# Registered pharmacy inspection report

**Pharmacy Name:** Warrington Hospital Pharmacy Department, Warrington Hospital, Lovely Lane, Warrington, Cheshire, WA5 1QG **Pharmacy reference:** 9011954

Type of pharmacy: Hospital

Date of inspection: 10/11/2023

## **Pharmacy context**

This is a pharmacy located within a hospital in Warrington. It supplies medicines to people in the hospital's wards and to two local hospices. It supplies some people with medicines in multi-compartment compliance packs to help them take their medicines. And it has a private consultation room for people to use when accessing services.

## **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	2.2	Good practice	The pharmacy provides a good level of support to its team members when completing any new or ongoing training. It has a good onboarding programme for new members of the team to complete so they are well trained in the pharmacy's processes.
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 has written procedures to help make sure team members provide its services safely and effectively. And it keeps the records it needs to by law so it can show supplies are made safely and legally. It makes records of mistakes that happen during the dispensing process, and it regularly reviews these so that its team members can learn from them. Members of the pharmacy team effectively keep people's private information safe, and they know how to safeguard people that may be vulnerable.

#### **Inspector's evidence**

The pharmacy had a comprehensive set of Standard Operating Procedures (SOPs), and trust polices in place so that its team members worked in a safe and effective manner. Each SOP and policy stated which team members it was directly related to based on their role. Team members received protected time to read the SOPs. And the pharmacy kept an electronic record of the team members that had read and understood them. Members of the team were aware of what activities could not be completed in the absence of a responsible pharmacist (RP). Professional indemnity insurance was in place and organised by the hospital trust.

The pharmacy made a record of mistakes that occurred during the dispensing process that were identified before medicines were supplied to people, known as near misses. A pharmacy technician had the role of 'patient safety lead' and encouraged team members to record near misses. The patient safety lead reviewed near misses each month and created a newsletter so that all members of the team were able to learn from mistakes that happened. They explained that a recent review of near misses had established that most mistakes occurred at times when members of the team took their lunch and mid-afternoon breaks. As a result, the number of breaks team members had been reviewed to help reduce the number of mistakes that occurred. They also identified an increase in medicine selection mistakes. The process was changed so that the dispensing labels were placed underneath the prescription so that team members picked medicines from the shelves using the prescription rather than the labels.

The pharmacy made a record of mistakes that were identified after the medicine was supplied to people, also known as dispensing errors. Its team members recorded the error on an electronic system. And the patient safety lead completed a 'lines of enquiry' form to help understand the error and what may have gone wrong. Errors that were serious in nature were shared with team members so that immediate action was taken to help reduce the likelihood of it occurring again. A recent example of this was when an immediate-release form of tapentadol tablets was supplied instead of the modified-release form. As a result, the different formulations of tapentadol were separated and shelf edge labels were used to prompt members of the team to double check when dispensing these medicines. Team members discussed any errors or near misses that had occurred in a weekly all-staff meeting.

The pharmacy kept the records it needed to be law. A paper copy of the RP log was maintained with both the sign in and sign out times evident. This allowed the pharmacy to identify who the RP was at any given time. Records for the supply of unlicensed medicines were well maintained. And the pharmacy kept registers for the controlled drugs (CDs) that it obtained from wholesalers and supplied to people. The CD registers were generally well maintained with running balances recorded. But the headings within one of the registers had been crossed out instead of the change being annotated. Team members checked the running balance regularly to help make sure the physical stock held matched the recorded balance. The physical stock of two CDs were checked and matched the recorded running balance. The pharmacy did not dispense private prescriptions or provide emergency supplies.

The pharmacy displayed a poster in the waiting area to advertise how people could provide feedback about the service they received. The hospital trust oversaw the feedback process and shared any complaints or feedback with the pharmacy by email. Members of the team were aware of the actions to take when a complaint was received and informed the chief pharmacist for it to be investigated. Team members held regular meetings with the hospices to receive feedback to improve the service they offered. An example of this was allowing the hospice delivery drivers to park in the goods received area so that they didn't have to walk across a public car park with medicines which posed a risk.

Team members had received training to help safeguard vulnerable people. All team members had completed level one training and pharmacists had completed level 2 training. A safeguarding policy was in place and was provided by the hospital trust. There had been no safeguarding concerns raised but when questioned, team members knew the process to follow if a concern was identified and who to contact as the safeguarding lead.

Team members had completed information governance (IG) training and an electronic record of completion was maintained. The training was provided by the hospital trust and met the NHS mandatory requirements for IG. Members of the team took the correct action to keep people's information safe such as separating confidential waste and not having private conversations in public areas.

## Principle 2 - Staffing ✓ Standards met

## **Summary findings**

The pharmacy has enough trained team members to safely manage the workload. And it provides them with a good level of support to complete any ongoing training. New members of the team complete a comprehensive induction programme, so they have the skills for their role. Members of the team meet regularly to discuss any concerns and provide feedback which helps to improve the service they offer to people.

#### **Inspector's evidence**

The pharmacy had a large team that consisted of many pharmacists and pharmacy technicians. Some of the pharmacy technicians worked as accuracy checkers (ACTs). Team members were seen to manage the workload safely and they communicated well with each other when processing prescriptions. A rota was in place so that there was adequate pharmacist cover during the day, which also helped to cover any absences. Pharmacists clinically checked the prescriptions as the pharmacy received them. And they answered clinical queries and provided advice to people. An ACT was the team leader, and they oversaw the operations of the pharmacy to help make sure people received their medicines on time. They used an electronic dashboard to keep a track of where prescriptions were in the dispensing process and allocated members of the team to certain workstations if they fell behind on the workload.

The pharmacy had a comprehensive onboarding programme in place for new team members. This included the completion of mandatory training, shadowing sessions and the completion of a dispensing log so that they were familiar with the pharmacy's processes. ACTs completed a checking log as part of their induction. Team members received an annual appraisal to discuss their performance, any ongoing training and to identify new learning needs.

Pharmacy team members completed ongoing training, some of which was mandatory such as information governance training or reading new and updated SOPs. Protected learning time was provided so that the learning could be completed in a timely manner. And an electronic log of completed learning was kept. The pharmacy held 'learning at lunch' sessions which were led by the pharmacists. Team members decided the topics based on what new learning they wanted to complete. The pharmacy held an all-staff meeting each week to share key information. This included medicine safety messages, near miss learnings and feedback from meetings attended by the chief pharmacist. Team members used a communications diary so that any concerns or feedback could be recorded and discussed during these meetings. This helped the pharmacy implement changes to its processes and improve the services that it offered.

## Principle 3 - Premises Standards met

#### **Summary findings**

The environment is suitable for the provision of pharmacy services. The pharmacy premises are clean and tidy. A consultation room is available so the team can have private conversations with people.

#### **Inspector's evidence**

The pharmacy was large, clean, and well-lit which made it suitable to supply medicines in an effective manner. There was enough organised workspace for its team members to assemble medicines safely. The workflow enabled members of the team to identify where people's prescriptions were in the dispensing process. The pharmacy had separate labelling and assembly stations which made it easier to help with the workflow. A clean and tidy consultation room was available for people to have a private conversation.

The pharmacy had climate control available to help maintain a comfortable working temperature. A clean and tidy consultation room was available for people to use if they wanted a private conversation or required additional information about their medicines. The pharmacy was secured when closed.

The pharmacy employed two cleaners who helped to keep the pharmacy clean every day. And the hospital trust audited the cleanliness of the pharmacy once every quarter.

## Principle 4 - Services Standards met

## **Summary findings**

The pharmacy provides its services safely and manages them well. It has processes to make sure the team provides people receiving higher-risk medicines with the correct advice. And it stores and manages its medicines in a way to help make sure they are safe to supply to people.

#### **Inspector's evidence**

Access to the pharmacy was step-free and suitable for people with a wheelchair or pushchair. Hospital staff accessed the pharmacy to collect medicines and hand in prescriptions that needed to be dispensed for people in the wards. The pharmacy supplied medicines to two local hospices, and these were collected by delivery drivers who were employed by the hospice. On some occasions it delivered medicines to the hospices using a courier organised by the hospital trust, but a record was not maintained. So, it may make it harder for its team members to respond to any queries following the delivery of the medicines.

The pharmacy received both paper and electronic prescriptions. Team members screened prescriptions to make sure a clinical check had been recorded on the prescription form. If this was missing, it was placed in a tray for a pharmacist to complete a clinical check. A record of all clinical checks was kept on the prescription form so team members could easily identify who completed the check if a query arose. Members of the team generated dispensing labels and placed them, along with the prescription, into a tray. The pharmacy used trays to separate people's prescriptions and different coloured trays were used to help prioritise the workload... A dispensing robot was used to help members of the team assemble prescriptions before dispensing labels were attached to the medicines. Team members routinely signed 'dispensed-by' and 'checked-by boxes on the prescription form. This maintained an audit trail to show which team members were involved in these processes. Team members added a note on the prescription if it contained a medicine that required special storage such as cold-chain items or CDs. Or if a pharmacist needed to provide additional advice before medicines were supplied to people.

The pharmacy supplied medicines in multi-compartment compliance packs for people who needed extra support with their medicines. The pharmacy kept a record of who was involved in the dispensing and checking process, and patient information leaflets were provided so people could access information about their medicines. But members of the team did not include the descriptions of the medicines that were supplied. So, it may make it harder for people to identify their medicines.

Medicines awaiting collection were stored in boxes based on the recipient's surname. The prescription form was placed in the bag, and this was taken out when the medicine was supplied so that team members could provide appropriate advice. It also served as a reminder to team members to add any medicines with special storage requirements. The pharmacy provided information leaflets for people supplied with medicines containing sodium valproate. This was to provide information about the Pregnancy Prevention Programme and highlight the risk of use in pregnancy. Medicines containing valproate were supplied in original packs and dispensing labels were attached so that they did not cover the embedded patient cards. The pharmacy obtained its medicines from licensed wholesalers and stored them appropriately to avoid unauthorised access. It appropriately stored medicines that required special storage conditions such as fridge items and CDs. Fridge temperatures were monitored 24 hours per day, all year round using a digital recording platform. The system alerted members of the team if the temperature deviated from the 2-8 degrees Celsius range. And it maintained an ongoing record of fridge temperatures which were seen to be in range. CDs were stored securely in several CD cabinets which were installed in a dedicated room. CDs were stored neatly to help reduce the risk of mistakes and a separate cabinet was used to store any CD patient-returns and obsolete stock awaiting appropriate destruction. Pharmacy team members checked the expiry dates of medicines on a weekly basis. The dispensary was spilt into sections and the checks were completed based on the area that was highlighted by the pharmacy's computer system. And a record of the check was maintained. Medicines stored in the robot were scanned using a 2D barcode as part of the filling process which captured information about its expiry date. Team members were alerted to short-dated medicines so that they could be used first or removed from the robot for destruction.

The pharmacy received alerts about defective medicines and medical devices from the Medicines and Healthcare products Regulatory Agency and the hospital's CAS office by email. Its team members checked the medicine stock held against the alert and responded to the Central Alerting System office to detail the actions taken. The pharmacy kept records of emails to show what actions the team members had taken and when.

## Principle 5 - Equipment and facilities Standards met

## **Summary findings**

The pharmacy has the equipment it needs to provide its services. And its facilities help to provide services in a safe and effective manner.

#### **Inspector's evidence**

The pharmacy had calibrated glass measures and tablet counting triangles. There were several fridges in the dispensary. Members of the team had access to electronic resources such as the British National Formulary (BNF) and a range of further support tools. This meant the pharmacy team could refer to the most recent guidance and information on medicines.

The pharmacy had an automated dispensing robot to help its team members dispense medicines for final checking by an ACT or a pharmacist. The robot was serviced regularly and had a maintenance contract in place. Electrical equipment looked to be in good working order and was last tested in May 2023. Access to people's electronic data was password protected and required an NHS smartcard. And screens were positioned so they could not be viewed by members of the public.

## 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.	