

Registered pharmacy inspection report

Pharmacy Name: MHT NELFT, Pharmacy, Pharmacy department,
Goodmayes Hospital, Barley Lane, Ilford, Essex, IG3 8XJ

Pharmacy reference: 9011892

Type of pharmacy: Hospital

Date of inspection: 22/08/2023

Pharmacy context

This pharmacy is located within a hospital in East London and serves people from a wide geographical area. It recently relocated from Romford. It is a busy pharmacy and does not see people face-to-face. Medicines are delivered to wards within the hospital and other sites. The pharmacy mainly dispenses medicines for mental health conditions. And does not sell any over-the-counter medicines. Some medicines are also supplied in multi-compartment compliance packs.

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	1.2	Good practice	The pharmacy is good at recording and reviewing mistakes that happen during the dispensing process. And it uses this information to help make its services safer and reduce any future risk.
2. Staff	Standards met	2.2	Good practice	Team members get time set aside for ongoing training and the pharmacy monitors it. This helps team members keep their knowledge and skills up to date.
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

The pharmacy is good at recording and regularly reviewing any mistakes that happen during the dispensing process. And it uses this information to help minimise any future risks and help make its services safer. It identifies and manages the risks associated with its services to help provide them safely. It keeps the records it needs to by law, so it can show that supplies are made safely and legally. Team members get training, so they know how to protect vulnerable people and the pharmacy manages and protects people's confidential information appropriately. People using the pharmacy can give feedback about the pharmacy's services.

Inspector's evidence

Standard operating procedures (SOPs) and Trust policies were available. Members of the team had signed individual record sheets to confirm they had been read and understood the SOPs. The responsible pharmacist (RP) identified which SOPs each team members needed to read. Some SOPs were available electronically. Team members were allocated time to complete reading the SOPs as well as any training on eLearning. SOPs were read by all new team members as part of their induction. The team was in the process of reviewing the NELFT SOPs. And had added comments on sticky notes. These would need to be approved by the superintendent's office (SI) and the trust.

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were documented as they occurred. Near misses were seen to be recorded consistently. One of the dispensers did audits each week which were known as 'Safer Care' audits. Different areas were audited each week which included the environment, people, and processes. A team briefing was held in the fourth week. Every two weeks the dispenser also attended Safer Care meetings with other pharmacies in the region, which consisted of other outpatient pharmacy departments. There were a number of Safer Care logbooks placed around the dispensary and team members were reminded to ensure any near misses were recorded. Near misses were where there was a dispensing mistake that was identified before the medicine was handed out. The near misses were reviewed on a monthly basis and discussed at the briefing. In the event that some team members were not present the lead dispenser would catch up with them when they returned to work. Following reviews prednisolone had been moved on the shelves and previously the team had pre-cut certain tablets which were commonly dispensed but had stopped doing this as it had been difficult to read batch numbers and expiry dates. As part of the Safer Care programme the dispenser also downloaded case studies relevant to the pharmacy for team members to look at. Case studies were scenario based and team members had to answer questions after reading the scenario. The pharmacy kept an intervention log which was used to record any interventions which they had made for prescriptions that were received, these were discussed at regular meetings with the hospital team and the Trust. Dispensing mistakes which had reached a person (dispensing errors), were recorded on the Lloyds internal system 'PIMS.' The pharmacy was able to investigate and close entries on the Datix system but could not make new entries.

A complaints procedure was available, complaints mainly came through NELFT. These were reported on Datix by the Trust and raised at the meetings. As far as the RP was aware there hadn't been any complaints. Feedback received from the Trust had generally been good.

The pharmacy had current indemnity insurance cover. The correct responsible pharmacist (RP) notice

was displayed. Samples of the RP record were seen to be well maintained. The pharmacy did not dispense private prescriptions or provide emergency supplies. Records for unlicensed medicines supplied were well maintained. A sample of controlled drug (CD) registers was inspected, and these were filled in correctly. The physical stock of a CD was checked and matched the recorded balance.

Team members had completed training on the Information governance policy and data protection. A privacy notice was displayed in the dispensary. Confidential waste was collected in a separate bag and computers were password protected, all team members had individual log-in details. Team members had completed online training on safeguarding children and vulnerable adults. However, team members did not have any direct contact with people using the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy is good at helping staff keep their knowledge and skills up to date. Team members get regular feedback, and they are supported when doing accredited courses. The pharmacy has enough trained staff to provide its services effectively. And the pharmacy team can provide feedback and concerns relating to the pharmacy's services.

Inspector's evidence

At the time of the inspection the pharmacy team comprised of the RP, a second locum pharmacist and five dispensers, who were either trained or undergoing training. The pharmacy had a separate allocated area for wholesaling, and this was staffed by separate team members. The locum pharmacist was providing cover as the pharmacy manager was on annual leave. The pharmacy had a relief pharmacist who worked across two branches and was in the process of recruiting another pharmacist. Only one team member was allowed to be off at any given time, so the team was able to manage the workload. On some occasions dispensers from other stores provided cover but at the time of the inspection the pharmacy was using a locum dispenser. There were two vacancies for dispensers which the pharmacy was in the process of filling. The team members were seen to be able to manage their workload during the inspection.

Team members had an annual appraisal with their line manager and in between the manager raised points with individuals where it was needed. These were then noted on records of conversation. Team members were also provided with ongoing feedback.

To keep up to date team members completed ongoing training via eLearning. Pharmacists were able to track when team members had completed mandatory modules. Time was provided at work to complete training and recently all team members had completed training on pharmacovigilance. Team members enrolled on training courses were supervised by the pharmacy manager, who was updated via email if the trainee had fallen behind. Trainees were provided with set-aside time to complete their training and were required to complete modules within a certain time period.

Team members discussed issues as they arose, and information was shared on the group chat. Pharmacists attended meetings with the Trust and had monthly meetings with the hospital team. The team was able to arrange these more frequently if needed and on a day-to-day basis, pharmacists from the pharmacy and those who worked within the hospital communicated via a group chat on an electronic messaging application. The team also held Safer Care meetings and the lead dispenser attended weekly meetings with the group of other branches. Team members felt able to share feedback, suggestions and concerns both with their own management team and to the Trust. There was a direct liaison point between the pharmacy and NELFT team. The pharmacy was trying to create a communication book between it and the NELFT team.

The only target that the pharmacy team had was to ensure medicines were delivered in a timely manner. The pharmacist explained that if there was an issue, the team communicated this to the hospital team, and they were usually happy with that. Such as if there was a delay with receiving medicines. If there were stock issues the team let the hospital team know straight away.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide a safe environment to deliver its services.

Inspector's evidence

The pharmacy was well laid out and clean, the dispensary was large. Workspace was organised and allocated for certain tasks with dedicated areas for dispensing, checking, screening. There was ample dispensing workbench space available. An area at the side of the dispensary was allocated to storing medicines waiting to be delivered. Cleaners came in to clean the pharmacy daily and team members also helped with cleaning. A clean sink was also available. Medicines were stored on shelves in a tidy and organised manner. The pharmacy did not see people face to face and so did not need a consultation room.

The ambient temperature and lighting were adequate for the provision of healthcare. Air-conditioning was available to help regulate the temperature.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. And it generally dispenses medicines into multi-compartment compliance packs safely. The pharmacy has processes to ensure prescriptions for higher-risk medicines are dispensed and supplied safely. The pharmacy gets its medicines from reputable suppliers and generally stores them properly. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and medical devices are safe for people to use.

Inspector's evidence

The pharmacy was situated within one of the hospital buildings. The pharmacy was closed to people physically accessing it. Medicines were delivered by delivery drivers and the pharmacy had three delivery areas which contained different wards and clinics as well as approximately 20 wards on site.

The hospital pharmacists screened all prescriptions before they were sent to the pharmacy electronically. The pharmacy team could not dispense anything that had not been screened. Once the prescription was received it was screened by the pharmacist and printed after which it was labelled and dispensed and left in an allocated area for the pharmacist to check. Medicines which needed to be stored in the fridge were placed in clear bags and placed in the fridge. To help manage the workflow colour-coded trays were used. Different coloured trays were used for different medicine classes. Dispensed and checked-by boxes were available and were routinely used. Team members including pharmacists also initialled the bottom of the prescription slip to maintain an audit trail of who had completed each part of the dispensing and screening process. Different coloured pens were used by team members when labelling and dispensing and pharmacists also used a different colour. All team members had their own log-in details for the computer system which also created an audit trail.

The pharmacy was sent a list of clozapine that was needed with the delivery dates. This was dispensed and annotated with clozapine 'quarantine' labels. All stock was dispensed and supplied to clinics as quarantined and was given to the person by the clinic after they had done the required blood tests.

The pharmacists were aware of the guidance for dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). Clinics checked if people were part of a PPP.

Depot medicines such as paliperidone, olanzapine, haloperidol required high authorisation before they could be administered and had to be checked with the clinic lead. The hospital pharmacists checked for authorisation and only sent prescriptions once this had been confirmed. The RP only confirmed if there were any dose changes.

Some people's medicines were supplied in multi-compartment compliance packs. All team members were trained to prepare the compliance packs. Packs were labelled first to ensure there were no duplicates and then using a basket stock was collected. Labels were checked against the prescriptions and the packs were then prepared. Dispensers recorded product descriptions on a sticky note so that they could be easily identified by the checking pharmacist. Packs were checked and sealed on the same day that they were prepared by one of the pharmacists. Assembled packs were labelled with mandatory warnings. Patient information leaflets (PILs) were routinely supplied. Product descriptions were not included on the packs supplied to people and this could make it difficult for someone to identify what

each medicine was. The RP and dispensers provided an assurance that they would record the descriptions on the packs in the future.

Deliveries were carried out by Lloyds' drivers who had all completed and kept up to date with the Lloyds training. Deliveries were packed into boxes and fridge boxes were used for medicines which needed to be refrigerated. Drivers had delivery record sheets and made a record of what had been delivered, this needed to be countersigned by both the driver and recipient. Due to the nature of the delivery services, there were no failed deliveries.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and kept records of when this had happened. Short-dated stickers were used to highlight medicines. Fridge temperatures were checked daily and recorded. These were observed to be within the required range for storing medicines. Each fridge was also fitted with a tracker which constantly monitored the temperature and alerted team members via email if the temperature fell out of the required range for the storage of medicines. Out-of-date and other waste medicines were disposed of in the appropriate containers which were kept separate from stock and collected by a licensed waste carrier. Drug recalls were received on an internal system. Once actioned the system needed to be updated.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services.

Inspector's evidence

The pharmacy had several glass measures and tablet counting triangles. There were several fridges in the dispensary. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several up-to-date reference sources.

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.