General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: LANCASHIRE HOSPITALS SERVICES (PHARMACY) LTD, Royal Preston Hospital, Sharoe Green Lane, PRESTON, Lancashire, PR2 9HT

Pharmacy reference: 1033854

Type of pharmacy: Hospital

Date of inspection: 07/10/2020

Pharmacy context

This is a pharmacy situated in the main entrance of Royal Preston Hospital, in Lancashire. It is contracted by Lancashire Teaching Hospitals NHS Foundation Trust to dispense prescriptions issued by its outpatient services and emergency department. It does not sell any over-the-counter medicines or provide any other services.

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	Members of the pharmacy team record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

There was a current set of standard operating procedures (SOPs). Members of the pharmacy team had signed to say they had read and accepted the SOPs. A risk assessment for providing the pharmacy's services during the COVID pandemic had been carried out by the superintendent (SI).

The pharmacist said any dispensing errors were electronically recorded on the hospital's 'Datix' recording system. She gave an example of a recent error which involved a prescription which had been labelled with the incorrect instructions. As a consequence, the pharmacy had reviewed the procedures and now marked the prescription if it was for a specific part of the body. For example, highlighting 'right' if the medicine was only to be used in the patient's right eye. Near miss incidents were recorded on a paper log. A pharmacy technician analysed the records each week. There was also a monthly summary to identify any common themes. Examples of action which had been taken included changing the dispensing process for staff to mark the prescription as an additional check and moving different strengths of atropine eye drops apart in the dispensary.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A new member of the pharmacy team was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Staff wore standard uniforms and had badges identifying their names and roles. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. A notice was on display and it advised people they could discuss any concerns or feedback with the pharmacy team. Any complaints would be recorded to be followed up by the management team.

A current certificate of professional indemnity insurance was seen. Records for the RP and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained electronically with running balances recorded and checked weekly. A record of patient returned CDs was kept. An information governance (IG) policy was available. The pharmacy team had been given in-house training and each member had signed a confidentiality agreement. When questioned, a dispenser was able to describe how confidential waste was destroyed on-site using a shredder.

Safeguarding procedures were available and included the contact details of the hospital's safeguarding leads. The pharmacy team had received in-house training and the pharmacist said he had completed level 2 safeguarding training. A dispenser said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date. They routinely discuss ongoing work and any learning from mistakes to help create an environment of transparency and learning.

Inspector's evidence

The pharmacy team included a pharmacist manager, four pharmacy technicians – two of whom were trained to accuracy check (ACT), two dispensers and a reception counter assistant. All members of the pharmacy team had completed appropriate training for their roles. There was a high footfall to the pharmacy. Members of the pharmacy team felt it was busy, but the workload was manageable. Staffing levels were maintained by part-time staff and a staggered holiday system. Each member of the team had received a workplace risk assessment.

Members of the pharmacy team completed some additional training, for example e-learning packages provided by the hospital trust. But further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed.

A dispenser said she was able to question a prescription if she had any concerns. She provided an example of a prescription which had an unusual dose and required confirmation from the prescriber. The pharmacist said she felt able to exercise her professional judgement and her decisions were respected by the SI. Numerous staff said they worked well together, and they felt well supported by the pharmacist manager and the SI. They said they felt able to raise any concerns they had with either the pharmacy manager or SI. The pharmacy team held a weekly briefing about their current work. Part of which was to discuss the weekly reviews of near miss incidents or any problems they had encountered. A summary was produced and on display in the dispensary, with previous summaries available in a folder.

Appraisals were conducted annually by the company. A pharmacy technician said he felt the appraisal process was a good chance to receive feedback about his work and identify training opportunities. There were numerous targets, such as the waiting time for a prescription to be dispensed. The pharmacist manager said she did not feel under pressure to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided and steps have been taken to make the premises COVID secure. There are some facilities to enable a private conversation.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. An enhanced cleaning regime was in place to help prevent the spread of coronavirus in the workplace. Signs displayed the maximum number of occupants within a room which had been identified as part of their COVID risk assessments. The pharmacy had a main dispensary with a counter for people to hand in prescriptions. And there was a side-dispensary for planned renal work.

A sink was available within the dispensary. A lockable door prevented access to the dispensary, and people were not able to view any patient sensitive information. The pharmacy did not have a consultation room, but the counter area was screened so that patients could be counselled without the conversation being overheard. There was also a private corridor which could be used if necessary. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a kitchenette and on-site WC facilities.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out some checks to help make sure that they are in good condition.

Inspector's evidence

Access to the pharmacy was level via the hospital's main entrance and it was suitable for wheelchair users. A poster gave information about the services offered and the hours of opening.

The sole function of the pharmacy was to dispense outpatient prescriptions for Lancashire Teaching Hospitals NHS Foundation Trust. Prescriptions could only be dispensed at one of Lancashire Hospital Services (Pharmacy) Ltd pharmacies in Preston Royal Hospital, Rosemere Cancer Centre, or Chorley and South Ribble Hospital.

When people handed in their prescription to the pharmacy, a member of the team would confirm the patient's details. Such as their name, address and any known drug allergies. Prescriptions were placed into different coloured trays to help manage the workflow. The dispenser would mark the prescription with their initials and the quantity supplied to provide an audit trail. There was a box for the pharmacist to mark following a clinical check of the prescription. Once this had been completed, an accuracy checker could perform the final accuracy check.

The pharmacist had access to the hospital's blood test database, and this could be used if there was a query about the dosage of the medication. Information leaflets were provided to patients to provide counselling about the medication they were taking.

Dispensed medicines awaiting collection were kept on a collection shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out. If a member of NHS staff collected the medicines on behalf of the patient, they were required to show their ID badge and sign a collection sheet.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a member of the pharmacy team would contact the patient to arrange a delivery date. A delivery sheet was used as a record of delivery.

The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said he would speak to any patients who were at risk to make sure they were aware of the pregnancy prevention programme.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. The hospital was waiting for their PMR software and equipment to be updated by their supplier. A date checking programme was in place. The expiry dates of stock were usually checked every 3 months. Shelving was cleaned as part of the process

and short dated stock was highlighted using a sticker. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinets, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had been within the required range. Patient returned medication was disposed of in designated bins. Drug alerts were received by email from the MHRA. Alerts were printed, action taken was written on, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter and a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Perspex screens were installed at the reception counter to help protect staff against the transmission of coronavirus. Hand sanitiser gel was available throughout the pharmacy. Staff were wearing masks or visors. Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy.

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.