# Registered pharmacy inspection report

**Pharmacy Name:**RM Medicines, Royal Marsden Hospital, Oak Cancer Centre, Ground Floor, Sutton, SM2 5PT

**Pharmacy reference:** 9012024

**Type of pharmacy:** Hospital

**Date of inspection:** 16/08/2023

## Pharmacy context

This is the outpatient pharmacy at the Royal Marsden Hospital site in Sutton, Surrey. It is in the newly-built Oak Cancer Centre on the hospital site. It dispenses prescriptions written by prescribers in the hospital for people who aren't staying there. It delivers some of those prescriptions directly to people's homes so that they don't have to come to the hospital just to collect their medicines. It also sells a limited range of over-the-counter medicines and other personal care products.

## 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** | Good practice | 1.1 | Excellent practice | The pharmacy has excellent processes in place for managing and monitoring its risks. It uses modern technology to minimise the risks posed by its operations and reviews them regularly. It makes suitable changes when necessary, prioritising them according to the level of risk, and shares what it has learned with the hospital and its other site so that everyone can learn. It keeps a risk register and makes sure it is kept up to date. |
| | | 1.2 | Excellent practice | The pharmacy uses its new technology to monitor each stage of the dispensing process and works with others to continually drive up quality standards. Errors and near misses are recorded in detail and all team members are encouraged to reflect upon what happened so that they can continually improve. The pharmacy helps its team members to reflect effectively and it then shares those learnings within the team, with the hospital and with its other site. There are regular checks and audits in place to make sure its procedures are being correctly followed. |
| | | 1.3 | Good practice | There are regular checks and audits to make sure that team members understand their roles and responsibilities, and are working within them. There are clear handover procedures in place for when one registrant hands over responsibility for the pharmacy's operation to another. |
| **2. Staff** | Standards met | 2.2 | Good practice | Team members are encouraged to develop their skills and are supported by the management team in their career growth. The pharmacy also gives them protected time at work to complete their training and monitors their progress. |
| **3. Premises** | Standards met | 3.1 | Good practice | The pharmacy is of a bespoke design, having sought input from members of the pharmacy team, so that it meets their particular needs. It is fitted out to a notably high standard. |
| **4. Services,** | Standards | 4.2 | Good | Information about medicines is thoroughly |

| Principle | Principle finding | Exception standard reference | Notable practice | Why |
|---|---|---|---|---|
| **including medicines management** | met | | practice | checked before dispensing and then effectively highlighted so that people can be suitably advised, in detail, when they collect their medicines. The pharmacy also uses its modern technology to ensure that only the most up-to-date version of a person's prescription can be handed out to them. |
| | | 4.3 | Good practice | The pharmacy has detailed audit trails in place to confirm that it is following its own procedures and that it is keeping all the necessary records. It also reconciles those records against other data sources to make sure that it hasn't missed anything, especially any medicines alerts or recalls. It also has good systems in place to restrict access to its controlled drugs. |
| **5. Equipment and facilities** | Standards met | N/A | N/A | N/A |

# Principle 1 - Governance  ✔ Good practice

## Summary findings

The pharmacy manages the risks associated with its services very well. It makes very good use of modern technology to monitor and manage those risks. And it works closely with others within the hospital to help reduce them further. The pharmacy has detailed written instructions which help its team members to carry out their tasks safely. It regularly reviews those instructions to make sure they stay up to date. It has good processes for learning from mistakes and effectively shares what it has learned. Members of the team communicate well with each other so that those starting a new shift are quickly brought up to date. The pharmacy manages and protects confidential information well and its team members understand their role in helping to protect the welfare of vulnerable people.

## Inspector's evidence

There was a daily Health and Safety (H&S) check undertaken by the manager to ensure that all the correct procedures were being followed. This was supplemented by a more in-depth monthly check, which together with the pharmacy's business continuity plan formed an integral part of the hospital trust's risk management activity. The business continuity plan had been updated in July 2023 to account for the installation of the pharmacy's new 'EPIC' computer system. The pharmacist manager demonstrated the online reports they had to complete for the trust, along with action taken to mitigate any risks they had identified. The hospital trust itself also carried out a risk assessment on the pharmacy once a year. Items covered by the risk assessment included the pharmacy's infection control measures, procedures for handling cytotoxic medicines and other H&S risks.

There were standard operating procedures (SOPs) in place for team members to follow. These included the required responsible pharmacist (RP) SOPs dated September 2021. They were reviewed by the superintendent pharmacist (SI) every two years, or sooner if any issues or significant changes were identified. So, as the pharmacy had moved premises and changed its computer system, it was currently working through reviewing all of them. The accuracy checking SOP had been identified as the most important, so it had been prioritised. Its review had been completed and signed off by all involved in July 2023. The RP SOP was due for review in September. There was a spreadsheet listing all the SOPs, showing that 13 remained to be updated and three discontinued following the installation of EPIC. Since its installation in March, they had been identifying the biggest risks and targeting them first. Their aim was to have them all updated and ratified by the end of September. The SOPs were all available online, as well as on paper in a folder so that everyone could easily access them. There was a version history available showing all the changes along with reasons for them. There was a signature sheet after each individual SOP for staff to sign, showing that they had read, understood, and would follow them. There was also a matrix at the front of the folder for the manager to check that everyone had signed each SOP. Those team members questioned were able to describe what they could and could not do in the absence of the RP.

Team members documented their near misses on a daily record sheet. They were also encouraged to reflect upon their mistakes and think about what they could change to prevent any repetition. These entries had to be made within two days to allow time for reflection. Entries were also made on the hospital's 'Datix' system for recording near misses and errors. There was a laminated sheet in the patient safety folder highlighting the features of both good and poor reflection. The manager explained that one of the benefits of their new system was that its use of QR codes and barcodes had significantly

reduced near misses and errors. The introduction of electronic prescribing in the hospital was the other major factor in reducing those mistakes. The combined effect of these changes had reduced them by approximately 50%. There was a monthly patient safety call held virtually with colleagues at their other site in Chelsea to discuss their near misses and errors as a fixed agenda item. Attendance was mandatory and the meeting was recorded so that anyone on annual leave could watch it upon their return. One of the technicians was the patient safety lead for the team, part of whose role was to analyse the reports and identify any trends. The monthly review was then discussed internally with the team, focussing on what they had learned and what could be changed in their processes. The SI produced a quarterly report for the hospital trust's board as part of their overall risk assessment activity. Since installing EPIC, they found that their most frequent mistakes were now with quantities rather than dosage instructions.

The pharmacy manager had participated in a task and finish group to encourage the hospital's prescribers to improve their prescription writing. He explained that improving matters upstream would help the pharmacy become more efficient. The pharmacy led on the labelling standards forum which aimed to continually improve prescribing pathways. Since their work on defining new labelling standards within the hospital, the majority of labelling issues were now grammatical rather than clinical. However, even the smallest grammatical change to a label meant that a new bag label with a new QR code had to be created so that only the most up-to-date version of the labelled medicine could be handed out. The SI carried out an internal audit of the pharmacy's procedures every six months and used an app, 'Tendable', to both collate the necessary evidence and also to view the results. The pharmacy regularly scored over 90% against its key standards. There was also a monthly audit carried out by the pharmacy manager.

Roles and responsibilities were clearly set out for each member of the team in their 'terminology and workflow' SOP, and everyone could explain what they could and couldn't do. The correct RP notice was on display during the inspection, and it was changed when another pharmacist took over the RP role during the inspection. There was a clear handover process between the outgoing and incoming RPs to bring the incoming RP up to date. The EPIC system had a medication escalation log which was used, together with the online work queues, to ensure there was a smooth handover and everyone understood their priorities. There was also an email exchange at the end of every day from the RP as they signed out so that the new RP was fully informed when signing in the next morning. The manager explained that they switched RPs during the course of the day whenever one left for a break or lunch so that there was never a time with no RP on the premises. So they never needed to record any temporary absences. Those entries examined in the RP log were complete and up to date.

There was a complaints procedure in place and people were encouraged to provide feedback through the hospital's website and 'survey monkey'. There was a monthly meeting, attended by the SI, of the trust's 'outpatient patient satisfaction review group'.

Professional indemnity and public liability insurance, valid until July 2024, together with employer's liability cover were all arranged through a broker approved by the hospital trust. Certificates were on display in the dispensary for the team to see.

There were controlled drug (CD) registers and those entries examined were in order. Amendments were made using asterisks and footnotes signed and dated by the person making the entry. CD running balances were checked and recorded every week in accordance with the relevant SOP. Returned CDs were recorded in the patient-returned CD book before being denatured prior to safe disposal. Those entries examined in the book were all complete and up to date.

Records of unlicensed medicines, or 'specials', had a complete audit trail in EPIC showing exactly what was obtained and supplied. Patient details were all recorded separately from the certificates of conformity as the pharmacy ordered its specials in bulk for a large number of people at a time. The log also included the manufacturer, batch number, expiry date along with who had assembled and checked each item dispensed.

The pharmacy had an Information Governance (IG) policy in place, and also completed the mandatory NHS Data Security & Protection (DSP) toolkit every year. There was a privacy notice in the prescription reception area so that people using the pharmacy could see it. Upon questioning, members of the team were able to describe how they maintained confidentiality and didn't disclose anybody's personal information until they had confirmed the person's identity or otherwise satisfied themselves that they could share the information. There were separate bins for confidential waste which were sealed and collected daily for destruction by the hospital trust.

The three senior pharmacists within the team were trained to level three in safeguarding, and all other registrants to level two. Non-registrant team members were trained to a level equivalent to level one. There was a notice for all staff to read showing a flowchart of the process for escalating a safeguarding concern. Ultimately to the trust's safeguarding lead. There was a notice in the reception area outlining the pharmacy's chaperoning policy.

# Principle 2 - Staffing  ✔ Standards met

## Summary findings

The pharmacy has enough staff, with an appropriate skill mix, to manage its workload safely. It has a good management structure in place to help it run smoothly and effectively. The pharmacy gives its team members plenty of support with their training, making sure they have enough time to complete it. They have a clear understanding of their roles and responsibilities, and work well together as a team.

## Inspector's evidence

At the time of the inspection, there were two medicines counter assistants (MCAs) and four trained dispensing assistants on duty in addition to three registered pharmacy technicians (two of whom were accuracy checking technicians (ACTs)), and three pharmacists. One of those pharmacists was the manager, the second was RP until her shift ended and handed over responsibility to the third. This appeared to be sufficient for the workload as everyone was working calmly and communicating effectively with one another. There was a detailed staffing rota in place which deliberately omitted the manager and the SI. This was so that the manager could spend his time more usefully managing the operation and planning ahead. He was also able to step in and help if necessary. Part-time staff increased their hours if needed to cover unexpected absences.

There was a mix of registered pharmacy professionals and staff undergoing accredited training. There was a folder containing a role training profile and record for each team member, with certificates where appropriate. There was an online training matrix which the manager used to track overall progress. He reviewed them every quarter and helped each individual identify what more they could do in order to grow in their job. Some of the training modules were mandatory and staff training was part of the pharmacy's regular audits. It scored over 98% on mandatory training and 100% on appraisals against targets of 90% for each. All of this was checked and overseen by the lead education & training pharmacist based at the Chelsea site. Mandatory training subjects included health and safety, equality diversity and inclusion, basic life support, risk management and information governance. The pharmacy provided each team member with three hours paid training time each week. This was usually taken either after the pharmacy closed early on a Saturday, or on the job. In addition, those currently undertaking an accredited NVQ2 or NVQ3 course were given, on average, one full day of training time a week. Some of this time was spent in reviews with the training lead.

All those questioned appeared to be comfortable with their targets and there was no pressure that may compromise their judgement. The manager and SI explained that all their targets were based around patient safety. They had a morning 'huddle' to discuss what needed to be achieved that day, and to follow up on anything carried over from the previous day. Everyone appeared to know what they were doing and seemed to be very open with each other. There was a whistleblowing policy in place and those questioned knew who to go to if they had a problem.

## Principle 3 - Premises  ✔ Standards met

### Summary findings

The pharmacy's premises are welcoming and present a very professional image to those using its services. They are bright, clean and easily accessible. And they are very well laid out with plenty of space for everyone to work efficiently and safely.

### Inspector's evidence

The premises were in a new extension to the hospital. They were spacious and spotlessly clean with a large waiting area for people using the pharmacy's services. They had been designed with input from the pharmacy team so that they met their specific needs. The prescription reception area had four serving points, one of which was low height with a recess to accommodate wheelchairs. Each reception point had a clear perspex screen fitted to help reduce the spread of airborne viruses and protect both team members and those using the pharmacy. There were 29 rooms available for the pharmacy to use as consultation rooms.

The dispensary itself was large with plenty of space for the twelve workstations. There was also a separate workstation near the front for the pharmacists to use when completing their clinical checks on prescriptions. Some of the workstations had two computer systems so that when labelling on one, they could refer to the other to set the necessary priority in the work queue. The other workstations only had one system and were used for assembling prescriptions rather than labelling. There was a sink with handwashing facilities. The pharmacy had installed an automated dispensing robot at the rear of the premises.

Staff had access to the toilet and canteen facilities in the hospital, so these were not included in the inspection. The hospital's cleaning contractors cleaned the pharmacy in the morning and afternoon. In addition, team members regularly wiped down all worksurfaces and touch points.

Room temperatures were maintained by combined heating and air-conditioning units at a level suitable for the storage of medicines and to keep the team comfortable. There were a number of temperature sensors throughout the pharmacy linked to a central monitoring system managed online by an external organisation approved by the hospital trust. At the time of the inspection, the external organisation hadn't yet updated its operations to account for the new premises, so the pharmacy team was monitoring the temperatures manually.

# Principle 4 - Services ✔ Standards met

## Summary findings

The pharmacy delivers its services in an easily accessible, safe and effective manner. It continually improves the way it works so that people don't have to wait any longer than is necessary. Its team members give people detailed information about their medicines, taking into account the differing needs of people attending the hospital. They identify those supplied with high-risk medicines, so that they can be given extra information to help them take their medicines safely. The pharmacy sources, stores and manages its medicines safely, to help make sure that all the medicines it supplies are fit for purpose. It responds very well to drug alerts or product recalls to make sure that people only get medicines or devices which are safe for them to take.

## Inspector's evidence

There was a well-signposted route from the hospital entrance to the pharmacy in the new cancer centre. The waiting area in front of the pharmacy reception was large with plenty of seating available. There were several notices on the wall by the reception counters outlining the services provided by the pharmacy and some of its policies such as chaperoning. There were no steps and plenty of space for those using wheelchairs or other mobility aids.

Team members no longer needed to use their written guidelines for identifying medicines that either looked alike or had names which sounded alike (LASAs) as they had been superseded by the barcodes and QR codes used by their EPIC system. Prescriptions were received electronically direct from the consultants or other prescribers within the hospital. Part of the labelling process included prioritising the prescription within the overall work queue within EPIC so that waiting times were kept to a minimum. The manager stated that their typical waiting times were now much lower than those of other hospitals that didn't use the EPIC system. All dispensing labels were signed to show who had assembled the items and who had completed the final accuracy check even though the QR code provided a complete audit trail of who had been involved in every step of the process. There was a process for reporting any medicine that didn't have a barcode or QR code to identify it so that a code could be added. The pharmacy had made it mandatory for anyone manually dispensing loose tablets from a bottle to obtain a second signature confirming the quantity was correct. The automated robot was used for dispensing medicines in original packs. It moved its stock around during the night in order to optimise its storage capacity and efficiency. The robot also monitored batch numbers and expiry dates of all the products inside. There was a separate date-checking matrix and monthly report for those products not stored in the robot. Loose off-cut strips of CDs were attached to a blank label with their expiry date and batch number written on as an additional safeguard.

The pharmacy delivered some medicines to people's homes, usually by the Royal Mail medicines delivery service. No CDs or items requiring refrigeration were delivered. Same day couriers were used for urgently required items. The pharmacy contacted people before sending any deliveries so they could confirm their address, what they were expecting, whether they knew how to take it and finally whether they would be at home to accept the delivery. All deliveries were tracked and there was a full online audit trail.

People collecting their medicines in person were asked to confirm their identity before being asked if they knew what medicines they were expecting and whether they knew how to take them. They were

given detailed advice before the medicines were handed out. The assistant scanned a QR code and then entered the person's hospital identification number to reconfirm their identity and so that there was a clear audit trail to show who handed the medicines out. If there had been any changes to the medicine, or its labelling, then the QR code wouldn't work, and the medicine couldn't be handed out until a new QR code had been generated. This was to ensure that only the most up-to-date version of the prescription could be handed out.

There was an online temperature check record for each of the four fridges in the pharmacy. The record was continually monitored by the same external organisation that monitored the room temperatures. They would call the pharmacy if any of the temperatures went outside the correct range. The pharmacy was currently monitoring its fridge temperatures manually until the external company had updated its systems to recognise the new premises. If any of them did go out of range, then the reasons for it and any actions taken could be input by those authorised to access the system. There were three CD cabinets securely fitted in accordance with the safe custody regulations. All items were kept in their original containers, and most were dispensed as complete packs. Expiry dates were regularly checked.

Those questioned were aware of the risks to women who could become pregnant of taking valproates. The pharmacy had stocks of the information leaflets and cards to help advise them. They also knew not to stick the dispensing label over the manufacturer's warnings on the packaging. There was a notice in the dispensary reminding team members of the process to follow. The manager explained that in common with many of the other teratogenic medicines they supplied, the EPIC system prevented them from dispensing them until the pharmacist had confirmed that there was a Pregnancy Prevention Programme (PPP) in place and that the necessary counselling had been given. There was a small selection of medicines available for sale and a protocol for the team to use. Team members explained that they didn't sell very much but they knew what to ask and when to refer to the pharmacist.

There was a record for the keys to the controlled drugs (CD) cabinets so that there was a complete audit trail of who had the keys and when. They were kept on the RPs person during the day and locked away securely at night.

There was a notice for people to read about the medicines they could return to the pharmacy. People with sharps were signposted to the hospital's main reception desk who would take their sharps for safe disposal. There were suitably designated bins for unwanted medicines, which were sealed when full and taken away for destruction by the hospital. The manager explained that they had purple lids they could use for the bins if they had any hazardous waste medicines such as cytotoxics to be disposed of.

The pharmacy received alerts and recalls direct from the MHRA and also internally from the hospital's drug information team. There was a file containing details of all the alerts and recalls with details of the action taken, who by and when. An email was also sent to the drug information team to confirm what action had been taken for each alert. There was a summary log at the front of the folder which the manager reconciled every month against the alerts listed for that month on the MHRA Clinical Alert System (CAS) to make sure that none had been missed.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

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

### Inspector's evidence

All the pharmacy's equipment was purchased through the hospital trust's procurement team. There was a service level agreement between that team and the pharmacy for the maintenance of all its equipment except for the electronic point of sale (EPoS) tills at the medicines counter. There was also a warranty for the automated dispensing robot so the pharmacy could contact its manufacturer for help if there was a problem with it.

There was suitable equipment available for measuring out loose tablets and capsules, including separate ones for cytotoxic or cytostatic medicines. There was a selection of crown-stamped conical measures for liquids. The pharmacy had online access to multiple reference sources including the BNF and Medicines Complete. They also had online access to the hospital's internal guidance on medicines management including which items to choose when there may be several options. One example quoted was tinzaparin as the preferred low molecular weight heparin.

Access to the pharmacy's computer systems was password protected and no screens were visible to people who didn't work in the pharmacy. Prescriptions awaiting collection behind the reception counter were arranged so that no patient details were visible.

## 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. |