

# Registered pharmacy inspection report

**Pharmacy Name:** LP HCS, Outpatients Pharmacy, Royal Liverpool

Hospital, Ground Floor, Mount Vernon Street, Liverpool, Merseyside,  
L7 8YE

**Pharmacy reference:** 9012146

**Type of pharmacy:** Hospital

**Date of inspection:** 12/03/2024

## Pharmacy context

The pharmacy is situated inside the Royal Liverpool Hospital in Liverpool city centre. The pharmacy premises are accessible for people, with adequate space in the retail area. The pharmacy dispenses NHS outpatient and A&E prescriptions. It also sells pharmacy medicines and has a consultation room available for private conversations.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

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## 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, reviews, and shares adverse dispensing incidents with the pharmacy team members, to identify learning points which are then incorporated into day to day practice to help manage future risk.
<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 they take action to help reduce the risk of 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, colchicine and cyclizine stock had been placed in different dispensary drawers because of a dispensing error involving these medicines.

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 referred to head office when necessary. The company had professional indemnity insurance in place. The correct responsible pharmacist notice was displayed conspicuously. The responsible pharmacist (RP) record, private prescription record, unlicensed medicines (specials) record and the CD register were in order. CD running balances were kept and audited regularly. Patient returned CDs were recorded appropriately. The pharmacy was not making emergency supplies of medicines, with people 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 completed information governance (IG) training when they commenced their employment. Computers were 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 the team has access to ongoing training, to help them continue learning.

### Inspector's evidence

The pharmacy team comprised of a pharmacist pharmacy manager who was signed in the responsible pharmacist (RP), a second pharmacist, a pharmacy technician, two dispensers, a trainee dispenser, and a retail assistant. The usual staffing level included another dispenser. The pharmacy team worked well together in a busy environment and managed the workload adequately. The team members who had commenced their roles since the pharmacy opened in July 2023 had read and signed the respective SOPs for their roles and completed online training modules, including, information governance and pharmacovigilance. 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.

The trainee dispenser was covering the medicines counter and was clear about her role. She knew what questions to ask when speaking to people and when to refer to the pharmacist. For example, if a person had been commenced on a new medicine, she would ask the pharmacist to intervene and provide counselling. 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 suitable place to provide healthcare services. And it has a consultation room so that people can have a conversation in private with a member of the pharmacy team.

### Inspector's evidence

The pharmacy was clean and tidy. It had a waiting area. The temperature was controlled by air conditioning and lighting was good. Members of the team cleaned the floor, dispensing benches and sinks regularly, and a record was kept. The pharmacy team ensured that the medicines counter was manned at all times, but there was no physical barrier between the end of the medicines counter and the dispensary. This meant there was an increased possibility of unauthorised access into the dispensary.

The premises were maintained in a good 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 people, and they are well managed, so people receive their medicines safely. The pharmacy team completes extra checks when supplying higher-risk medicines, to make sure they are being used properly. The pharmacy 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 retail area were accessible to all, including people with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets in the waiting area. The opening hours were displayed next to the entrance outside.

The pharmacy had a prescription retrieval area where assembled prescriptions awaiting collection were stored tidily. Schedule 2 CD prescriptions were highlighted and a CD sticker was attached to the assembled prescription bag. This was to prompt 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 to help with continuity of care.

Prescriptions for methotrexate and other high-risk medicine that required monitoring were routinely highlighted with a 'see pharmacist' sticker attached to the assembled prescription bag. And an example of this was present for a prescription awaiting collection. The pharmacist demonstrated she had access to the hospital outpatient's computer system, which was used to ensure patients had up-to-date blood tests prior to supplying high risk medicines such as methotrexate. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy, and the updated guidelines regarding original pack dispensing. The pharmacy had patient information resources to supply with valproate.

Clinical interventions were routinely recorded by the pharmacist and the prescriber was contacted when it was necessary. The pharmacist provided an example of a recorded clinical intervention for pregabalin where the prescriber had prescribed a dose which was unlicensed, and the prescription did not comply with the CD regulations. The prescriber had also incorrectly added gapapentin to the outpatient clinic computer record but written a prescription for pregabalin. Once highlighted, the prescriber re-wrote the pregabalin prescription correctly, but stated that they wanted to prescribe the unlicensed dose of pregabalin.

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

Stock medicines were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily. CDs were stored appropriately. There were four clean medicines fridges, equipped with thermometers. The minimum and maximum temperatures were being recorded daily and were in range. The pharmacist explained that people were signposted to their nearest pharmacy to dispose of unwanted medicines and or request sharps bins, as they did not have space to deal with large quantities of returned medicines. She said they accepted small quantities of returned medicines for people who found it difficult to get to another pharmacy. For example, if they had no means of transport.

The medicine stock had been divided up into sections for date checking purposes, with different sections date checked periodically. Short-dated medicines were highlighted with a sticker attached to the medicine container. 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 March 2024.

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.