

# 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:** Community

**Date of inspection:** 10/01/2023

## Pharmacy context

The pharmacy is situated inside Aintree University Hospital, Liverpool. The pharmacy premises are accessible for people, with adequate space in the retail area. The pharmacy sells a range of over-the-counter medicines and dispenses NHS outpatient and A&E prescriptions. It 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
<b>1. Governance</b>	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.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	The pharmacy effectively supports people taking high-risk medicines by making extra checks and providing counselling.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy manages the risks associated with its services and protects peoples' information. 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 act to help stop the same sort of mistakes from happening again. The pharmacy keeps the records required by law.

### Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided, with sign off records showing that members of the pharmacy team had read and accepted them. Team members completed online training modules to demonstrate they had read and understood each SOP. Roles and responsibilities of staff were set out in SOPs. A member of the pharmacy team was able to clearly describe her duties.

Dispensing errors were reported on the computer system and learning points were included. Near miss incidents were recorded on a log and were discussed with the pharmacy team member at the time they occurred. The near miss records were regularly reviewed for trends and patterns, with the outcome of the review fed back to the pharmacy team. The pharmacy team provided examples of how they had learnt from near miss incidents or dispensing errors. For example, propranolol and prednisolone stock had been separated in the dispensary drawers by plastic dividers because of several near miss incidents with these medicines.

The pharmacy had detailed records of clinical interventions, with copies of the prescription kept for reference. The pharmacy manager had created a clinical intervention tally chart identifying different types of intervention, that was kept on the accuracy checking bench for ease of use. The findings were fed back to all pharmacists and the principal pharmacist in the NHS trust, for them to cascade feedback to the respective outpatient departments for learning.

A complaints procedure was in place. The responsible pharmacist (RP) explained that she aimed to resolve complaints in the pharmacy at the time they arose, but she would refer to the pharmacy manager or head office if necessary. The company had professional indemnity insurance in place. The correct responsible pharmacist notice was displayed conspicuously. The responsible pharmacist (RP) record, unlicensed medicines (specials) record and the CD register were in order. CD running balances were kept and audited regularly. A balance check of a random CD was carried out and found to be correct. Patient returned CDs were recorded appropriately. The pharmacy was not dispensing private prescriptions or making emergency supplies, with patients signposted appropriately if necessary.

The pharmacy team placed confidential waste into a bag to be collected by an authorised carrier. Confidential information was kept out of sight of the public. The pharmacy team carried out information governance (IG) training when they commenced their employment and completed annual IG refresher training. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. A privacy notice was displayed. The pharmacy team had read the safeguarding policy, and the pharmacists had completed safeguarding training. There were details of local safeguarding contacts available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members are comfortable about providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement. And the team has access to ongoing training.

### Inspector's evidence

There was a regular pharmacist who was signed in as responsible pharmacist (RP), a second pharmacist, three dispensers and a trainee medicines counter assistant on duty. This was the usual staffing level. The pharmacy team worked well together in a busy environment and managed the workload adequately. They participated in ongoing training using an e-learning platform. The team members were in the process of completing a training module on an updated process for ordering stock. A dispenser explained that training was completed when the workload permitted.

The pharmacy team were aware of a whistle blowing policy in place and knew how to report concerns about a member of the team if needed. Details outlining the policy were available for the team to refer to. A dispenser explained that the pharmacy manager was approachable, supportive and they were more than happy to ask her questions or provide her with feedback when needed.

A dispenser was covering the medicines counter and was clear about her role. She knew what questions to ask when making a sale and when to refer the patient to a pharmacist. She was clear which medicines could be sold in the presence and absence of a pharmacist and was clear what action to take if she suspected a customer might be abusing medicines such as Nurofen Plus which she would refer to the pharmacist for advice. The pharmacists explained that there were no professional service targets in place.

## 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 had a waiting area. The temperature was controlled by air conditioning units. Lighting was good. The pharmacy team cleaned the floor, dispensing benches and sinks regularly, and a record was kept.

The premises were maintained in an adequate state of repair. Maintenance problems were reported to head office. The pharmacy team had use of a WC with wash hand basin and antibacterial hand wash located nearby in the hospital. The consultation room was uncluttered and clean in appearance.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to most people, and they are well managed, so people receive their medicines safely. The pharmacy team makes extra checks when supplying some higher-risk medicines, to make sure they are being used properly. It sources and stores medicines appropriately and carries out checks to help make sure that they are kept in good condition and suitable to supply.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including people with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the retail area. The opening hours were displayed next to the medicines counter. The pharmacy had a prescription retrieval area where assembled prescriptions awaiting collection were stored tidily on shelves in containers. Schedule 2 CD prescriptions were highlighted with a CD sticker attached to the assembled prescription bag, to act as a prompt for team members to add the CD and to check the date on the prescription before handing out. Prescriptions containing a schedule 3 or 4 CD were also highlighted in the same manner. All assembled prescriptions awaiting collection were checked every four weeks and the details of any prescriptions overdue collection was shared with the NHS hospital pharmacy team who liaised directly with the outpatient clinics to ensure patients were reviewed and or received their medicines.

Prescriptions for methotrexate and any other high-risk medicine were routinely highlighted with a see pharmacist sticker added to the assembled prescription bag. And an example of this was present for a prescription containing methotrexate awaiting collection. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. And the pharmacy had patient information resources to supply with valproate.

The workflow in the pharmacy was organised into separate areas with dispensing bench space and a designated checking area for the pharmacists. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Coloured trays for different outpatient clinics and patients waiting were used to separate prescriptions, to reduce the risk of medicines becoming mixed up during dispensing. A dispenser demonstrated how outpatient prescriptions were processed by the pharmacy team. From receiving a clinical check by a pharmacist, to being dispensed and accuracy checked prior to collection.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There were four clean medicines fridges, equipped with thermometers. The minimum and maximum temperatures were being recorded daily. Patient returned medicines were stored tidily in clinical DOOP bins.

The medication stock had been divided up into sections for date checking purposes, with different sections date checked periodically. Short-dated medicines were highlighted. No out-of-date stock medicines were present from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles. Alerts and recalls were received online from head office. These were read, acted on by a member of the pharmacy team, and a record of these 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.

### Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information. For example, Medicines Complete. Copies of the BNF and BNFc were present. Any problems with equipment were reported to the head office. All electrical equipment appeared to be in working order. According to the PAT test stickers attached, the electrical equipment had been PAT tested in May 2022.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. Computers were password protected and screens were positioned so that they were not visible from the public areas. A cordless telephone was present, and it was used to hold private conversations with people when needed.

### 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.