

# Registered pharmacy inspection report

**Pharmacy Name:** Royal Liverpool Hospital Pharmacy, Pharmacy Department, Prescot Street, Liverpool, Merseyside, L7 8XP

**Pharmacy reference:** 9012005

**Type of pharmacy:** Hospital

**Date of inspection:** 23/04/2024

## Pharmacy context

The pharmacy is situated at the Royal Liverpool Hospital, in Liverpool city centre. The pharmacy's only registrable activity is the occasional supply of aseptically manufactured prescription only medicines (POM), on a named patient basis, to other legal entities. The pharmacy has an MHRA license, and its dispensing activity for the NHS trust are regulated by the Care Quality Commission (CQC). The pharmacy is closed to the public and provides a very limited volume of activity which requires it to be registered with the General Pharmaceutical Council (GPhC), therefore a full inspection was not carried out.

## 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	N/A	N/A	N/A
<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 has written procedures which are followed by its team members to help make sure they complete tasks safely and effectively. Members of the team make a record of when things go wrong, and they discuss them so that they can learn from the mistakes. The pharmacy provides training and written processes to help its team members protect people's private information and keep vulnerable people safe.

### 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. 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. A root cause analysis was completed for each dispensing error. Near miss incidents were recorded on a log and were discussed with the pharmacy team member at the time they occurred. The dispensing errors and near miss records were reviewed each month for trends and patterns, with the outcome of the review fed back to the pharmacy team. The pharmacy team provided an example of how they had learnt from a near miss incident. For example, Vitilipid N Infant Injection was selected instead of Vitilipid N Adult Injection. This was a look alike sound alike (LASA) selection error. The error was identified as part of the production process and the preparation process stopped. The two injection preparations were separated as stock and the details of the error were shared with the pharmacy team so that they could learn from it.

The pharmacy used the hospital Trust's complaints procedure. The responsible pharmacist (RP) notice was on display and the RP log was completed in line with the requirements. Members of the team were aware of what activities could not be completed in the absence of an RP. Records for supplies of unlicensed medicines were kept and completed in full.

Team members completed hospital Trust led training on information governance and safeguarding. Team members were aware of the correct steps to take if they had any safeguarding concerns. The pharmacy had a safeguarding SOP and kept details of who to contact in the event of a safeguarding issue. Members of the team took appropriate steps to protect confidential information

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough trained team members to safely manage the workload. And it provides them with a good level support to complete any new and ongoing training. Team members meet regularly to discuss any concerns and provide feedback which helps the pharmacy to improve the services it provides

### Inspector's evidence

The pharmacy team comprised of the head of manufacturing services, eight pharmacists and ten pharmacy technicians. The pharmacy team was supported by a wider team within the Trust including the associate clinical director of pharmacy, governance and Royal Hospital site lead, ward teams, governance teams, and a learning and development (L&D) team.

Team members were required to complete a competency framework when they were first employed to help make sure they understood and were competent with the processes that were in place. A senior trainer was assigned to the new team member who was responsible for signing off their competency framework and ensuring ongoing compliance. Ongoing training was provided to all members of the team, and this was usually monthly or bi-monthly. And they completed Trust led compliance training such as information governance, GDPR and infection prevention and control (IPC). Annual appraisals were completed and used to identify training and development needs.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The environment is suitable for the provision of pharmacy services and the premises are clean and tidy.

### Inspector's evidence

The pharmacy was closed to the public and was in an area of the hospital only accessible to hospital staff. It was large in size and suitable for the workload. There were four clean rooms, 12 isolators, a checking area and a finishing room. Workbenches, shelving and storage units were fitted. The pharmacy was bright and well lit. Members of the team accessed the pharmacy using key fobs and access was restricted. It was secured when closed. Maintenance issues were reported to the hospital Trust's maintenance department. The pharmacy was cleaned every day.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and manages them well. It has processes to make sure the team provides people receiving higher-risk medicines with the correct advice. And it stores and manages its medicines in a way to help make sure they are safe to supply to people.

### Inspector's evidence

The pharmacy supplied aseptically prepared medicines to named patients from other healthcare organisations. The registered activity accounted for approximately 0.2% of all dispensing. Medicines were obtained from licensed suppliers. The pharmacy did not dispense private prescriptions for people. Team members initialled 'dispensed-by' and 'checked-by' boxes on the worksheet for each product manufactured, to create an audit trail in the event of an error or query. The dispensing label included a product batch number that linked to the worksheet for audit trail purposes. Prescriptions forms were retained.

The pharmacy obtained its medicines from licensed wholesalers and stored them appropriately to avoid unauthorised access. It appropriately stored medicines that required special storage conditions such as fridge items. The temperature of the cold rooms was electronically monitored, were seen to be in range and daily records were maintained. The expiry dates of medicine were checked regularly, and a record was made. Short-dated medicines were highlighted with a sticker. Drug alerts were received by email and an audit trail was kept showing that these had been actioned.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. And its facilities help the team to provide services in a safe and effective manner.

### Inspector's evidence

The pharmacy team had access to the necessary protective clothing for manufacturing, including, gloves, overshoes, suits and masks. The pharmacy had twelve isolators that had a rolling six-month programme for servicing and maintenance in place. Members of the team had access to electronic resources such as the British National Formulary (BNF) and a range of further support tools. Electrical equipment looked to be in good working order and was tested each year. Access to people's electronic data was password protected and required an NHS smartcard.

### 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.