

Registered pharmacy inspection report

Pharmacy Name: LP HCS, Out Patients Portacabin Unit, Royal Oldham Hospital, Rochdale Road, OLDHAM, OL1 2JH

Pharmacy reference: 1112387

Type of pharmacy: Hospital

Date of inspection: 11/09/2024

Pharmacy context

This pharmacy is located in a portacabin in the grounds of a hospital. Most people who use the pharmacy are outpatients from the hospital's clinics, Accident and Emergency, The Christy cancer treatment centre, and a mental health unit. The pharmacy does not have an NHS contract. It sells a small range of over-the-counter medicines.

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 team records and analyses adverse dispensing incidents. It identifies learning points and shares them within the team, and with other pharmacies to help manage future risks.
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 effectively manages risks to make sure its services are safe, and it acts to improve patient safety. Pharmacy team members accurately complete all the records that they need to by law. They record their mistakes so that they can learn from them, and they act to help stop the same sort of mistakes from happening again. Pharmacy team members work to professional standards, and they are clear about their roles and responsibilities. The team members keep people's private information safe, and they understand how they can help to protect children and vulnerable adults.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services it provided, with signatures showing that all members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in SOPs and the pharmacy team members were performing duties which were in line with their roles. They were wearing uniforms and badges which identified their roles. A notice showing the details of the responsible pharmacist (RP) was on display.

The pharmacy team recorded dispensing incidents electronically and learning points were identified. Near miss errors were recorded by team members and reviewed weekly by the pharmacy's safer care champion. The pharmacy shared learnings with other pharmacies in the area in a group call, and learnings were shared with the pharmacy team at monthly safer care team meetings. The safer care champion had made some dose calculation sheets for team members to practice on, as she felt this was an important area where errors could occur. Following a near miss, two different strengths of aripiprazole had been separated. The most common look-alike and sound-alike drugs (LASAs) were listed on a notice and alert stickers were in front of LASAs on the shelves, so extra care would be taken when selecting these.

There was an SOP for dealing with complaints. Leaflets were on display in the waiting area of the pharmacy with the details of the local Patient Advice and Liaison Service (PALS). A current certificate of professional indemnity insurance was on display in the pharmacy. The RP record and the controlled drug (CD) registers were appropriately maintained. Records of CD running balances were kept and these were regularly audited. One CD balance was checked and found to be correct.

All members of the pharmacy team had read and signed SOPs on patient confidentiality and information governance (IG). Confidential waste was collected in designated bags and were collected by a waste disposal company. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public. A privacy statement was on display, in line with the General Data Protection Regulation (GDPR).

Team members had completed training on safeguarding. One of the dispensers said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. There was a safeguarding policy in place and a notice was on display containing the contact numbers of who to report concerns to. The pharmacy had a chaperone policy, and this was highlighted to people.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together in a busy environment, and they have the right training and qualifications for the jobs they do. Team members are comfortable providing feedback to their manager and they receive feedback about their own performance.

Inspector's evidence

There were two pharmacists, a pharmacy technician (PT) and four NVQ2 qualified dispensers (or equivalent) on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team members were observed working collaboratively with each other and people who visited the pharmacy. Planned absences were organised on a holiday planner to ensure adequate staffing levels. Part time members of the team worked additional hours when necessary. Staff could be transferred from other outpatient pharmacies in the area in an emergency. There was a second pharmacist one or two days each week. The PT was the team supervisor. One pharmacist was an employed relief pharmacist and the other one was a locum pharmacist. The pharmacy manager who usually worked as RP was absent. Pharmacist cover was organised by a rota coordinator.

Members of the pharmacy team carrying out the services had completed appropriate training and they used an electronic learning platform to ensure their training was up to date. Recent training had been completed on the NHS toolkit, Health and safety, and data protection. The pharmacy team were given formal appraisals where performance and development were discussed, and they received feedback informally from the pharmacy manager. There were weekly team meetings, where a variety of issues were discussed, and concerns could be raised. The team used an electronic messenger system to communicate with each other. A dispenser said she would feel comfortable talking to the pharmacy manager or supervisor about any concerns she might have. There was a multi-site manager who could be contacted if the managers were absent or if there was a concern which needed escalating.

The pharmacists were empowered to exercise their professional judgement and could comply with their own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because they felt it was inappropriate. The locum pharmacist said she was not under any pressure to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It has a private consultation room so people can receive services and have confidential conversations with members of the pharmacy team in private.

Inspector's evidence

The pharmacy premises were clean and in an adequate state of repair. A health and safety check was carried out each day and a cleaning rota was used. The retail area was free from obstructions and there was a waiting area with seven chairs. The temperature and lighting were adequately controlled. The pharmacy was fitted out to an appropriate standard, and the fixtures and fittings were in reasonable order. Maintenance problems were reported to head office, who contacted a local contractor when necessary. The response time was appropriate to the nature of the issue. There was a dispensary sink for medicines preparation with hot and cold running water. The consultation room was uncluttered, clean and professional in appearance. This room was used when customers needed a private area to talk. There was a small kitchen area. The team used the staff facilities in the hospital including WCs and wash hand basins.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally well managed and easy for people to access. The pharmacy sources, stores, and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. The pharmacy's opening hours were displayed in the window. There was a notice on display signposting people to services offered elsewhere in the local area. For example, flu and travel vaccination which were not offered by the pharmacy.

Around 70% of prescriptions were brought to the pharmacy by patients themselves. The other 30% were brought in by hospital staff or were sent electronically by the clinic. The pharmacy did not have its own delivery service. When a house bound patient requested their prescription to be delivered, it would be returned to the hospital and delivered by the Trust's delivery service, which was provided by a third-party. If nobody was available to receive the delivery the medicine was usually returned to the hospital rather than the pharmacy.

Space was quite limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves were neat, and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured trays were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The trays were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Pharmacist' stickers were used to highlight when counselling was required, and high-risk medicines were targeted for extra checks and counselling. The team were aware of the requirements for a Pregnancy Prevention Programme to be in place and that people who were prescribed medicines containing valproate should have annual reviews with a specialist. There was a notice on display reminding the team about the requirements and a dispenser was aware that medicines containing valproate were always to be supplied in original packs. The valproate care cards were available to ensure people in the at-risk group were given the appropriate information and counselling. A pharmacist confirmed that she would print off the relevant information for people prescribed topiramate.

The pharmacy dispensed clozapine prescriptions for around 160 patients from a mental health unit. There was a specific SOP for this process and a dedicated dispenser who managed the process. It was well organised and there was audit trail for communications with prescribers and changes to dosage. The pharmacy received prescriptions for 12 months at a time, and the pharmacy supplied clozapine weekly, two weekly or monthly depending on the patient and their circumstances. A record of each supply was recorded on the back of the prescription sheet along with the date of the last blood test. The pharmacy was able to access the hospital's records and would only supply if there was a record of a blood test within the last 7 days. A specialist 'clozapine' pharmacist in the mental health unit carried out

clinical checks of the prescriptions and there was a record of this check on the prescription sheet. The clozapine pharmacist was contacted if there were any issues. For example, when there wasn't a recent blood test result on record, or if a person didn't collect their medication. A dispensing audit trail was recorded on the prescription sheet. The clozapine prescriptions were usually assembled and checked on the day there was a second pharmacist present. Some people's clozapine was supplied in compliance aid packs.

A dispenser explained what questions she asked when making a medicine sale and she knew when to refer the person to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if she suspected a customer might be misusing medicines, such as a codeine containing product. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. CDs were stored in a CD cabinet which was securely fixed to the floor. The keys were under the control of a pharmacist. Date expired CDs were segregated and stored securely.

Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials.' There was a notice on display in the dispensary highlighting which stock was currently unavailable because the manufacturer could not supply (MCS). Team members checked wholesalers' online portals and contacted the wholesaler directly to manage stock issues. They contacted prescribers when alternative medicines were required to be prescribed.

Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out and documented. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins. Alerts and recalls were received via internal messages on the pharmacy's intranet. These were read and acted on by a member of the pharmacy team and the action taken recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe, and they use it in a way that protects privacy.

Inspector's evidence

The pharmacists could access the internet for the most up-to-date reference sources. For example, the electronic British National Formulary (BNF), BNF for children, and the electronic medicines compendium (eMC). The pharmacy team used an electronic version of the NEWT guidelines for people with enteral feeding tubes or swallowing difficulties to check if tablets could be crushed, or if other suitable forms were available. Team members contacted specialist pharmacists within the Trust, when necessary, by referring to the relevant clinic and asking to speak to the clinic's pharmacist.

There was a clean medical fridge for storing medicines. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order. There was a selection of clean glass liquid measures with British standard and crown marks. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination.

Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could 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.