

Registered pharmacy inspection report

Pharmacy Name: YourHealth Pharmacy, Emergency Department,
Lister Hospital, Coreys Mill Lane, Stevenage, Hertfordshire, SG1 4AB

Pharmacy reference: 9012127

Type of pharmacy: Hospital

Date of inspection: 14/10/2024

Pharmacy context

The pharmacy is in a busy NHS hospital in a largely residential area. The people who use the pharmacy are those who have admitted to hospital and are being discharged. These people are not able to physically access the pharmacy and their medicines are delivered to them in the hospital. The pharmacy is open five days a week. And this was the pharmacy's first inspection since opening.

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	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
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. Team members record and review their mistakes so that they can learn and make the services safer. The pharmacy protects people's personal information well. And people can provide feedback 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

The pharmacy had up-to-date standard operating procedures (SOPs). Team members had signed to show that they had read, understood, and agreed to follow them. Team members' roles and responsibilities were specified in the SOPs. The pharmacy would remain closed if the pharmacist had not turned up in the morning. Team members knew not to hand out dispensed medicines if the pharmacist was not in the pharmacy.

Pharmacists screened prescriptions and any prescribing errors noticed were recorded on the hospital patient safety incident report system. The pharmacy made the patient safety lead for the out-patients department aware of any prescribing errors. Dispensing errors, where a dispensing mistake had reached a person, were recorded on a designated form and a root cause analysis was undertaken. The pharmacist said that she was not aware of any recent dispensing errors. Near misses, where a dispensing mistake was identified before the medicine had reached a person, 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. Any dispensing mistakes were also discussed in the team, and team members involved would complete a reflection form. Near misses were recorded and reviewed regularly for any patterns. Items in similar packaging or with similar names were separated where possible to help minimise the chance of the wrong medicine being selected.

Team members kept workspace in the dispensary free from clutter. And there was an organised workflow which helped them prioritise tasks and manage the workload. Plastic trays were used to help minimise the risk of medicines being transferred to a different prescription. Yellow trays were used for paediatric prescriptions and clear for people over the age of 16. Prescriptions were initialled by the pharmacist to show that these had been clinically checked. And team members initialled dispensing labels when they dispensed and checked each item to show who had completed these tasks.

The pharmacy had professional indemnity insurance. The right responsible pharmacist (RP) notice was clearly displayed, and the RP record was completed correctly. Controlled drug (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.

Team members had completed training about protecting people's personal information. Smartcards used to access the NHS spine were stored securely and team members had their own smartcards available to use during the inspection. Confidential waste was removed by a specialist waste contractor, computers were password protected and people using the pharmacy could not see information on the computer screens.

The complaints procedure was available for team members to follow if needed and the pharmacy's contact details were clearly displayed on the website. The pharmacist said that there had not been any recent complaints.

Team members had completed training about protecting vulnerable people. And the pharmacy had contact details available for agencies who dealt with safeguarding vulnerable people. The pharmacist could describe potential signs that might indicate a safeguarding concern. And she would refer any concerns to the safeguarding lead or relevant authority. She said that there had not been any safeguarding concerns at the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services safely. The team members can take professional decisions to ensure people taking medicines are safe. They do the right training for their roles. And they are provided with some ongoing training to support their learning needs and maintain their knowledge and skills. They can raise any concerns or make suggestions and have regular meetings.

Inspector's evidence

There was one pharmacist working at the start of the inspection and two trained dispensers started work towards the end of the inspection. The pharmacist explained that holidays were staggered to ensure that there were enough staff to provide cover. And there were contingency arrangements for pharmacist cover if needed. The team members wore name badges displaying their role. They worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. And the pharmacy was up to date with its dispensing.

The pharmacist said that team members had to complete mandatory training provided by the hospital on a regular basis. Examples of training completed included fire safety, and training about the mental capacity act and autism. The pharmacist said that she passed on important pharmacy-related information to team members. And they had online training modules available. The superintendent pharmacist said that she monitored training and sent a monthly report to the pharmacy. Team members were allowed time to complete training at work during quieter times or they could access it at home if they preferred. Team members were offered paid time off to attend training sessions if needed or cover would be provided during work if needed.

The pharmacist was aware of the continuing professional development requirement for professional revalidation. She had recently completed competent person training and training about risk management. And she had completed training about oral cancer medication. The pharmacists were trained to screen prescriptions for chemotherapy medicines.

Team members had yearly performance reviews and they felt comfortable discussing any issues with the pharmacist. The pharmacist felt able to make professional decisions and targets were not set for team members. There were daily informal huddles so team member could discuss any issues and allocate tasks. The pharmacist explained that there were meetings held on an ad hoc basis with the in-patient manager, pharmacist, and superintendent pharmacist where they discussed any ongoing issues.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises provide a safe, secure, and clean environment for the pharmacy's services.

Inspector's evidence

The pharmacy was secured against unauthorised access and there were security guards working in the hospital. It was bright, clean, and tidy throughout. Air conditioning was available, and the room temperature was suitable for storing medicines. People in the hospital could not see into the pharmacy. Toilet facilities were available in the hospital and there were separate hand washing facilities available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. It gets its medicines from reputable suppliers and stores them properly. It responds appropriately to drug alerts and product recalls, so that people get medicines and medical devices that are safe to use.

Inspector's evidence

Opening times were clearly advertised and there was a direct phone line to the pharmacy. The in-patient team could communicate with the pharmacy using a secure messaging network or secure pagers. The pharmacy could produce large-print labels for people who needed them.

The pharmacist said that the pharmacy rarely dispensed prescriptions for higher-risk medicines such as warfarin. Prescriptions were screened, and any queries were addressed before they were accepted into the pharmacy. Any information pertaining to the prescription or the person the medicine was for was recorded on a 'to take out' (TTO) check list. Such as, 'is the person being discharged the same day as the TTO dispensed?'. The bag was labelled with 'TTO medicine bag for discharge only. Do not use any medicines in this bag for in-patient use'. This helped to ensure that these medicines were not supplied to in-patients, and this helped to minimise the chance of people being given additional doses. Pharmacy staff took dispensed medicines to the hospital in sealed bags. Dispensed fridge items were kept in clear plastic bags to aid identification. And a sticker with 'refrigerated items enclosed – unpack immediately on receipt' was on the bags. Medicines were checked by ward staff before being handed out to people. The pharmacy did not supply part prescriptions to people. And medicines were taken to the ward on the day of the person's discharge so there were no medicines waiting collection.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Drug alerts and recalls were received from the NHS and the MHRA. The pharmacist explained the action the pharmacy took in response to any alerts or recalls. 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. Stock was stored in an organised manner in the dispensary. Expiry dates were checked every three months and this activity was recorded. Items due to expire within the next six months were highlighted. There were no date-expired items found in with dispensing stock during a random spot check and medicines were kept in their original packaging. The pharmacy kept lists of short-dated items so that these could be removed from dispensing stock before they had expired. These could be transferred to the other pharmacy in the hospital and used, if possible, which helped to minimise waste.

CDs were stored in accordance with legal requirements and denaturing kits were available for the safe destruction of CDs. Expired CDs were clearly marked and separated. Returned CDs were recorded in a register and destroyed with a witness, and two signatures were recorded. Fridge temperatures were checked daily, and maximum and minimum temperatures were recorded. Records indicated that the temperatures were consistently within the recommended range. The fridge was suitable for storing medicines and was not overstocked. And there was a coded lock on the fridge to restrict access.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

Suitable equipment for measuring liquids was available but not for volumes less than ten millilitres. Team members had been using a plastic syringe to measure some liquids. The pharmacist said that she would order suitable measures. Triangle tablet counters were available and clean. The pharmacy did not dispense any cytotoxic medicines. 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 online.

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.