

Registered pharmacy inspection report

Pharmacy Name: The Harborne Hospital, HCA Healthcare UK,
Mindelsohn Way, Birmingham, B15 2FQ

Pharmacy reference: 9012224

Type of pharmacy: Hospital

Date of inspection: 10/10/2024

Pharmacy context

This is a private hospital pharmacy located on the campus of the Queen Elizabeth hospital in Birmingham, West Midlands. The hospital's activity is regulated by the Care Quality Commission. The pharmacy department is registered with the General Pharmaceutical Council so it can dispense private prescriptions from other local healthcare providers. The pharmacy does not provide any NHS services. This was the first inspection of the pharmacy since it opened.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.2	Good practice	The organisation supports its team members well with on-going training to ensure their skills and knowledge remain current.
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 safe and effective working practices. It has written procedures to help deliver its services safely and effectively. Team members record and review their mistakes so that they can learn and improve from these events. The pharmacy keeps people's information securely and its team members understand how they can help protect vulnerable people.

Inspector's evidence

The pharmacy had a range of hospital policies and standard operating procedures (SOPs) in place. All team members had signed to confirm that they had read and understood the SOPs. Team members roles and responsibilities were specified in the SOPs and they could explain the tasks they could not undertake in the absence of a pharmacist. The correct responsible pharmacist (RP) notice was displayed and the Head of Pharmacy was the RP on duty on the day of the visit. Professional liability and public indemnity insurance was in place.

The pharmacy had processes for managing mistakes made during the dispensing process. Mistakes that were spotted before medicines were supplied to people (near misses) were recorded on a template. Learning points were identified and discussed by team members. The Head of Pharmacy explained that three near misses had occurred since the pharmacy became operational which were mainly labelling errors involving 'to take out' medicines. This was discussed during a medicines management meeting and prescribers were encouraged to use prescription proforma where possible to help minimise the chances of mistakes recurring. An electronic recording system was used to report any incorrect supplies made to people (dispensing errors). The pharmacy had not had any dispensing errors to report.

Records about RP, private prescriptions, and controlled drugs (CDs) were kept in line with requirements. Running balances on all CDs were kept and full balances were audited at regular intervals. A random balance check of a CD conducted during the inspection was correct. People using the pharmacy's services could provide feedback or raise concerns via several routes, including in person, online, using the pharmacy suggestion box and by scanning a QR code. Overall, the team had received positive feedback and 75% of patients had rated the quality of services provided by the pharmacy team between Excellent – Good.

The pharmacy had an information governance policy and all team members had completed the company's mandatory data protection and security training. And they were required to revisit this training annually. IT systems were password protected and people's private information was stored securely. Confidential waste was separated and managed appropriately.

The hospital had safeguarding policies and a safeguarding lead. The Head of Pharmacy said that any safeguarding concerns identified by team members would be reported to the hospital's safeguarding lead. The pharmacy team members had all completed safeguarding training relevant to their roles and responsibilities.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload effectively. Team members have defined roles and responsibilities and they are well supported by their senior leadership. They are appropriately trained for the work they do, and they receive regular ongoing training to keep their skills and knowledge up to date.

Inspector's evidence

The team comprised of the Head of Pharmacy who was the RP on the day of the inspection, three pharmacists and three pharmacy technicians. A pool of bank and agency pharmacists were also used when required. The Head of Pharmacy said that the pharmacy team was very well supported by the senior leadership and the wider team within the hospital.

The pharmacy's workload was monitored by the Head of Pharmacy. On the day of the visit, team members were observed working well together, and demonstrated a good rapport with each other and with people visiting the pharmacy.

The pharmacy had an induction program for its team members when they were first employed and the company provided online mandatory training. Completion of which was monitored. The Head of Pharmacy said that succession planning and career progression pathway were discussed during personal development reviews. The pharmacy team routinely delivered 'learning at lunch' talks to other healthcare professionals including doctors and nurses. Some of the topics discussed included safer management of hospital stationery and CD regulations.

Team members were very well supported with on-going learning. The company's 'learning academy' ran continuing professional development sessions regularly and funds were allocated for team members to attend various conferences. It had recently identified some free courses including supervisory skills training which pharmacy colleagues were encouraged to attend.

The Head of Pharmacy said that the senior leadership encouraged an open and honest culture within the organisation. There was a corporate whistle blowing policy and team members could raise concerns with their line managers or the human resources department. Team members completed an annual 'HCA Vital Voices Survey'. The most recent survey conducted across all pharmacy departments within the organisation showed a significant improvement in staff satisfaction. 81% of the respondents felt that their manager cared about them as a person and 82% of the respondents felt that they could have meaningful conversations with their manager. There were no targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure, and provide a professional environment to deliver its services safely.

Inspector's evidence

The premises were accessible to people with mobility issues and there was parking available on site. The pharmacy department was located on the ground floor close to the hospital reception area. There was ample seating available for people visiting the hospital. The pharmacy was fitted to a very good standard. It was spacious and bright. Dispensary benches were kept tidy and designated workspace was allocated for specific tasks such as assembling prescriptions and for final accuracy checks. There was a hatch for team members to acknowledge people and receive prescriptions. Access to the dispensary was restricted and activities carried out in the dispensary were generally out of view of people visiting the pharmacy. A consultation room was available and suitable for people to have a private conversation with a team member if needed. All areas of the premises were clean. Team members had access to other facilities including hygiene and canteen facilities. The ambient temperature and lighting were suitable for the activities undertaken. The pharmacy was locked and alarmed when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It obtains its medicines from licensed wholesalers and it stores them appropriately. Team members take the right action in response to safety alerts and medicine recalls so that people get medicines and medical devices that are fit for purpose.

Inspector's evidence

The pharmacy supplied medicines for hospital patients and stock medicines to wards. Approximately 5% of the pharmacy's prescriptions were dispensed under its registerable activity. These were mainly private prescriptions from GPs in the local area. The workflow in the pharmacy was well organised and, at the time of the inspection, the team was managing the workload comfortably. Dispensing labels were initialled at the dispensing and checking stages to create an audit trail to show the team members involved in each task. Most medicines were handed out by a pharmacist so that appropriate counselling was provided to ensure people took their medicines safely and effectively. Team members were aware of the guidance for supplying valproate-containing medicines and the requirement to supply them in their original packs.

Stock medicines were obtained from licensed wholesalers and were stored in an organised fashion. Stock levels and controls were maintained electronically to prevent over stocking. Expiry dates on stock medicines were checked at regular intervals and no date-expired medicines were found amongst in-date stock. All CDs were stored in an Omnicell cabinet which utilised biometrics to gain access. Temperature-monitoring sensors were used to monitor ambient temperatures and temperature-sensitive medicines. And records seen showed temperatures had remained within the appropriate range. Waste medicines were stored in designated containers and collected periodically for safe disposal. Cytotoxic waste was disposed of in the appropriate bins. Drug alerts and medicine recalls were received electronically from the MHRA and the governance team. These were actioned in a timely manner and monitored through the hospital's safety alert tracker.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely and effectively.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources including the BNF, UK Medicines Information and Medicines complete. Team members had access to the internet and a list of relevant websites for further clinical guidance. A range of calibrated glass measures and tablet counting triangles were available. Pharmacy equipment was suitably maintained and kept clean. All electrical equipment was in good working order and it was tested regularly.

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.