

Registered pharmacy inspection report

Pharmacy Name: Mersey and West Lancashire Teaching Hospital NHS Trust, Pharmacy Department, Wigan Road, Ormskirk, Lancashire, L39 2AZ

Pharmacy reference: 9012018

Type of pharmacy: Hospital

Date of inspection: 20/11/2023

Pharmacy context

This is a hospital pharmacy department located inside Ormskirk district general hospital. The hospital is part of Mersey and West Lancashire Teaching Hospitals NHS Trust. The pharmacy department is registered with the GPhC so that it can dispense medicines against prescriptions for a nearby mental health in-patient unit which belongs to a different NHS trust.

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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe.

Inspector's evidence

There was a set of standard operating procedures (SOPs). Members of the pharmacy team said they had read the SOPs. But there were no training sheets for team members to sign to show they fully understood all of the procedures.

The pharmacy used electronic software to record any dispensing errors and their learning outcomes. It also had a near miss programme which involved the team recording all near miss incidents in detail on a specific day of the week. The chosen day varied week to week. The data was collated and reviewed to look for any underlying trends. The review was discussed as part of their bi-weekly team meeting. To help prevent similar mistakes, the pharmacy had moved different strengths of Clexane injections onto different shelves, and they stored part packs separately to help prevent a picking error.

Roles and responsibilities of the pharmacy team were described in individual SOPs. When questioned, a dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. Team members wore standard uniforms and had badges identifying their names and roles. The current responsible pharmacist (RP) notice was on display. The pharmacy had a complaint procedure, which referred people to the patient advice and liaison service (PALS). The pharmacy investigated any complaints and kept a record. A current certificate of professional indemnity insurance was available. Records for the RP appeared to be in order.

An information governance (IG) policy was available. The pharmacy team completed annual IG training and had confidentiality agreements in their contracts. When questioned, a dispenser explained how confidential waste was segregated and removed by the hospital estates team. The hospital trust had safeguarding procedures in place, and the pharmacy team completed annual safeguarding training. The pharmacist had completed level 2 safeguarding training. Contact details for the hospital's safeguarding team were available on the intranet. A dispenser said that if they had any concerns they would speak to a colleague before contacting the safeguarding team.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete regular training to help them keep their knowledge up to date.

Inspector's evidence

The pharmacy department consisted of a large pharmacy team which was shared across the hospital trust. The team included pharmacists, pharmacy technicians, dispensers, clerks, and porters. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be managed effectively. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team had access to regular ongoing learning, including 'learn at lunch' and '10-minute learning' sessions. A pharmacy technician said they attended various learning sessions but did not make a record. So the pharmacy was not able to show that learning needs were being met.

When questioned, a dispenser said she would refer any clinical queries or concerns she had about dosages to a pharmacist. Members of the team were seen working well together and assisting one another with their work. The dispenser said she received a good level of support from senior team members and felt able to ask for help. Appraisals were conducted each year by senior management. There was a bi-weekly team meeting, which involved discussions about new processes, complaints or errors, and any learning. Minutes of the meeting were taken and emailed out to the team. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to senior management. There were no professional based targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. They are clean, tidy and provide an appropriate environment for healthcare.

Inspector's evidence

The pharmacy was located within the hospital's in-patient dispensary. It had a contract with the trust's domestic cleaners to clean the pharmacy area during opening hours. And it was kept well maintained by the trust's estates team. The size of the dispensary was sufficient for the workload. There were security measures in place to prevent unauthorised access. People outside of the pharmacy were not able to view any patient sensitive information. There was a counter, and a small waiting area for people who attended the pharmacy in person. The temperature was controlled using electric heaters and fan units. Lighting was sufficient. Members of the team had access to a tearoom, and WC facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services can be accessed by its intended users. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. Additional checks are carried out when medicines are supplied to ensure they are being used safely.

Inspector's evidence

The pharmacy provided a dispensing contract service to supply medicines for people on the mental health in-patient unit. The pharmacy was accessible by members of the public or hospice staff if necessary. But usually, people did not attend the pharmacy to access its registered services.

Prescriptions were delivered to the pharmacy department by the mental health team or collected by the pharmacy team. Clinical checks were completed by the pharmacists in the mental health team, and a service level agreement was in place defining this responsibility. Some medicines dispensed required ongoing monitoring at pre-defined intervals by the prescriber. Prescriptions were issued to ensure only enough medicines were supplied to last for the agreed monitoring interval.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used trays to separate individual patients' prescriptions to avoid items being mixed up. The trays were colour coded to help prioritise dispensing. Some medicines were dispensed in multicompartiment compliance aids, to help people take them safely. A record was kept showing how the compliance aids should be assembled. And each compliance aid was appropriately labelled, with a description of each medicine and supplied with patient information leaflets.

Medicines were delivered to the mental health unit by the pharmacy's porter. Zip-locked bags secured with single use tamper seals were used to transport the medicines. A transport sheet was used by porters as a record.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked each month. A date checking matrix was signed as a record to show what had been checked. Any stock with an expiry date of less than three months was marked with a sticker. Liquid medication had the date of opening written on.

There were clean medicines fridges, each equipped with a thermometer. The minimum and maximum temperatures were being recorded every ten minutes by a wireless probe. The on-call team member was contacted if any fridge temperatures went out of the required range. Out of date or unwanted medicines were disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. A record was kept showing how the pharmacy team had responded to alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFC and medicine reference resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had been PAT tested. There was a dispensing robot which had a maintenance schedule and a service contract in place. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter and a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. People could transfer their telephone call to a private area if the 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.