

Registered pharmacy inspection report

Pharmacy Name: Pharmacy Department, Nevill Hall Hospital, Brecon Road, Abergavenny, Sir Fynwy, NP7 7EG

Pharmacy reference: 9012183

Type of pharmacy: Hospital

Date of inspection: 12/03/2024

Pharmacy context

This pharmacy is located inside Nevill Hall Hospital in Abergavenny, and it is managed by the Aneurin Bevan Health Board. The hospital provides a variety of treatments and services for people in the local area. The pharmacy provides dispensing services to people who have been admitted to the hospital. This activity is regulated by Health Inspectorate Wales (HIW) and the pharmacy also holds a wholesaler distribution authorisation (WDA), which is regulated by the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacy is registered with the General Pharmaceutical Council (GPhC) as it supplies medicines to several community hospitals within the Powys area, which are separate legal entities to the hospital. The inspection and resulting report only deal with activities associated with its GPhC registration.

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 suitably identifies and manages the risks associated with its services. And it keeps the records it needs to by law. Team members follow written procedures to help ensure that they complete tasks safely. And they record their mistakes to help them learn and improve. Pharmacy team members understand how to keep people's private information safe, and they know how to raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) which covered the tasks and activities within the pharmacy. The procedures were regularly reviewed and updated by an SOP working group and were approved by senior managers before being made available to team members electronically. The pharmacy held training records as an audit trail to show that team members had read and understood the procedures. But some team members had not yet signed the training records, so the pharmacy may not always be able to demonstrate that team members are clear about their roles. The pharmacy provided suitable evidence of professional indemnity insurance.

The pharmacy had an incident reporting procedure. Near misses were recorded on designated forms and were discussed at a weekly team meeting. A formal review to identify any patterns and trends was also completed each month and shared with the other hospital sites within the Health Board to promote learning. Dispensing incidents were recorded electronically and investigated by the senior management team. Learning points were shared amongst the team. Team members involved in dispensing incidents were encouraged to complete reflection forms to help identify any personal learning points. These were recorded in an action plan and monitored by team members line manager.

The pharmacy had a complaint procedure. Senior members of the pharmacy team met with team members from the Powys community hospitals monthly to seek feedback on the service provided. Patients using the pharmacy's services were able to provide feedback and raise concerns through a 'putting it right' team.

The correct responsible pharmacist (RP) notice was displayed at the pharmacy reception area and the RP log was in order. Records for the procurement of specials were maintained. Controlled drugs (CD) registers kept a running balance and regular balance checks were completed. The pharmacy did not dispense any private prescriptions.

Pharmacy team members completed information governance training as part of a mandatory training programme. No confidential information was visible from the pharmacy waiting room and confidential waste was segregated and removed by hospital porters to be taken for suitable disposal. A privacy policy notice was displayed in the waiting room. Pharmacy team members also completed safeguarding training. The hospital had safeguarding reporting procedures in place, which the RP had recently used to raise a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are suitably trained for the jobs that they do. They complete regular ongoing training to help to ensure their knowledge and skills are up to date. And they get regular feedback on their development. Pharmacy team members can raise concerns and provide feedback in several ways, and action is taken in response to feedback.

Inspector's evidence

The pharmacy team comprised of 41.94 whole time equivalent posts. There was a good skill mixture of pharmacists, pharmacy technicians, pharmacy assistants and clerical staff. The pharmacy had a locum pharmacist and a locum pharmacy technician providing support to the department, covering maternity leave and some other vacancies which had been successfully recruited to. It was anticipated that new team members would commence their roles in the coming weeks. Each team member had an electronic staff record. Annual leave was planned in advance and authorised by line managers to help ensure sufficient staffing levels were maintained. There were three other pharmacy departments located at other hospitals within the Health Board, who provided additional staff support, if required. The workload in the department was suitably managed and there was no backlog in dispensing.

Team members were suitably trained for the roles in which they were working. There were education and training pharmacists who supported the development of the pharmacy team at both Health Board and hospital level. Pharmacy team members completed an initial in-house competency programme as part of their induction. The requirements for this differed based on role and circumstance. For example, more training was required for a team member who was new to the department and their role, compared to one who was returning to work from a short break in service for a reason such as maternity leave. At the conclusion of the competency programme, team members were interviewed by a panel and asked for their feedback on the process. Mandatory training modules were also completed in line with hospital policy. This included modules such as information governance, safeguarding and health and safety.

Additional learning was available on a continuous basis, with pharmacists and pharmacy technicians holding a clinical meeting each month. The pharmacy also participated in a learning at lunch programme, which was held virtually and included other colleagues from across the Health Board. Each team member had a designated line manager and received a regular personal development review. Training reports and the completion of development reviews were monitored at a management level.

The pharmacy held a communications meeting with all team members each week, where important message and feedback on any incidents were discussed. Team members could also provide feedback through a suggestions box in the training room and verbal feedback was encouraged. Electronic feedback forms had also previously been issued to pharmacy team members. The RP explained that in response to staff feedback, the pharmacy now referred to near misses as 'good catches' within the department, as team members felt that there was a more positive connotation with that terminology. The hospital also had a whistleblowing policy in place.

There were time sensitive targets in place for the supply of medicines to the Powys based community

hospitals. These were based on the set transport times and no concerns were raised.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and provides an appropriate space for the provision of pharmacy services. There are designated areas for dispensing and checking and there is enough space for the current volume of dispensing.

Inspector's evidence

The pharmacy was located within the main hospital building. It was generally suitably maintained and was of an appropriate size for the current volume of work. There was adequate lighting throughout and the ambient room temperature was suitably maintained. Pharmacy team members had access to a tearoom area and WC facilities. Appropriate handwashing facilities were available.

The dispensary was spacious and well organised. There was a designated clinical checking bench used by the pharmacist on duty and several dispensing terminals which were each linked to the dispensing robot. There was a separate area reserved for accuracy checking and completed prescriptions were stored in a designated storage area, labelled with respective wards and departments. Off the dispensary was a CD room and a compounding area, where there was a separate sink for the preparation of medicines.

The remainder of the department consisted of a stores area, which was where the large dispensing robot was located and office space for use by pharmacy team members. And there was a small waiting area at the entrance of the department, which had several chairs for use by people waiting for their medicines. All areas were clean, tidy and well maintained.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible and well managed to help ensure that people receive appropriate care. It keeps robust audit trails to monitor each stage of the dispensing and delivery processes. The pharmacy gets its medicines from licensed wholesalers and team members complete regular checks to help make sure that medicines are suitably stored and fit for supply.

Inspector's evidence

The pharmacy was well signposted from the main entrance of the hospital and access was step-free to assist people with mobility issues. There was a variety of posters and leaflets displayed on a board near to the reception desk. These contained information relevant to the pharmacy and hospital, as well as additional health promotion literature.

The pharmacy received requests for medicines electronically. In most cases the requests had already been clinically screened by a pharmacist at the relevant community hospital. Patient prescription charts were also available for review. Prescription requests were placed in designated trays for dispensing by a pharmacy assistant or pharmacy technician. Accredited accuracy checking technicians (ACTs) completed the final accuracy check. An audit trail was maintained for each stage of the dispensing process on the prescription request form and also through the pharmacy dispensing system. Dispensed prescriptions were placed into a retrieval area and were sent via delivery to the relevant community hospital on one of four transport runs which took place each day. Medicines were transported in sealed boxes and audit trails were maintained as a record of secure delivery. Additional audit trails were in place for the delivery of any controlled drugs. All deliveries were completed in temperature-controlled transport vehicles. Temperature validations were completed twice a year to monitor the temperature range.

Pharmacy team members had access to clinical monitoring systems, to allow them to check the blood test results of patients on high-risk medicines, which required additional monitoring. Team members had been made aware of recent changes to the supply of valproate-based medicines and a review of the policy and risk assessment for valproate was ongoing.

The pharmacy sourced its medicines through licensed wholesalers and unlicensed specials from a specials manufacturer. Most medicines were stored inside a large dispensing robot. Bar codes on medicines were read during the loading process and a record of expiry date was recorded. Each month a list of medicines due to expire was produced and these were removed and placed for suitable disposal. Liquid medicines stored on shelves in the dispensary were marked with the date of opening. Obsolete medicines were placed in suitable medicines waste containers. Alerts for the recall of faulty medicines and medical devices were received via emails. Alerts underwent an initial assessment to identify if the pharmacy held any relevant stock and an audit trail was maintained of any action taken in response to alerts.

There was a large walk-in fridge which was well organised and fitted with a continuous monitoring system. A back up power system was also in place in the event of any electrical outages. Team members were made aware if the fridge temperature ever deviated from the recommended temperature range. CDs were stored securely.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. The equipment is suitably maintained, and team members use it in a way that protects people's privacy.

Inspector's evidence

Pharmacy team members had access to a variety of reference texts both in electronic and paper format. Additional support with resources was also available from a Medicines Information service currently provided by a hospital in a nearby Health Board. There was a large range of approved glass measures with separate measures reserved for use with CDs. Counting triangles were also available, although these were used infrequently. All equipment seen appeared clean and suitably maintained.

Electrical equipment was in working order and underwent PAT testing. The dispensing robot had a full maintenance contract in place. The dispensary was self-contained with all computer screens facing away from public view. Computer systems and software programmes such as the dispensing system were all password protected for additional security.

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.