

Registered pharmacy inspection report

Pharmacy Name: Lloyds Pharmacy, Outpatient Pharmacy, Aintree University Hospital, Lower Lane, Liverpool, Merseyside, L9 7AL

Pharmacy reference: 9011256

Type of pharmacy: Hospital

Date of inspection: 28/04/2021

Pharmacy context

The pharmacy is located on the ground floor of Aintree University Hospital, Liverpool. The pharmacy premises are accessible for people, with open space in the retail area. The pharmacy sells a range of over-the-counter medicines, and it dispenses all of the hospital's outpatient prescriptions. The pharmacy has a consultation room available for private conversations.

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 records and analyses adverse dispensing incidents to identify learning points which are then incorporated into day to day practice to help manage future risk.
		1.7	Good practice	All members of the pharmacy team receive regular training and assessment to make sure they know how to protect confidential information.
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	4.2	Good practice	The pharmacy effectively supports people taking high-risk medicines by making extra checks and providing counselling.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy effectively manages the risks associated with its services and protects peoples' information. It keeps the records that are required by law. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And they act to help stop the same sorts of mistakes from happening again.

Inspector's evidence

Dispensing errors were reported online, and learning points were included. Copies of the incident report forms were printed and filed for reference. Near miss incidents had been reported on a near miss log. The near misses were discussed with the pharmacy team member at the time they were identified. The safer care champion, who was a dispenser, reviewed the near miss log each month to identify trends, which were documented and discussed with the team. He demonstrated that tamsulosin capsules and tamoxifen tablets had been separated as stock because of previous near miss incidents.

There were up to date standard operating procedures (SOPs) for the services provided, with signature sheets showing members of the pharmacy team had read and accepted them. Roles and responsibilities of the pharmacy team were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties. A professional standards audit had been carried out by the superintendent's team in the last six months. The pharmacy had comprehensive, detailed clinical intervention records available, with the outcome also documented. The records demonstrated that the pharmacists had queried a number of prescriptions with the prescriber, where they had identified concerns such as, medicine doses, medicine quantities, interactions with other medicines and blood monitoring results outside of normal range.

The pharmacy had installed screens in front of each section of the medicines counter to reduce the risk of spreading infection. Strict social distancing measures were in place for people entering and leaving the premises, including, Covid-19 information posters, floor markings and a one-way system. All team members wore personal protective equipment (PPE) throughout the day, which included a facial mask. And they had access to alcohol hand gel. A Covid-19 premises risk assessment and individual team member risk assessments had been carried out by the pharmacy manager.

There was a complaints procedure in place. The pharmacy team members said they aimed to resolve complaints at the time they arose. A patient feedback portal was prominently advertised in the retail area, with large signage. A member of the pharmacy team explained that because of some patients occasionally providing negative feedback about queues at the counter, team members had become better at managing patient's expectations around waiting times.

Appropriate professional indemnity insurance was in place. The responsible pharmacist (RP) record, CD registers and specials procurement record were in order. Patient returned CDs were recorded and disposed of appropriately. Records of CD running balances were kept and audited regularly.

Confidential waste was placed in a designated bag to be collected by an authorised contractor.

Assembled prescriptions were stored in the dispensary to protect patient information from being visible to customers at the counter. All members of the pharmacy team had received information governance (IG) training when they commenced their roles and completed refresher training annually. A safeguarding policy was in place, which had been read and signed by members of the pharmacy team. The pharmacy had internal contact numbers and local details that could be used to get advice. The pharmacists and pharmacy technician had completed level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. The team members are trained and work effectively together. They are comfortable about providing feedback to their manager and receive feedback about their own performance. The pharmacy enables its team members to act on their own initiative and use their professional judgement, to the benefit of people who use the pharmacy's services.

Inspector's evidence

A clinical lead pharmacist who was signed in as responsible pharmacist (RP), a second pharmacist who was the pharmacy manager, a pharmacy technician, three dispensers and two healthcare assistants were on duty. The pharmacy team were busy dispensing prescriptions, accuracy checking prescriptions and dealing with people at the counter.

A member of the pharmacy team said the pharmacists were very supportive and approachable. He said he had received a performance appraisal in July 2020. The pharmacy team regularly completed online training to keep their knowledge up to date. Members of the pharmacy team explained that any outstanding training was completed when the workload permitted. Staff were regularly given informal feedback by the pharmacy manager. For example, about near miss errors or outstanding training to be completed.

A member of the pharmacy team covering the medicines counter was clear about her role. She knew what questions to ask when making a sale and when to refer to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and knew what action to take if she suspected a customer might be abusing medicines such as co-codamol which she would refer to the pharmacist. The pharmacy team were aware of a whistleblowing procedure that was in place and who to report to if they had a concern. The RP explained he had not felt under any pressure to meet organisational targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. It has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a waiting area. A member of the pharmacy team explained that all pharmacy team members were responsible for cleaning and cleaning rota was in use. The dispensary benches, sink and floor had been cleaned in the last week. The temperature in the pharmacy was controlled by air conditioning units. Lighting was good. Maintenance issues were reported to the pharmacy manager.

The pharmacy team had facilities available that included a kettle, fridge and microwave. The team members had access to a WC in a hospital corridor next to the pharmacy area, and it was equipped with antibacterial handwash and wash hand basin. There was a consultation room available which was uncluttered and clean. The RP explained this room was used when people required a private area to talk or the pharmacist was providing one of the services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people who need them. And they are effectively managed, so people receive their medicines safely. The pharmacy takes extra care when supplying some higher-risk medicines. It sources and stores medicines safely and carries out some checks to help make sure that medicines are kept in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. The pharmacy team were clear about what services were offered and where to signpost to a service if this was not offered. There was a range of healthcare leaflets displayed. The workflow in the pharmacy was organised into areas with dispensing bench workspace and a checking area for the pharmacist. There was a dispensing audit trail on the prescription forms and the medication labels showing who had been responsible for dispensing and checking. Trays were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing.

Stickers were applied to dispensed medicines awaiting collection to identify when fridge medicines or CDs needed to be added. Prescriptions containing schedule 3 or 4 CDs were also highlighted with a sticker, which included the date by which the prescription must be collected. Prescriptions containing high-risk medicines such as warfarin, methotrexate or lithium were routinely highlighted, and several examples of these were present. The pharmacist was aware of the risks associated with the use of valproate during pregnancy and the necessary patient information resources were present.

A member of pharmacy team demonstrated the journey of two different outpatient prescriptions, from the outpatient clinic, to the pharmacy, and then to the patient. All outpatient prescriptions were clinically checked by a pharmacist before being dispensed. Patient information leaflets were routinely supplied with medicines.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock medicines were stored tidily. Date checking was carried out periodically and documented. Stock bottles of liquid medicines with limited shelf life had the date of opening written on. Short-dated medicines were highlighted and examples of these were present. There were no out-of-date stock medicines found from a number that were sampled. There were three fridges for medicines, equipped with thermometers. The minimum and maximum temperatures were being recorded daily and the records showed that the temperatures had remained within the required range.

CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits and records were made in a designated book. Patient returned CDs and out of date CDs were kept segregated from stock pending destruction. Drug alerts and product recalls were received via the superintendent's office. These were acted on by the pharmacist or a member of the pharmacy team and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. It is used in a way that protects privacy. And the electrical equipment is regularly tested to make sure it is safe to use.

Inspector's evidence

The BNF and BNFC were available. The pharmacy team used the internet to access websites for up to date information. For example, they used Medicines Complete. Any problems with equipment were reported to the pharmacy manager. All electrical equipment appeared to be in working order and had been PAT tested for electrical safety in the last 12 months.

There was a selection of liquid measures with British Standard and Crown marks, with designated measures for CD use only. The pharmacy had equipment for counting loose tablets and capsules, including a designated triangle for cytotoxics. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available, and members of the pharmacy team moved to a private area if a 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.