

Registered pharmacy inspection report

Pharmacy Name: Pharmacy Department St Georges Hospital,
Pharmacy Department, The Redwood Centre, Somerby Drive,
Shrewsbury, Shropshire, SY3 8DS

Pharmacy reference: 9012194

Type of pharmacy: Hospital

Date of inspection: 02/07/2024

Pharmacy context

This pharmacy is located within The Redwood Centre, Shrewsbury which is part of Midlands Partnership NHS Foundation Trust. The centre provides healthcare services including inpatient and outpatient mental health services, and psychiatry services. This activity is regulated by the Care Quality Commission (CQC). The pharmacy does not currently provide any activities or services which require it to be registered with the General Pharmaceutical Council (GPhC), therefore a full inspection was not carried out.

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

Members of the pharmacy team work in accordance with written procedures to make sure they complete tasks in the right way. The pharmacy has basic procedures covering GPhC regulated activity should this take place. Team members record and review and discuss their mistakes so that they can learn from them. The pharmacy protects people's personal information, and it has safeguarding policies to support vulnerable people.

Inspector's evidence

The pharmacy had access to the NHS Trust's policies and procedures covering its operational activities. The pharmacy team could access these on the internal computer system. The policies covered matters such as risk management, information governance and safeguarding. The pharmacy team members received training on these policies as part of their induction. The pharmacy did not currently carry out any services or activity for which it was required to be registered with the General Pharmaceutical Council (GPhC). The superintendent pharmacist (SI) and governance teams within the Trust had registered three of their pharmacies as part of the Trust's contingency plans for public health emergencies.

The pharmacy has a process for recording near misses and dispensing errors. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake, and learning was shared with the team during regular meetings. Pharmacy incidents were recorded and reviewed by the governance team. The team reviewed the near misses and pharmacy incidents on a monthly basis and shared any learnings with the other dispensary managers within the Trust. There was a monthly briefing by the SI which was broadcast to the pharmacy teams within the Trust on a large TV screen in the dispensary. People could share any concerns that they had about the pharmacy with the pharmacists or with the dispensary manager. Leaflets explaining the Trust's complaint policy were available and people were given the details of PALS so that an independent person could review the complaint.

Any confidential information in the pharmacy was suitably stored and disposed of. The pharmacy had a procedure which explained the basic principles of the responsible pharmacist (RP) requirements should any GPhC activity take place. It kept records of supplies of medicines made in the course of the hospital business. The RP notice was clearly displayed, and RP records were maintained.

Members of the team completed safeguarding training and received refresher training as part of the Trust's annual compliance training. The Trust's safeguarding policy was available in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably trained team members to manage the workload and the services that it provides. Team members work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the dispensary manager, pharmacists, accuracy checking pharmacy technicians, and trained dispensing assistants (known as assistant technical officers or ATO's). The pharmacy team was supported by a wider team within the Trust including the SI (known as the chief pharmacist), a chief pharmacy technician, ward teams, governance teams and learning and development (L&D) team.

Pharmacy team members completed regular training. Some training was provided using an electronic learning system, including the Trust's annual mandatory training modules. Some training needs were identified by the L&D team, the SI and the dispensary managers. The pharmacy team were also able to make suggestions for topics that they wanted to learn about, and the L&D team designed a training session to address these requirements.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is bright, clean and professional in appearance. It provides a suitable environment for the delivery of healthcare services.

Inspector's evidence

The pharmacy was located on the ground floor of the Redwoods Centre. It was clearly signposted from the entrance. The pharmacy was a suitable size for the workload that it carried out. It was fitted with work benches, shelving and storage units. Fixtures and fittings were in good order, and the pharmacy was clean, tidy and well organised. The pharmacy was bright and well lit. Cleaning was carried out by the hospital's cleaning team. The pharmacy had a hatch so that hospital staff could drop off the requests from the different departments. Only the pharmacy team could access the pharmacy and access was controlled using key fobs. The pharmacy was kept locked when not in use, and it was not accessible to hospital staff out of hours. Maintenance requests were submitted to the onsite facilities team.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources, stores and manages medicines safely. And it takes the correct action to make sure medicines are safe for people to use.

Inspector's evidence

The pharmacy's main activities involved the supply of medicines for hospital patients and stock medicines to wards. Medicines were obtained from licensed suppliers and they were stored in an organised manner in the pharmacy. No out-of-date medicines were found on the shelves. Medicine fridge temperatures were monitored and recorded. Obsolete medicines were separated in the pharmacy for collection by an authorised waste contractor. Drug alerts were received by email and an audit trail was kept showing that these had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to store and supply medicines safely. And it uses them in a way to protect people's information.

Inspector's evidence

The pharmacy was equipped with medical fridges for storing medicines, a controlled drugs cabinet and a sink with hand washing facilities. Other equipment for preparing medicines was available. Computer systems were password protected. All electrical equipment appeared to in good working order.

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.