

# Registered pharmacy inspection report

**Pharmacy Name:** Pharma C, PharmaC Counter - Level M1, The Clatterbridge Cancer Centre, Liverpool, Merseyside, L7 8YA

**Pharmacy reference:** 9011347

**Type of pharmacy:** Community

**Date of inspection:** 09/06/2021

## Pharmacy context

PharmaC is owned by The Clatterbridge Pharmacy Limited, which is a wholly owned subsidiary of the NHS Trust. Registered activities include the sale of over the counter "OTC" medicines and the dispensing of prescriptions for outpatients of the NHS Trust, which is a separate legal entity. The pharmacy does not dispense FP10 or private prescriptions.

## 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	N/A	N/A	N/A
<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

The pharmacy carried out risk assessments before the implementation of a new service and it had a risk register that covered all aspects of service provision. Clinical interventions were routinely recorded on the computer and the prescriber was contacted to discuss and clarify each intervention. All prescriptions were clinically checked by a pharmacist prior to being dispensed.

Near miss incidents were recorded on a log, reported on Datix, and were reviewed monthly by a pharmacist or pharmacy team member, with a report being created to identify and trends or patterns. Detailed near miss records were provided. Dispensing errors were reported on an incident report form and any learning points were documented. The dispensing errors were reported to the superintendent (SI) pharmacist and the NHS Trust medicines safety officer and were discussed at the operational group meetings and monthly team meeting. Examples of how staff had learnt from near miss incidents or dispensing errors were provided by the dispenser. For example, different strengths of prednisolone stock had been separated. There were up to date Standard Operating Procedures (SOPs) for the services provided, with signature sheets showing that members of staff had read and accepted them. Roles and responsibilities of staff were set out in SOPs. The dispenser was seen to be following the respective SOPs for her role and she was able to clearly describe her duties.

The pharmacy team members adhered to social distancing measures when possible. For example, they maintained a minimum of a two-metre distance from colleagues during the dispensing and accuracy checking process. The pharmacy team wore personal protective equipment (PPE) throughout the day, which included a facial mask. And they had access to alcohol hand gel. The pharmacist had carried out covid-19 risk assessments for the pharmacy and for individual team members.

The pharmacy had a quarterly customer satisfaction survey carried out and the results from a recent survey were available. The dispenser said patients were advised of an estimated time for their prescription to be dispensed, particularly if the prescription was complex, in order to help manage their expectation around the waiting time. The dispenser described how she would deal with a patient complaint and said that she would refer to a pharmacist if necessary. The pharmacy team aimed to resolve all complaints in the pharmacy in accordance with the complaints procedure. A current employer's liability and professional indemnity insurance certificate was displayed. The responsible pharmacist (RP) record was in order.

The pharmacy completed the information governance (IG) toolkit annually. It had confidential waste bins that were removed by an authorised carrier when necessary. The pharmacy team members had signed a confidentiality agreement as part of their employment conditions. The pharmacy team received mandatory information governance training on an annual basis and the record of training was provided. Computers were password protected. The pharmacy team members completed safeguarding

level 2 training for children and vulnerable adults on an annual basis, and the pharmacists had also completed safeguarding level 3 training. Up to date contact details for reporting a safeguarding concern were present.

## 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 to help them improve. 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

The pharmacy had a regular pharmacist and a dispenser on duty, and its usual staffing level included a second dispenser at busier times of day. The pharmacy had a formal appraisal process for team members, carried out annually by the management team. The pharmacy had detailed training records for all staff, that included signed competencies for their role and evidence of mandatory training for the NHS Trust. New starters were expected to complete a training log which contained a detailed weekly log of activities they had carried out over a 12-week period. The dispenser explained that adequate time for training was provided on an ongoing basis in work, and she said that both the SI and deputy SI were supportive of training and they were approachable if she needed to ask questions or had queries.

The dispenser covering the counter 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. She was clear what action to take if she suspected a customer might be buying a medicine which was liable to abuse, which she referred to the pharmacist for advice. The pharmacy held regular team briefings, where dispensing errors or near miss incidents were openly discussed. The dispenser was aware of the staffing structure and explained that she would bring any concerns to the attention of SI or the deputy. The pharmacy team had no formal targets or incentives set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. And it has a consultation room for private conversations.

### Inspector's evidence

The pharmacy was clean, the retail area was free from obstructions, professional in appearance and had a waiting area. All pharmacy staff were responsible for the cleaning in the pharmacy. Dispensary benches and sink were cleaned regularly, and a cleaning rota was available. A contract cleaner for the NHS trust cleaned the floor and emptied the waste bins on a regular basis. The temperature in the pharmacy was controlled by heating units. Lighting was good. Maintenance problems were reported directly to the management team.

The pharmacy team had facilities available in their other pharmacy on level M7 of the hospital, including, a staff room and WC's with wash hand basins and antibacterial hand wash. There was a consultation room available which was uncluttered, clean and professional in appearance. The SI explained they used this room when patients needed a private area to talk.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to some people and they are 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 in good condition and suitable to supply.

### Inspector's evidence

The pharmacy was accessible to all, and it offered the sale of a small selection of OTC medicines. Prescriptions that were dispensed by the pharmacy on level M7, to be collected by patients, were received directly via an internal goods lift into the pharmacy. The pharmacy team members in both pharmacies were the only people who had direct access to the lift. The pharmacy team were clear about what services were offered and where to signpost to a service if this was not offered. The pharmacy's workflow was organised into separate areas for dispensing and accuracy checking of prescriptions. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used in the dispensary to reduce risk of medicines becoming mixed up.

Various stickers were attached to assembled prescriptions awaiting collection when necessary. For example, a see pharmacist sticker had been attached to an assembled prescription, to ensure the pharmacist provided counselling for a reducing dose of oral steroids. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy, and they had patient information resources to supply with valproate if needed. The pharmacist clinically assessed each prescription before it was dispensed. Prescriptions included a robust audit trail for clinical assessment, dispensing and accuracy checking. The dispenser demonstrated how outpatient prescriptions were dispensed, after receiving a clinical check from the pharmacist, which was in accordance with the dispensing SOP.

The pharmacy only stocked a small number of medicines, which included the top 20 medicines supplied on outpatient prescriptions. Most prescriptions were assembled and supplied by the other pharmacy on level M7 and sent down to the pharmacy for patients to collect. Date checking was carried out and documented on a matrix. Short dated medicines were highlighted with a sticker attached to the medicine box. Several medicines were sampled and no out of date medicines were present. Drug alerts and product recalls were received via e-mail. These were read and acted on by the pharmacist or pharmacy team member and filed in the pharmacy.

## 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 for safety purposes.

### Inspector's evidence

The pharmacy team used the internet to access websites for the most up to date information. For example, patient information leaflets. Copies of the BNF and BNFc were present. There was a clean fridge for medicines storage with internal and external thermometer. The minimum and maximum temperature was being recorded daily, was in range at the time and the record was complete.

The pharmacy team reported any problems with equipment to the SI or deputy SI. The electrical equipment all appeared to be in working order and had been PAT tested. Computers were password protected. The pharmacy had a cordless telephone available and this was used for private conversation with patients if required.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.