

Registered pharmacy inspection report

Pharmacy Name: 12/14 Pharmacy, The Hamptons Hospital, John Lucille Van Geest Place, Cygnet Road, Hampton, Peterborough, Cambridgeshire, PE7 8FD

Pharmacy reference: 9012335

Type of pharmacy: Hospital

Date of inspection: 27/11/2024

Pharmacy context

This is a pharmacy located in a private hospital close to Peterborough. It offers a limited dispensing service currently, on one day per week and for two clinical specialities. It does not dispense NHS prescriptions and it does not sell medicines over the counter. It plans to extend the range of specialities it supports in the future. This was the first inspection of the pharmacy.

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	1.2	Good practice	The pharmacy proactively identifies opportunities to reduce risks and improve its services.
2. Staff	Standards met	2.4	Good practice	The pharmacy promotes a culture of ongoing improvement and openness through sharing ideas and learning from adverse events.
3. Premises	Standards met	3.1	Good practice	The pharmacy's premises are very well presented and are capable of supporting future growth.
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 manages the risks associated with its current services well. It has systems in place to learn from mistakes and it also acts on other information that might highlight an opportunity to improve its services. It protects people's private information well. And it keeps the records it needs to.

Inspector's evidence

The pharmacy had put in place a comprehensive range of standard operating procedures (SOPs) at the time of registration in February 2024 and these were available for the team to refer to. There was evidence that the team members had read and understood the SOPs; team members understanding of SOPs relevant to their roles was checked through quizzes. The dispenser was able to explain what they could and couldn't do if there was no responsible pharmacist (RP) present.

Dispensing labels were initialled at the dispensing and checking stages to create an audit trail. For some medicines supplied, the pharmacy needed to be certain that the person wasn't pregnant. If information was missing about pregnancy status, the pharmacy requested this information in advance of supply. To reduce future delays in this type of scenario, the pharmacy was developing a template to try to ensure this information was always checked and recorded in advance of the prescription reaching the pharmacy. There was a complaints procedure in place but none had been raised about the pharmacy since opening. Any complaints would be recorded and reported to the hospital governance team. The pharmacy's services were appropriately insured.

The pharmacy participated in clinical governance meetings each month and these incorporated sharing and learning from adverse incidents. There had been a recent shared learning event looking at the use of local anaesthetics, prompted by a risk assessment. This had resulted in closer scrutiny of safe dosing based on people's weight and advice about upper limits. There was a process to record and review and dispensing incidents and follow-up actions. The RP during the inspection was also the lead pharmacist and he described remedial action taken following a recent incident to prevent a similar event in future.

The pharmacy displayed the correct RP notice and a record about the RP was available and complete. The pharmacy kept an electronic controlled drugs (CD) register. Stock balances were audited regularly and a spot check during the inspection found the recorded balances agreed with the stock held. Fridge temperatures were subject to continuous monitoring and recording and were kept in the required range.

There was no in-person access by patients or the public to the pharmacy and so patient information on prescriptions in the dispensary could not be viewed inadvertently. Patient records on the pharmacy's systems required individual authentication checks and such access was auditable. Confidential waste was destroyed by shredding. Team members had completed mandatory training about protecting people's information and privacy. Team members had also completed mandatory training about safeguarding relevant to their roles. There was a process to report safeguarding concerns within the hospital, to the safeguarding lead and hospital director. The pharmacy had not had any concerns to report to date.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has team members with the right skills and qualifications to provide its services safely and there are good systems in place to support ongoing learning and development. It considers the needs of the service when recruiting new team members to make sure they have the necessary specialist skills.

Inspector's evidence

The pharmacy currently had a small team involved in providing pharmacy services. This was made up of one dispenser who was training to become a pharmacy technician and the regular RP. Though not yet needed, there were contingency arrangements to cover staff absence; team members working at a community pharmacy under the same ownership could provide support if needed. The team was able to cope with the current workload. The dispenser said they felt able to discuss any queries or issues with the RP and was provided with ongoing support to complete their training course. There was good communication observed between the team members and the dispenser explained that they could readily share ideas and suggestions about how to improve the pharmacy's ways of working. The pharmacy also had weekly huddles.

The RP explained the plans in place to extend the range of clinical specialities covered by the pharmacy. These plans included recruiting additional support from pharmacists who had the necessary clinical skills in the relevant therapeutic areas to provide effective care to people. The RP was an advanced clinical practitioner and a pharmacist independent prescriber though did not prescribe in this setting. They had also a background of practice-based learning through experience in a GP practice.

There was mandatory training for the pharmacy team which included training on the SOPs, safeguarding and information governance. All new starters were subject to checks with the Disclosure and Barring Service and had on-boarding training stipulated by the hospital. Some additional training for team members had also been organised. For example, about air blood gases. And team members had access to online training modules through Bluestream Academy and eLearning for Health. Team members had performance reviews on a regular basis and had personal development plans.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for the services it provides and have been planned to be able to cope with future increases in its workload. There are good systems in place to make sure the premises are clean and safe.

Inspector's evidence

The premises were in very good order and there was more than ample space for storage and dispensing activities. The pharmacy had been fitted out to a very good standard and was well-maintained. They projected a very professional appearance. Access to the premises was well controlled and the pharmacy was secured when closed. There were infection control measures and environmental monitoring including of the water supply, in place, and lighting and ambient temperatures during the visit were suitable for safe dispensing. People didn't currently collect their dispensed medicines from the pharmacy but there was a hatch which could be used for this purpose in future. The pharmacy had access to private consultation rooms in the hospital if needed for counselling or other services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It can make some adjustments to cater for people with different needs. And it works closely with others involved in people's care to ensure treatment is appropriate. It manages its medicines well so they are fit for their intended purpose.

Inspector's evidence

There was level access to the hospital and onsite parking for people attending for services. To help cater for different needs, the consultation rooms were all equipped with hearing loops. And the pharmacy could provide larger print labels if needed. The pharmacy currently dispensed prescriptions generated by clinicians working in dermatology, gastroenterology, women's health and endoscopy. There were plans to extend services to cover cardiology and urology. The pharmacy's core activity was on Mondays each week though cover on other days could be arranged in advance.

The dispenser explained the process for dispensing prescriptions. This included checking if the pharmacy had the right medicines available and liaising with prescribers if medicines needed to be ordered in. If medicines needed to be ordered in for people, the pharmacy kept people informed about the availability of their medicines. If people were unable to collect their medicines from the hospital, the pharmacy arranged delivery in exceptional cases via a tracked and signed for service through Royal Mail.

The RP referred to patients' notes as part of the clinical check and would raise queries with prescribers, either in person or via phone or email. Records about these interventions were made on people's records for future reference and were available for the prescriber to review. The RP described situations where he had used his professional knowledge to support patient care. These had also involved joint working with clinicians to make decisions about treatment choices and doses.

Medicines were obtained from licensed wholesalers and were stored in an organised manner on dispensary shelves, CD cabinet and in the pharmacy fridge. They were kept in appropriately labelled containers. Fridge temperatures were monitored continuously and were within the required range for safe storage of medicines. Medicines were date checked regularly and no date-expired medicines were found during the visit. Medicines with short shelf lives were highlighted so appropriate checks could be made at the point of dispensing. There were robust processes in place to receive and respond to drug safety alerts and recalls and the pharmacy produced a periodic report about these for the hospital.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It has processes in place to make sure its equipment is working correctly.

Inspector's evidence

The pharmacy had access to current reference sources to assist with clinical checks and advice. CDs were stored securely. Medicines requiring refrigerated storage were stored in the pharmacy fridge and the temperature was monitored continuously. Any deviations from the required temperature range resulted in an alert so follow-up checks could be made. There was separate storage for large containers of flammable products to reduce the risk of fire. Medicines were generally dispensed in their original containers but there was suitable equipment for counting sold dose forms and measuring liquids if needed. Information on pharmacy computers was protected against unauthorised access.

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.