

Registered pharmacy inspection report

Pharmacy Name: Hyde Park Pharmacy, 22-24 Woodsley Road, Leeds, West Yorkshire, LS3 1DT

Pharmacy reference: 9011727

Type of pharmacy: Community

Date of inspection: 02/04/2024

Pharmacy context

This community pharmacy is in a large suburb of Leeds. Its main activities are dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy supplies several people with their medicines in multi-compartment compliance packs to help them take their medicines correctly. And it delivers medicines to people's homes. The pharmacy offers other NHS services including the Pharmacy First service and the hypertension case finding service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.3	Standard not met	The pharmacy does not always store and manage its medicines appropriately. It removes medicines from the manufacturer's original packaging and it does not suitably label the containers it uses. So team members cannot be sure these medicines are suitable to use.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy generally identifies and manages the risks associated with its services. It has written procedures that the pharmacy team follows, and it protects people's private information correctly. The pharmacy completes the records it needs to by law. Team members respond appropriately when errors occur, they discuss what happened and record some details of the error. But they don't fully record all the details of their errors so they may miss opportunities to learn from their mistakes and reduce the risks of mistakes happening again.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) prepared by the pharmacist owner that were reviewed in 2022. These provided the team with information to perform tasks supporting the delivery of the pharmacy services. Team members had read the SOPs and signed and dated the signature sheets to confirm they understood and would follow the SOPs. However, some team members signatures were over five years old which meant there was no evidence they had read and understood the reviewed SOPs. A set of SOPs was in place to support the delivery of the NHS Pharmacy First service. Team members demonstrated a clear understanding of their roles and worked within the scope of their role.

Team members were asked to find and correct errors that had been identified at the final check of a prescription. The pharmacy kept records of these errors known as near miss errors. A sample of records showed the details captured were limited to the type of error. And the reason for the error which for all the entries was the same explanation, that the team member had not been concentrating. The sections for recording the cause of the error and the actions to prevent the same error from happening again were not completed. So, there was not a full record demonstrating what the team members had learnt from the error. A procedure was in place for managing errors that were identified after the person received their medicines, known as dispensing incidents. This included recording the incident and informing all teams members, so they were aware of what had happened. And aware of the actions taken to prevent the error from happening again. The pharmacy had a procedure for handling complaints raised by people using the pharmacy services, but it didn't provide people with information on how to raise a concern with the pharmacy team. Feedback left by people on social media platforms was reviewed by team members who shared the details with each other.

The pharmacy had current indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and CD registers met legal requirements. The RP clearly displayed their RP notice, so people knew details of the pharmacist on duty. The current stock balance for each CD register was regularly checked against the physical stock to help identify issues such as missed entries. A random balance check undertaken during the inspection was correct. To support the NHS Pharmacy First service the pharmacy had a range of patient group directions (PGDs). These provided the legal framework for the pharmacist to provide medication such as antibiotics. The PGDs had been signed by the Superintendent Pharmacist (SI) to show they had read them, understood them and would follow them. But the other pharmacists who regularly worked at the pharmacy had not signed the PGD signature sheets.

The pharmacy had an information governance policy, but this was dated 2016 so it may not contain up-to-date information. And it had not been signed by team members to show they understood the

content. Confidentiality agreements were in place for some team members. The team separated confidential waste for shredding which was either regularly shredded on site or sent for offsite shredding. Team members had completed up-to-date safeguarding training appropriate to their role. This included training about the safe space initiative which helps people experiencing domestic abuse.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with a good range of skills and experience to safely provide its services. Team members work well together, and they are good at supporting each other in their day-to-day work. They have some opportunities to receive feedback and complete ongoing training to further develop their skills and knowledge.

Inspector's evidence

The SI worked full-time at the pharmacy with support from regular locum pharmacists. The pharmacy team consisted of a full-time trainee pharmacist, a trainee pharmacy technician, two full-time dispensers, two part-time dispensers, one who was an accuracy checker, a part-time pharmacy student and a part-time delivery driver. The SI was the supervisor for the trainee pharmacist who was supported with their training by the SI and the team. They were given supervised opportunities to advise people on health matters as part of their training.

Team members worked well together and supported each other such as when several people presented at the pharmacy counter at the same time. Team members had specific roles, but all were trained on how to undertake all key tasks. This ensured the tasks were regularly completed especially at times when team numbers were reduced such as planned and unplanned absence.

Additional training for team members to keep their knowledge up to date was centred around that required for the NHS Pharmacy Quality Scheme (PQS). One of the locum pharmacists had shared information they had found after researching an alternative treatment option when the usual medication used by several people was not available. Team members received informal feedback on their performance and could identify opportunities to progress and develop their skills. Team members held regular meetings to discuss matters such as learnings from errors and new procedures. The pharmacy also used an online communication platform to ensure all team members were kept up to date with any changes or new processes.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services it provides. It has appropriate facilities to meet the needs of people requiring privacy when using the pharmacy services.

Inspector's evidence

The pharmacy team kept the premises clean and hygienic. There were separate sinks for the preparation of medicines and hand washing, with hot and cold water available along with hand sanitising gel. Heating and lighting were kept to an acceptable level in the dispensary and retail areas. The dispensary provided sufficient bench space for the team members to work from and they kept the floor spaces clear to reduce the risk of trip hazards. The pharmacy had enough storage space for stock, assembled medicines and medical devices. The pharmacy had a good sized, soundproof consultation room that the team used for private conversations with people and when providing services. The pharmacy had restricted public access to the dispensary during the opening hours.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not store all its medicines as it should. It removes medicines from the manufacturer's original packaging and does not suitably label the containers it uses. Overall, the pharmacy manages the delivery of its services sufficiently well to help people receive appropriate care. And it provides a range of services that supports local people's health needs.

Inspector's evidence

People accessed the pharmacy via an automatic door and a ramp leading from the pavement. Team members asked appropriate questions when selling over-the-counter (OTC) products and knew when to refer to the pharmacist. The pharmacy had an information leaflet for people to read and take away that focused on health matters such as diabetes. The leaflet also contained the contact details of the pharmacy and its opening hours.

The NHS Pharmacy First service was popular, and several people had received treatment since its launch. Team members supported the pharmacists by completing the referral form with the person, so the pharmacist had the information available to refer to when speaking to the person. This also enabled the pharmacist to ensure the person met the criteria for the service. When the person did not meet the criteria the pharmacist offered an alternative OTC medication or referred the person to the GP. The SI had developed a poster listing the seven medical conditions covered by the service and the age range of people that could use the service. The poster was clearly displayed close to the pharmacy counter for team members to refer to when people presented.

The pharmacy provided multi-compartment compliance packs to help many people take their medicines. And it provided medicines in this way for people living in care home settings. Two of the full-time dispensers managed the service but others in the team were trained to provide support when required. A record was kept of each person who received a pack and detailed when their supply was due so the team could prepare the packs in advance. Most of the care home teams were responsible for ordering the prescriptions each month. But they didn't always send the pharmacy details of what had been ordered for the pharmacy team to check that all the medicines had been prescribed correctly. Each person had a record listing their current medication and dose times which the team referred to when dispensing and checking the prescriptions. To manage the workload and ensure people received their medication on time packs were dispensed in advance of the prescription being sent and against the list of medication. An initial check was completed by the pharmacist who referred to the list. The pharmacist completed a second check once the prescription was received and before the packs were put in bags ready for supply. The team recorded the descriptions of the products within the packs and supplied the manufacturer's packaging leaflets. This meant people could identify the medicines in the packs and had information about their medicines. The pharmacy received copies of hospital discharge summaries via the NHS communication system which the team members checked for changes to people's treatment or new items. And they contacted the person's GP to arrange a prescription when required.

The pharmacy supplied medicine to several people daily as supervised and unsupervised doses. The doses were prepared in advance to reduce the workload pressure of dispensing at the time of supply and were securely stored. Team members provided people with clear advice on how to use their medicines. They were aware of the criteria of the valproate Pregnancy Prevention Programme (PPP)

including the requirement to supply original manufacturer's packs of valproate. They reviewed people prescribed valproate to identify anyone who may meet the PPP criteria. And reported there was currently no-one who met the criteria.

Team members used separate areas in the dispensary for labelling, dispensing, and checking of prescriptions. And they used baskets during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. Team members initialled dispensed by and checked by boxes on the dispensing labels, to record their actions in the dispensing process. The pharmacy kept a record of the delivery of medicines to people. And it used CD and fridge stickers on bags and the driver's delivery sheet to remind the team when handing over medication to include these items.

The pharmacy obtained medication from several reputable sources. They checked and mostly recorded fridge temperatures each day and a sample of these records found they were within the correct range, including at the time of the inspection. There had been three days in March 2024 the temperatures had not been recorded. The temperatures recorded either side of these missed readings were correct. The pharmacy team checked the expiry dates on stock and marked medicines with a short expiry date to prompt them to check the medicine was still in date. The dates of opening were mostly recorded for medicines with altered shelf-lives after opening. However, an opened bottle of loratadine oral solution, with six months use once opened, did not have a date of opening recorded. This meant the team wouldn't know if the medicine was still safe to use. A shelf in the area where the compliance packs were dispensed was used to store bottles containing medication that had been removed from the manufacturer's original packaging. Several bottles were not labelled so team members would not know what medication was inside the bottles. Bottles that were labelled with what medication was inside were not labelled with the batch number or expiry date of the medication. This meant that team members would not know if the medication in the bottles was in date or safe to use. This practice had been highlighted at the previous inspection and the SI had responded by removing all medication bottles with incomplete labelling from the shelves. This improvement had not been maintained. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team printed off the alert, actioned it and kept a record.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and it uses its facilities to suitably protect people's private information.

Inspector's evidence

The pharmacy had reference sources and access to the internet to provide the team with up-to-date information. It had the correct equipment available for the services provided and two fridges for holding medicines requiring storage at the correct temperature. The fridges had glass doors that enabled the team to view stock without prolong opening of the door. The pharmacy computers were password protected and access to people's records restricted by the NHS smart card system. Team members used cordless telephones to help ensure their conversations with people were held in private. They stored completed prescriptions away from public view and they held other confidential information in the dispensary and rear areas which had restricted public access.

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.