

# 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:** 26/11/2024

## 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.

## 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 suitably identifies and manages the risks associated with its services. It has written procedures that the pharmacy team follows, and it completes the records it needs to by law. Team members protect people's private information and they understand their roles in safeguarding the safety and wellbeing of children and vulnerable adults. They respond appropriately to errors by discussing what happened and taking action to prevent future mistakes.

### 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. 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 last entry was made in May 2024. The entries made provided some details on the cause of the error and actions taken to prevent the error from happening again. 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 were aware of the actions taken to prevent the error from happening again. Team members had been reminded to clearly mark medicines' packaging when some of the medication was removed, to reduce the risk of the wrong quantity being supplied. The pharmacy had a procedure for handling complaints raised by people using the pharmacy service. Feedback left by people on social media platforms was reviewed by team members who responded to people's comments.

The pharmacy had current indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drugs (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. 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 pharmacist who had recently started working at the pharmacy had not signed the PGD signature sheets.

The pharmacy had an information governance policy, but this was dated 2018 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.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team with a 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 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 two full-time trainee pharmacists, one of the trainees was following a six-month placement that was due to be completed in January 2025. The SI and one of the regular locum pharmacists were the supervisors for the trainee pharmacist who were supported with their training by all the team. Other team members included, two full-time dispensers, two part-time dispensers, one who was an accuracy checker, and a part-time delivery driver.

Team members worked well together and supported each other to ensure people presenting at the pharmacy counter were promptly served. 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 mandatory training covering legal requirements and NHS services. Team members received informal feedback on their performance and could identify opportunities to progress and develop their skills. Team members held 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 premises are suitable for the services provided. And the pharmacy has appropriate facilities to meet the needs of people requiring privacy when using its services.

### Inspector's evidence

The pharmacy team kept the premises tidy and clean. 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 was secure and it had restricted public access during its opening hours.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services which are easily accessible and help people to meet their healthcare needs. Team members manage the pharmacy services safely and effectively to help make sure people receive the right medicines when they need them. They obtain medicines from reputable sources, and they appropriately store and manage medicines to ensure they are in good condition and safe to supply

### 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 NHS Pharmacy First service was popular, and many people had received treatment since its launch. 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 a care home setting. One 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. The care home team was responsible for ordering the prescriptions each month. But the team 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. 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 medication. The pharmacy received copies of hospital discharge summaries via the NHS communication platform 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 and topiramate Pregnancy Prevention Programmes (PPPs). And the recent updates including valproate to be dispensed in the manufacturer's original pack and the advice for men taking valproate.

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 usually initialled the dispensed by and checked by boxes on the dispensing labels, to record their actions in the dispensing process. A random check of some completed prescriptions found the dispensed by and checked by boxes had not been initialled. 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 recognised sources. Team members stored the medication tidily on shelves and they securely stored CDs. They checked and recorded fridge temperatures each day and a sample of these records found they were within the correct range. Team members 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, two opened bottles 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. 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 its services safely. And it makes sure it uses its equipment appropriately to protect people's confidential 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 prolonged 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 a telephone system with cordless option to ensure their conversations with people were held in private. They stored completed prescriptions away from public view and they held other private information in the dispensary 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.