General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Medway NHS Foundation Trust, Pharmacy Department, Medway Hospital, Windmill Road, Gillingham, Kent, ME7 5NY

Pharmacy reference: 9011987

Type of pharmacy: Hospital

Date of inspection: 24/07/2023

Pharmacy context

The pharmacy is in a busy NHS hospital in Gillingham. The people who use the pharmacy are mainly those who have been seen by a clinician at the hospital. The pharmacy uses its registration to supply medicines against private prescriptions, to supply medicines to in-patients in other hospitals and medicines upon discharge from hospital. It also supplies medicines in multi-compartment compliance packs to a few people who live in their own homes and need this support upon discharge from hospital.

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 is good at supporting its team members with ongoing training. They are given time set aside to undertake regular and structured training. And this is monitored. This helps them 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 identifies and manages the risks associated with its services to help provide them safely. It routinely records and regularly reviews any mistakes that happen during the dispensing process. And it uses this information to help make its services safer and reduce any future risk. It protects people's personal information. And people can feed back about the pharmacy's services. The pharmacy keeps its records up to date and accurate. And team members understand their role in protecting vulnerable people.

Inspector's evidence

Team members had signed the pharmacy's standard operating procedures (SOPs) to show that they had read, understood, and agreed to follow them. The SOPs were routinely updated to reflect current working practices and the pharmacy ensured that team members were aware of the updates. There had been a recent dispensing error, where a dispensing mistake had reached a person. The incident had been discussed with the governance team, a root cause analysis had been undertaken and recorded on a designated form. Following the incident, all team members involved with dispensing and checking prescriptions for liquids had to calculate the dose and quantity needed. And the dose was to be written on the dispensing label in millilitres and milligrams. Team members said that there were not usually many near misses, where a dispensing mistake was identified before the medicine had reached a person. They said that the most common near miss was when a team member had entered the directions incorrectly onto the pharmacy's computer. Near misses were highlighted with the team member involved at the time of the incident. And once the mistake was highlighted, team members were responsible for identifying and rectifying them. Near misses were recorded and reviewed regularly for any patterns. And the outcomes from the reviews were discussed openly during the regular team meetings. Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected.

Workspace in the dispensary was free from clutter. There was an organised workflow which helped staff to prioritise tasks and manage the workload. Baskets were used to minimise the risk of medicines being transferred to a different prescription. The team members initialled the dispensing label when they dispensed and checked each item to show who had completed these tasks. The accuracy checking technician (ACT) knew that she should only check prescriptions that had been authorised by a pharmacist. And she knew that she should not check items if she had been involved in dispensing them.

Team members' roles and responsibilities were specified in the SOPs. Team members knew what to do it the person who was due to be the responsible pharmacist (RP) had not turned up. There were several pharmacists available in the hospital who were able to provide cover. And lunch cover was also provided to allow the pharmacist to take a lunch break.

The pharmacy had current professional indemnity and public liability insurance. The pharmacy supplied some controlled drugs (CDs) to other hospitals on a named-patient basis. CD registers examined were filled in correctly, and the CD running balances were checked at regular intervals. The recorded quantity of one CD item checked at random was the same as the physical amount of stock available. The balances (register, physical stock, and computer) were checked when the medicine was dispensed and

when the ACT carried out the final accuracy check. The right RP notice was clearly displayed and the RP record was completed correctly.

Smartcards used to access the NHS spine were stored securely and team members used their own smartcards during the inspection. Confidential waste was removed by a specialist waste contractor, computers were password protected and the computer screens could not be seen by unauthorised persons.

The complaints procedure was available for team members to follow if needed and details about it were available in the pharmacy leaflet. Team members said that there had not been any recent complaints. They said that any complaints would be discussed at one of the team meetings. And other feedback received about the pharmacy would be passed on to all team members. And people would be referred to the hospital's Patient Advice and Liaison Service if needed.

The pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people. And team members had completed training about protecting vulnerable people. The pharmacy did not deal directly with patients and team members said that they were not aware of any safeguarding concerns.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough trained team members to provide its services safely. Team members are provided with ongoing and structured training to support their learning needs and maintain their knowledge and skills. And they get time set aside in work to complete it. Team members can make professional decisions to ensure people taking medicines are safe. And they discuss adverse incidents and use these to learn and improve. They have regular meetings, and the pharmacy actively encourages them to suggest changes which might help improve the systems in the pharmacy.

Inspector's evidence

There was one pharmacist, one ACT and two trained dispensers working in the department during the inspection. The pharmacy was up to date with its workload. Team members worked well together and communicated effectively during the inspection and tasks were prioritised.

Team members' training was managed by the pharmacy's education and training team. Some qualified team members had undertaken a supervision course to enable them to supervise and support team members who were in training. The pharmacy was affiliated with NHSE to ensure that any training was provided to the required standards. Team members attended fortnightly clinical learning. And recently this had been about epilepsy and Parkinson's disease. The lead pharmacy technician and lead pharmacist were responsible for monitoring training within the pharmacy team, including for the trainee pharmacists. Team members could either attend training events in person or online. And the events were recorded so that people who were not able to attend could watch later. The pharmacy had a dispensary training package for all new starters to ensure they knew the pharmacy's ways of working, including its dispensing and checking procedures. Team members were allowed protected time each week so that they could undertake training at work.

The ACT was aware of the continuing professional development requirement for professional revalidation. She explained that she provided support to other team members for the peer reviews and reflective accounts. And she facilitated sessions to ensure that team members knew how to complete their entries online. Team members felt able to make professional decisions. And they had regular reviews of any dispensing mistakes and discussed these openly in the team. Targets were not set for team members.

There were weekly all-staff meetings to discuss any ongoing issues and learning updates. And each department held their own meetings alongside the all-staff ones. There were also weekly meetings where the operation leads discussed any operational issues. Information from all the meetings were cascaded down so that all team members were aware of what had been discussed. The pharmacist and pharmacy technician working at the hospice had a weekly meeting with the pharmacy and additional meetings where needed before implementing a new procedure or service.

Team members had yearly appraisals and ongoing informal performance reviews with their line managers. Team members felt comfortable about discussing any issues with the pharmacist or making any suggestions. The pharmacy had implemented an improvement huddle board. This enabled any team member to put forward ideas for potential improvements. And these could be submitted anonymously. Any changes to procedures were discussed before implementation and then monitored

following the changes.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was secured from unauthorised access. It was bright, clean, and tidy throughout and this presented a professional image. Air conditioning was available, and the room temperatures were suitable for storing medicines.

There were several chairs in the waiting area for people to use while waiting. These were positioned away from the medicines counter to help minimise the risk of conversations at the counter being overheard. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available.

The consultation room was accessible to wheelchair users and was in the waiting area. It was suitably equipped, well-screened, and kept secure when not in use. Conversations at a normal level of volume in the consultation room could not be heard from the shop area.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy provides its services safely and manages them well. The pharmacy gets its medicines from reputable suppliers and stores them properly. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use. And people who get their medicines in multi-compartment compliance packs receive the information they need to take their medicines safely.

Inspector's evidence

There was step-free access to the pharmacy through a wide entrance. Services and opening times were clearly advertised and a variety of health information leaflets was available. The pharmacy could produce large-print labels for people who needed them. And it could also produce labels written in languages other than English.

A team member said that the pharmacist routinely checked monitoring record books for people taking higher-risk medicines such as methotrexate and warfarin. And a record of blood test results was kept. This made it easier for the pharmacy to check that the person was having the relevant tests done at appropriate intervals. A team member said that the pharmacy supplied valproate medicines to a few people. The pharmacy ensured that people in the at-risk group were on the Pregnancy Prevention Programme (PPP) and had an up to date Annual Risk Assessment Form.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. A team member explained the action the pharmacy took in response to any alerts or recalls. And any action taken was recorded and kept for future reference. This made it easier for the pharmacy to show what it had done in response.

Dispensing stock was largely stored in the pharmacy's dispensing robot. Expiry dates were recorded on the robot's computer system when the items were scanned and placed in the robot. Expiry dates were checked regularly, and this activity was recorded. Items were removed from the robot when they had three months shelf life remaining. Other stock was stored in an organised manner in the dispensary and items with a short shelf life were clearly marked. There were no date-expired items found in with dispensing stock and medicines were kept in their original packaging.

The pharmacy kept its CDs secure. The fridges were suitable for storing medicines and were not overstocked. Fridge temperatures were recorded automatically on an ongoing basis. Records indicated that the temperatures were consistently within the recommended range. Any anomalies would be reported to the relevant people on duty. The temperatures could be manually checked out of hours. Cold chain boxes were used for transporting fridge items to ensure that these remained within the recommended temperature range.

Part-dispensed prescriptions were checked frequently. And the pharmacy informed the relevant people immediately if a prescription could not be dispensed in full. Prescriptions for alternative medicines were requested from prescribers where needed. Requisitions were kept at the pharmacy until the remainder was dispensed and delivered. Deliveries were made by a delivery driver. The pharmacy obtained people's signatures for deliveries and only handed items over to a designated person.

The pharmacy supplied multi-compartment compliance packs to some people upon discharge. Team members said that people had assessments to show that they needed their medicines in the packs. The pharmacy did not order prescriptions on behalf of these people and this activity was managed by staff where the person had been residing while in care. The packs were suitably labelled and there was an audit trail to show who had dispensed and checked them. Medication descriptions were put on the packs to help people and their carers identify the medicines and patient information leaflets were routinely supplied. Team members wore gloves when handling medicines that were placed in these packs. The backing sheets were not attached to the trays. This could increase the chance of them being misplaced. The dispenser said that these would be attached in future.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It uses its equipment to help protect people’s personal information.

Inspector's evidence

Suitable equipment for measuring liquids was available. Triangle tablet counters were available and clean. Methotrexate came in foil packs and there was no need for the loose tablets to be counted out in a triangle. Tweezers were available so that team members did not have to touch the medicines when handling loose tablets or capsules. Up-to-date reference sources were available in the pharmacy and online. The phone in the dispensary was portable so it could be taken to a more private area where needed.

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.