

Registered pharmacy inspection report

Pharmacy Name: LP HCS, Out Patients Pharmacy, Salford Royal Hospitals NHS Trust, Stott Lane, SALFORD, M6 8HD

Pharmacy reference: 1115985

Type of pharmacy: Hospital

Date of inspection: 07/03/2024

Pharmacy context

This outpatient pharmacy is located within the Salford Royal Hospital. It mainly prepares medicines against prescriptions issued by outpatient clinics in the hospital. The pharmacy supplies some of these medicines via the hospital's delivery service.

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 manages its risks reasonably well. The pharmacy team follows written instructions to help make sure it provides safe services. The team reviews its mistakes which helps it to learn from them. Pharmacy team members receive training on protecting people's information, and they understand their role in protecting and supporting vulnerable people. And the pharmacy keeps the records it needs to by law.

Inspector's evidence

The pharmacy had written procedures that were issued in July 2023. These covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Records indicated that staff members had read and understood the procedures relevant to their roles and responsibilities.

The dispenser and checker initialled prescriptions and dispensing labels for prescription medicines that the pharmacy prepared and supplied. This helped to clarify who was responsible for each prescription medication supplied and assisted with investigating and managing mistakes.

The pharmacy team recorded mistakes it identified when dispensing medicines, and it addressed each of these incidents as they arose. The team members regularly reviewed these records collectively, so they could consider learning points. The records did not always include details indicating why the team thought each mistake happened. So, the team might miss additional learning opportunities to identify trends and mitigate risks in the dispensing process.

The pharmacy manager, who was an accredited checking technician (ACT), the pharmacy's area manager and head office staff met each month with hospital Trust staff to review the pharmacy's service performance. This included covering patient feedback, any concerns raised, pharmacy staffing and managing service demand. The pharmacy also had the opportunity to discuss the interventions it had to make due to prescribing errors or unclear prescriptions. The team were in daily communication with hospital staff about people's prescribed medicines.

The pharmacy had written complaint handling procedures, so staff members knew how to respond to any concerns. Publicly displayed leaflets included information explaining how people could make a complaint. People could leave a review on the pharmacy's website, but the pharmacy had not completed a patient survey since the pandemic.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice so the public could identify them. The pharmacy kept records of the RP in charge of the pharmacy, as required by law. It kept records for the medications prepared under a special license or unlicensed medicines that it had supplied.

CD clinic prescriptions complied with the law. A randomly selected electronic CD register indicated that the pharmacy kept records for CD transactions, as required by law. The team regularly checked its CD running balances and made corresponding records, which helped it to identify any discrepancies. One randomly selected running balance checked during the inspection was accurate. The pharmacy had a register to record CDs returned to the pharmacy for safe disposal.

Team members had regularly completed training on protecting patient information, and they secured and destroyed any confidential papers. Publicly displayed information about the pharmacy's privacy policy helped people understand how the pharmacy protects their data. The pharmacy archived prescriptions at an external contractor's secure off-site facility for twenty years. The team kept an audit trail for these prescriptions in the event of a query.

The pharmacists who worked regularly at the pharmacy had level two safeguarding accreditation. Team members had completed safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together.

Inspector's evidence

The staff present included the RP, who was one of the regular pharmacists, a second pharmacist who was an employed relief pharmacist, the manager, a dispenser and two trainee dispensers. The pharmacy's other staff included another regular pharmacist, two dispensers and a trainee dispenser.

The pharmacy had enough staff to comfortably manage its workload. Most people who had a hospital clinic prescription personally presented it at the pharmacy. This meant that the pharmacy had a high constant footfall throughout the day, but the team effectively managed people visiting the premises. A second pharmacist was usually present three days each week. The pharmacy had recruited staff to cover the long-term absence of a dispenser, and the pharmacy's head office was sourcing additional dispenser support in the interim.

Two of the trainee dispensers had recently started working at the pharmacy one week and one month ago respectively. The third trainee dispenser, who had been employed for around six months, had only managed to complete five out of nineteen modules of their course. The manager agreed to review their progress to make sure they completed their training in a timely manner.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for delivering the pharmacy's services. It has a private consultation room, so people can have confidential conversations with pharmacy team members and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a modern purpose-built unit. The level of cleanliness was appropriate for the services provided. The shop and dispensary fittings were suitably maintained. The retail area and counter could accommodate the number of people who usually presented at any one time. The dispensary provided enough space for the volume and nature of the pharmacy's services.

The consultation room provided the privacy necessary to enable confidential discussion. But its availability was not advertised, so people may not be aware of this facility. Pharmacy team members could secure the pharmacy premises to prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers, and the team makes some checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy opened on weekdays from 8am to 6pm and Saturday 9am to 12pm. The premises had step-free access.

The pharmacy had written procedures that covered the safe dispensing of higher risk medicines including anti-coagulants, methotrexate, lithium, fentanyl patches and valproate. The pharmacy received a significant number of methotrexate prescriptions. Staff members checked that people who were prescribed methotrexate were taking a weekly dose of this medication and folic acid, and they provided relevant written advice.

The team checked for any people at risk who were prescribed valproate. Staff did not know to check that two specialists had agreed valproate treatment for people at risk, but the manager agreed to address this. The written procedures for valproate included checking that the patient had an annual review with their specialist. The team only supplied valproate in the sealed original packaging.

Around one third of the prescriptions that the pharmacy received from hospital clinics were electronic, which meant the pharmacy obtained them before the patient presented. So, medication was usually prepared before the patient came to collect it or it was due for delivery. And this helped the pharmacy team to prioritise prescriptions according to urgency.

The team acted proactively when stock was occasionally unavailable to fulfil prescriptions. It discussed alternative medication with the hospital clinic or prescriber and kept the patient informed. The team also checked if the patient had any remaining medication to make sure they were not left without their medicines.

The pharmacy used colour-coded trays during the dispensing process to separate people's medicines and help organise its workload. The team permanently marked medication stock cartons to signify they were part-used. This helped to make sure the pharmacy prepared and supplied the right medication quantity. A randomly selected prepared prescription medication indicated that the pharmacy provided the corresponding medication information leaflet.

Pharmacy team members understood what questions to ask people when selling medicines to make sure requests were appropriate. They were trained to refuse to sell over the counter (OTC) opiate based pain relief medication to people who repeatedly requested these products, and they advised them to consult their GP.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured CDs, it quarantined obsolete CDs, and it used destruction kits for denaturing unwanted CDs. Team members monitored and recorded the refrigerated medication storage temperatures. Records indicated that the team had regularly checked

the expiry dates for prescription medicine stock, and it monitored short-dated stock due to expire in the next twelve months.

The team had an alphanumeric storage system for people's bags of prescription medication. This meant it could quickly retrieve people's medicines and their prescription when needed. The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose, and it kept supporting records that confirmed this. The team had facilities in place to dispose of obsolete medicines and sharps, and these were kept separate from stock.

The pharmacy team maintained records that confirmed when the medication for delivery had been handed to an external courier via hospital Trust staff. The pharmacy used the Trust's blood biker service to deliver urgent medication usually due to a delay in the prescription being issued.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has the equipment and facilities that it needs for the services it provides. The equipment is appropriately maintained and used in a way that protects people's privacy.

Inspector's evidence

The pharmacy team kept the dispensary sink clean and it had hot and cold running water and hand sanitiser. The team had a range of clean measures, including a separate set for CDs. So, it had the equipment to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. The team had access to the British National Formulary (BNF) online, which meant it could refer to pharmaceutical information if needed.

The pharmacy team had facilities that protected peoples' confidentiality. It viewed people's electronic information on screens not visible from public areas and regularly backed up people's data on its PMR system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. And it had facilities to store people's medicines and their prescriptions away from public view.

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.