

Registered pharmacy inspection report

Pharmacy Name: Pharmacy Department, Haywood Hospital, High Lane, Burslem, Stoke-on-Trent, Staffordshire, ST6 7AG

Pharmacy reference: 9012202

Type of pharmacy: Hospital

Date of inspection: 02/07/2024

Pharmacy context

This pharmacy is located within Haywood hospital, Stoke-On-Trent which is part of Midlands Partnership NHS Foundation Trust. The centre provides healthcare services including inpatient and outpatient rheumatology services, and children and adolescent services. This activity is regulated by the Care Quality Commission (CQC). The pharmacy provides a very limited volume of activity which requires 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

The pharmacy has written procedures which are followed by its team members to help make sure they complete tasks safely and effectively. Members of the team make a record of when things go wrong, and they discuss them so that they can learn from the mistakes. The pharmacy provides training and written processes to help its team members protect people's private information and keep vulnerable people safe.

Inspector's evidence

The pharmacy had a comprehensive set of Standard Operating Procedures (SOPs), and Trust policies in place so that its team members worked in a safe and effective manner. Each SOP and policy stated which team members it was directly related to, based on their role. The pharmacy kept a record to confirm that the team members had read and understood them. Professional indemnity insurance was in place and organised by the hospital Trust.

The pharmacy made a record of mistakes that occurred during the dispensing process that were identified before medicines were supplied to people, known as near misses. The team member completing the accuracy check highlighted the mistake to the team member involved and asked them to correct it. An electronic record was made by the accuracy checker. But the record did not include any learning outcomes which would be useful for team members to help them to reflect on their mistakes or improve their working practices. However, near miss errors were reviewed each month and presented at the governance meetings to highlight what actions had been taken to reduce mistakes. The pharmacy did not have any recent dispensing errors which is when a mistake is identified after a medicine is supplied to the person, but there was a process to record and investigate them. Details of how to raise a complaint was displayed in the pharmacy waiting area. The pharmacy used the hospital Trust's complaints procedure and people were given the details of PALS so that complaints could be independently reviewed.

The responsible pharmacist (RP) notice was on display and the RP log was completed in line with the requirements. Members of the team were aware of what activities could not be completed in the absence of an RP. Records for controlled drugs (CDs) and supplies of unlicensed medicines were kept and completed in full.

Team members completed hospital Trust led training on information governance and safeguarding. Team members were aware of the correct steps to take if they had any safeguarding concerns. And posters were displayed in the consultation room which detailed who to contact in the event of a safeguarding issue. Members of the team took appropriate steps to protect confidential information.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained team members to safely manage the workload. And it provides them with a good level support to complete any new and ongoing training. Team members meet regularly to discuss any concerns and provide feedback which helps the pharmacy to improve the services it provides.

Inspector's evidence

The pharmacy team comprised of the dispensary manager who also worked as a lead pharmacy technician, five pharmacists, a foundation trainee pharmacist, two pharmacy technicians, one of whom worked as an accuracy checker, and two trained dispensing assistants, also known as assistant technical officers (ATO's). The pharmacy team was supported by a wider team within the Trust including the chief pharmacist, a chief pharmacy technician, ward teams, governance teams, and a learning and development (L&D) team.

Team members were required to complete a competency framework when they were first employed to help make sure they understood and were competent with the processes that were in place. A supervisor was assigned to the new team member who was responsible for signing off their competency framework. Ongoing training was provided to all members of the team, and this was usually monthly or bi-monthly. And they completed Trust led compliance training such as information governance, GDPR and infection prevention and control (IPC). Annual appraisals were completed and used to identify training and development needs.

Principle 3 - Premises ✓ Standards met

Summary findings

The environment is suitable for the provision of pharmacy services. The pharmacy premises are clean and tidy. A consultation room is available so the team members can have private conversations with people.

Inspector's evidence

The pharmacy was located on the ground floor of the hospital building. It was large in size and suitable for the workload. Workbenches, shelving and storage units were fitted and were suitable for the storage of medicines and assembly of prescriptions. The pharmacy was bright and well lit. The pharmacy had a hatch so that people could collect medication and hospital staff could drop off the requests from the wards. A consultation room was available and suitable for people to have a private conversation with a member of the team.

Members of the team accessed the pharmacy using key fobs and access was restricted. It was secured when closed. Maintenance issues were reported to the hospital Trust's maintenance department. The pharmacy was cleaned every day.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. It has processes to make sure the team provides people receiving higher-risk medicines with the correct advice. And it stores and manages its medicines in a way to help make sure they are safe to supply to people.

Inspector's evidence

The pharmacy supplied medicines for hospital patients and stock medicines to wards. Medicines were obtained from licensed suppliers. On rare occasions, medicines according to an NHS prescription had been supplied to people who require them urgently and are unable to obtain them from a community pharmacy. Team members initialled 'dispensed-by' and 'checked-by' boxes on the dispensing label to create an audit trail in the event of an error or query. Prescriptions forms were retained, and team members asked people their date of birth and address when they presented to collect their medicines. People were provided with counselling advice to help make sure they used them safely and as prescribed.

The pharmacy obtained its medicines from licensed wholesalers and stored them appropriately to avoid unauthorised access. It appropriately stored medicines that required special storage conditions such as fridge items and CDs. The temperature of the fridges was seen to be in range and daily records were maintained. CDs were stored in a tidy manner and obsolete CD stock, such as patient returns and expired stock, was clearly marked and separated. The expiry dates of medicine were checked regularly, and a record was made. Short-dated medicines were highlighted with a sticker. 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 it needs to provide its services. And its facilities help the team to provide services in a safe and effective manner.

Inspector's evidence

The pharmacy had calibrated glass measures and tablet counting triangles. There were several fridges in the dispensary. Members of the team had access to electronic resources such as the British National Formulary (BNF) and a range of further support tools.

Electrical equipment looked to be in good working order and was last tested in May 2024. Access to people's electronic data was password protected and required an NHS smartcard. And screens were positioned so they could not be viewed by members of the public

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.