pharmacy also kept a record of Benzodiazepines balances.

The team stored completed prescriptions in the prescription retrieval system out of public view in the dispensary. The pharmacy had a procedure for segregating confidential waste from general waste in designated bins. And the contents were shredded on-site. The pharmacy had an information governance policy on the intranet which team members had to read and sign as part of their contract of employment. The pharmacy held records containing personal identifiable information out of view in the dispensary and office. The Trust had a policy for reporting any IG breaches. The pharmacy team had annual mandatory training to undertake on safeguarding children and vulnerable adults. The training involved how to identify signs of abuse and the escalation process for any safeguarding concerns. Line managers monitored team members understanding of mandatory training through the annual appraisal process, to ensure that staff kept up to date and able to respond effectively should a safeguarding issue arise.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff, with a wide variety of skills, qualifications and competencies to manage its workload safely. Rotation of staff helps to ensure that the pharmacy maintains a suitable skill mix. Pharmacy team members are well supported in their training and have a clear understanding of how their roles and responsibilities fit in with working in a hospital. They work well together as a team and achievements are recognised and encouraged.

Inspector's evidence

The team on the day the team consisted of one pharmacist, one trainee pharmacist, one accuracy checker, one dispenser who was training to NVQ level 3. And one pharmacy porter to book stock in. Staffing levels appeared to be appropriate for the workload on the day and the team worked seamlessly together during the inspection. The pharmacy had a service level agreement (SLA) with the Trust to provide backfill for annual leave to maintain safe staffing levels. The Trust training department co-ordinated with trainees to provide appropriate training. And individuals received additional support and dedicated time to complete their training to allow them to work competently in their role. The team received regular standard format appraisals from their line manager. And all had their own electronic staff record (ESR) which held their training and appraisal records. Team members feedback any issues to their line manager. The Trust welcomed feedback from people who used their services. And had a compliments system. The Chief Executive fed back positive comments to individual's, by way of a well-done letter.

The Trust had a whistle blowing policy and team members were aware of this. If they had a concern the first point of contact would be their line manager. Or the next one above depending on the concern. The team had a set of targets and key performance indicators (KPIs). For example, the team strived to ensure that waiting times on 80% of occasions were under 15 minutes. The pharmacy had a KPI for one complaint a quarter. In the event that the pharmacy did not meet a KPI for three consecutive months the team needed to put together an action plan. So far, the pharmacy had met all KPIs.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a good environment to deliver its services from. The premises are clean, secure, and fitted to good standard. 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. People visiting the pharmacy can have a confidential conversation with a team member in a private area if required.

Inspector's evidence

The pharmacy had recently opened following a relocation and had located in the main hospital building. The pharmacy had a large dispensary with a good size waiting area with plenty of seating, ancillary rooms, and office. The dispensary fixtures and fittings were brand new, and the pharmacy was well designed and presented. It had a bright and airy feel. A robot had been installed to reduce the amount of time staff members spent filling shelves, date checking, and picking products for dispensing. The robot had also helped reduce the number of picking errors which occurred within the pharmacy. The pharmacy had a consultation room near to the reception area which the team kept locked when not in use. Pharmacy staff used swipe cards to access restricted areas in the pharmacy. The pharmacy had a rear door for pharmacy deliveries. So, unpacking of stock did not impact on the dispensing activities in the main dispensary areas. Team members worked at clutter free work benches. Floor space in the dispensary, corridors and offices was clear of trip hazards. Hospital cleaners kept the floors clean and hygienic.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its service in a safe and effective manner, providing people with plenty of detailed advice about their medicines. It identifies people supplied with high-risk medicines so that they can give extra information to help them take their medicines safely. The pharmacy sources, stores and manages its medicines safely, and so makes sure that all the medicines it supplies are fit for purpose. It responds well to drug alerts or product recalls to make sure that people only get medicines or devices which are safe for them to take or use.

Inspector's evidence

The pharmacy had been designed to allow easy access for people. Signs throughout the hospital directed people to the pharmacy. The pharmacy had double doors for wheelchair users and a split-level counter. A porter assisted people if needed.

The pharmacy mostly dispensed outpatient prescriptions and to maximise patient safety the pharmacy operated a 'Closed loop' dispensing system whereby most of the dispensing was automated via a pharmacy robot integrated with the hospital's electronic prescribing system to reduce the risk of manual dispensing errors. The team dispensed cytotoxic and controlled drugs in separate designated areas within the pharmacy to ensure that they were completely segregated from all other dispensing. The team used trays to keep medicines together which reduced the risk of them being mixed up. The team used a bench to the front to do a final check of prescriptions before handing out. The team used Blue trays to hold out patient prescriptions, and the team kept these in a separate area of the pharmacy. The large screen in the waiting area displayed when prescriptions had been completed and ready for collection.

The SI explained some of the procedures the pharmacy used when dispensing high risk cytotoxic such as methotrexate. The team marked such prescriptions with a red sticker and when handing the prescription to patients the pharmacist opened the box and talked through the dose with the patient. Checking that they understood the dosing regimen and reinforcing the need to take folic acid twice a week.

The Trust medicines procurement team obtained medicines from reputable wholesalers such as Alliance and AAH. And the team escalated drug alerts and recalls ensuring that any affected stock had been quarantined and returned to the supplier. For patient level alerts the patient medication record (PMR) identified patients that had have been supplied with the affected stock. So that the stock could be retrieved and replaced. The pharmacy had a large walk-in fridge and the temperature was continually monitored. If the fridge temperature went out of the accepted range of between 2 and 8 degrees centigrade. A continual alarm would sound and the SI would be contacted. The team stored returned medicines in designated waste containers kept in an area away from usable stock. The team had separate containers for hazardous waste. The hospital's waste contractor collected unwanted medicines for destruction regularly.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has adequate facilities for the services it provides, and it makes sure that they are correctly used. It also ensures that it keeps people's private information safe and secure.

Inspector's evidence

The pharmacy team had access to clinical reference sources and access to a medicine advisory service. It had a range of crown stamped measuring cylinders and counting triangles (including a separate clearly labelled triangle for cytotoxics such as methotrexate). The pharmacy kept a stock of sterile water for use when reconstituting antibiotics and did not use tap water for dispensing. The pharmacy also had online access to the same systems as the hospital's main pharmacy. The Trust had a contract with the vendor for maintenance of the robot. The team had Perspex screens in place along the reception counter to help reduce the transmission of the virus. Every member of the team was wearing a mask, as were some people waiting to collect their prescriptions. Access to the various computer systems was controlled through individual passwords, and the screens could not be seen by members of the public. The team kept confidential information secure and items awaiting collection could not be seen from the retail area.

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.