

Registered pharmacy inspection report

Pharmacy Name: H. Lloyd Chemist, 5 Hammersmith Road, London, W14 8XJ

Pharmacy reference: 9011413

Type of pharmacy: Community

Date of inspection: 22/07/2024

Pharmacy context

This is a community pharmacy situated in a row of shops in West London. It mainly dispenses NHS prescriptions and sells medicines over the counter. The pharmacy provides the Pharmacy First and the travel vaccine service. It supplies medicines in multi-compartment compliance packs to some people who live in their own homes. The pharmacy delivers medicines to some people's homes.

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 identifies and manages risks associated with the provision of its services. And the pharmacy keeps the records it needs to by law. The pharmacy manages people's personal information safely. And it provides training to its team members to make sure they are able to deal with safeguarding concerns appropriately.

Inspector's evidence

The pharmacy had a set of electronic up-to-date standard operating procedures (SOPs) which had been read and understood by the pharmacy team members. Staff were observed following the SOPs which included dispensing medicines and selling pharmacy-only medicines (P-medicines).

Mistakes that were identified before reaching a person (near misses) were seen to be routinely recorded. The superintendent pharmacist (SI), who also the responsible pharmacist (RP) on the day of inspection, said that the near miss record was reviewed at the end of every month. Any areas for improvement were discussed with the team. Team members provided examples of changes they had made to help reduce near misses, for example, reviewing how medicines were stored and highlighting medicines with short expiry dates. The pharmacy had not had any recent dispensing mistakes which had reached the person (errors) but the SI said these would be investigated and recorded on a specific form. Near miss and error records were retained in a 'clinical governance' folder which also contained other documents including the safeguarding guide, health and safety handbook, chaperone framework, date checking records, data security toolkit, and complaints forms. The SI said that the pharmacy reduced the risks of errors by regularly reviewing SOPs with the team to make sure they were being followed.

The pharmacy had current professional indemnity insurance. The right RP notice was clearly displayed, and the RP record was completed correctly. The private prescription records, which were held electronically, were completed correctly. The private prescription register was printed out every two weeks and cross-checked with the prescriptions to make sure it was accurate. There were signed in date patient group directions (PGDs) available for the relevant services offered. Controlled drug (CD) registers examined were filled in correctly, and the CD running balances were checked at regular intervals. The recorded quantity of one CD item checked at random was the same as the physical amount of stock available.

The complaints procedure was displayed at the medicines counter and was available for team members to follow if needed. Team members said they took down details of the complainant and passed them on to the SI. People were also able to leave online reviews.

Team members had read the pharmacy's information governance policies and SOPs and had completed training about the General Data Protection Regulation. Medicines awaiting collection were stored at the back of the dispensary and were not visible to members of the public. Confidential waste was shredded in the pharmacy, computers were password protected and smartcards were used to access the NHS spine.

Team members had completed training about protecting vulnerable people. And the pharmacy had the

contact details available for the local safeguarding team. Team members said that there had not been any safeguarding concerns at the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work well together to manage the pharmacy's workload. They know how to raise a concern if they have one. They are suitably trained for the roles they undertake. And they receive ongoing structured training to make sure their skills and knowledge remain up to date.

Inspector's evidence

During the inspection, there was the SI, a trainee pharmacy technician, a qualified dispenser, a trainee medicine counter assistant, and an assistant. The assistant had recently started at the pharmacy and was covering the medicines counter. The SI said that they would be enrolled onto a suitable course following a successful probation period. The pharmacy team managed the day-to-day workload of the pharmacy effectively and were seen to work well together.

Team members were observed asking a series of questions before selling P-medicines, including checking the person's medical history. The trainee MCA described how they would deal with multiple requests for medicines that could be abused. They were aware of the RP requirements and said that they would not sell P-medicines in the absence of the RP.

Team members were regularly updated about any changes during team meetings or via a telephone messaging group. They had access to online training platforms as well as pharmacy magazines and booklets and were provided with training time during quieter periods at work.

Team members had a good understanding of their role and responsibilities. They said that they had opportunities to develop their skills, for example, the trainee MCA was also providing the stop Smoking and ear wax removal services. She had completed the relevant training and described what she would look out for when providing the ear wax removal service, for example, signs of infection or a perforated ear drum. Team members said that the SI regularly asked them for feedback. They were happy to discuss any concerns or issues directly with the SI. Team members had performance reviews with the SI every six months. Only training targets were set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And people visiting the pharmacy can have a conversation with a team member in private.

Inspector's evidence

The pharmacy was bright, clean, and tidy throughout and this presented a professional image. The retail area of the pharmacy relatively small but was well organised. Seating was available for people wanting to wait for a service. There was a clear view of the medicines counter from the dispensary and the pharmacist could hear conversations at the counter and could intervene when needed. The dispensary was a reasonable size for the services provided and workbenches were kept clean and free from clutter.

Cleaning tasks were shared by team members. Toilet facilities were clean and not used for storing pharmacy items. There were separate hand washing facilities available. The pharmacy had air conditioning which provided a reasonable temperature for storing medicines. There were four good-sized consultation rooms available for people to have a private conversation with pharmacy staff. One room was located on the ground floor, and another three rooms were in the basement. Two of the rooms in the basement were currently not in use but were spacious and clean. The third room was being used as an office and study area. A lift was available for step-free access to the basement. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services overall are effectively managed and delivered safely. People can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers. And team members store and manage medicines appropriately.

Inspector's evidence

There was step-free access to the pharmacy. Team members had a clear view of the main entrance from the medicines counter and could help people into the premises where needed. Services and opening times were clearly displayed in the window.

Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of errors. There were designated areas to dispense, check, and bag medicines. The pharmacy maintained dispensing audit trails which included initialling the 'dispensed by' and 'checked by' boxes on the medicine label to help identify who had done each task.

Prescriptions for higher-risk medicines, such as valproate and CDs, were marked with a stamp. This helped make sure that people were referred to the pharmacist for additional checks and counselling. The pharmacy team knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacy had conducted an audit to check if it dispensed valproate to any people in the 'at-risk' group. Those identified were provided with additional advice about pregnancy prevention measures and risks associated with the medicine. The team was not aware of the new government restrictions on the use of puberty suppressing hormones but said that they would familiarise themselves with it.

Instalment supplies for certain liquid CDs were prepared in advance to help reduce distractions throughout the day. Prepared instalments were labelled with a handwritten label which only included the person's first name, quantity of the liquid CD and date of preparation. The RP said that labels were generated on the patient medication record and attached to the bottles when the person came to collect their instalment. The risks of this practice were discussed, and the RP gave assurances that in future, the bottles would be appropriately labelled and the use of handwritten labels would stop.

There were clear audit trails for the multi-compartment compliance pack service. Packs were assembled in one of the consultation rooms to minimise distractions. Prepared packs observed were labelled with product descriptions, but patient information leaflets (PILs) were not routinely supplied. The RP said that PILs would be supplied in the future. Packs were prepared in advance to allow time for any issues to be rectified.

In-date and signed patient group directions were available for the travel vaccine and Pharmacy First services. Flow charts and guidance were easily accessible for team members. The pharmacist had spoken to the local surgery to make sure that they understood the referral criteria for the Pharmacy First service. The pharmacist said that uptake for the service had been relatively slow, but it had been positively received.

The pharmacy provided a delivery service. People were asked to sign a delivery log to confirm they had

received their medicine. The delivery driver had completed training about safeguarding vulnerable people and protecting people's confidentiality. Medicines were returned to the pharmacy if the person was not at home and the pharmacy contacted the person to rearrange the delivery.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. Medicines were stored in an organised manner on the shelves. The pharmacy team checked the expiry dates of medicines at regular intervals and kept clear records of this. No expired medicines were found on the shelves in a random check in the dispensary. The fridge temperature was monitored daily. Records indicated that the temperatures were maintained within the recommended range. Waste medicines were stored in appropriate containers and collected by a licensed waste carrier. Drug alerts and recalls were received, actioned, and filed. They were also shared with the team.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it uses its equipment to help protect people's personal information.

Inspector's evidence

Up-to-date reference sources were available in the pharmacy and online. The blood pressure monitors had been in use for under one year. The SI said that they would be replaced in line with the manufacturer's guidance. The shredder was in good working order. The phone in the dispensary was portable so it could be taken to a more private area where needed. Suitable equipment for measuring liquids was available. Triangle tablet counters were available and clean, and a separate counter was marked for cytotoxic use only. A large pharmaceutical fridge was available, and this was clean and appropriate for the storage of medicines. The ear wax suction device was cleaned with soapy water after each use. Disposable Zoellner tubes were used for each person accessing the service.

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.