

Registered pharmacy inspection report

Pharmacy Name: Safys Chemists, 139 Melton Road, LEICESTER,
Leicestershire, LE4 6QS

Pharmacy reference: 1034105

Type of pharmacy: Community

Date of inspection: 17/09/2021

Pharmacy context

This is a community pharmacy situated on a busy main road in Leicester. Most of its activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own home. Other services that the pharmacy provides includes flu vaccinations as both an NHS and private service and the 'fit-to-fly' Covid-19 test. The pharmacy also delivers medicines to people's homes. This inspection was undertaken during the Covid-19 pandemic.

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
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	4.2	Good practice	The pharmacy proactively speaks to people who may be at higher risk of ill health, to provide support and advice.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy adequately identifies and manages the risks associated with the provision of its services. Its team members have defined roles and accountabilities. The pharmacy manages people's personal information safely. The pharmacy mainly has adequate procedures to learn from its mistakes. But it doesn't record the regular review of its mistakes so it could be missing opportunities to learn from them.

Inspector's evidence

The pharmacist was reviewing the standard operating procedures (SOPs) to bring them up to date with current procedures. The old SOPs were still available and where changes had been made the pharmacist had trained the staff in new procedures. The counter assistant had a good understanding of how to sell medicines safely. She was aware that prescriptions had a six-month validity from the date on the prescription apart from controlled drugs (CDs) which had a 28-day validity. She said that prescriptions waiting collection that contained a CD were highlighted to make staff aware. When this was checked the two prescriptions with CDs were not highlighted and one was beyond its 28-day validity. The pharmacy manager said that she would remind staff to highlight them.

The final check of the prescription to make sure that the dispensed medicines and the prescription matched was carried out by the responsible pharmacist (RP) and the accuracy checking technician (ACT). The pharmacist said that he clinically checked each prescription but that he didn't mark them to show that this had been done. This meant that the risk of a prescription that hadn't been seen by the pharmacist being given to a person was increased. The pharmacist said he would stamp the prescriptions from now on. The pharmacy had a process for recording dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time and were recorded in a near miss log. The pharmacist reviewed the near miss log monthly and discussed the outcome with the team. But he didn't make a record of the review or the outcome. The pharmacy maintained appropriate legal records to support the safe delivery of pharmacy services. These included the RP log, the CD registers, and the private prescription record. Patient-returned CDs were recorded in accordance with requirements. Out-of-date CDs were separated. The pharmacist said that CD running balance audits were regularly carried out but the member of staff that did them had not recorded them in the electronic CD register. The last recorded audit was in May 2021.

The pharmacy had started providing flu vaccinations. The pharmacist had reviewed the process to ensure that the risks with Covid-19 were minimised. He had completed the required training and had an in-date signed patient group direction in place.

The pharmacy had appropriate professional indemnity insurance. There was a complaint procedure in place. Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. Access to the patient medication record was password protected. Confidential waste was disposed of securely. The pharmacist was aware of safeguarding requirements; there were local contact details available for escalating concerns appropriately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work well together and adequately manage the workload within the pharmacy. They are suitably trained for the roles they undertake and are supported in their development. Team members can raise concerns if needed.

Inspector's evidence

During the inspection the pharmacy team adequately managed the day-to-day workload. The team had a good rapport and helped each other out. There were two pharmacists, two trained dispensing assistants and one who was training and a trained counter assistant. Staff were supported in their development with one dispenser undertaking the pharmacy technician course. Staff mainly completed their training at home but felt they could ask the pharmacist or other team members for their advice if needed. Staff said they could raise concerns if necessary. Team members also had informal training from the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. The pharmacy makes changes to help keep staff and people using the pharmacy safe during the pandemic.

Inspector's evidence

The pharmacy was adequately maintained, although some of the public areas were looking a little tired. There was adequate heating and lighting, and hot and cold running water was available. The dispensary was a suitable size for the services provided.

The pharmacy had a push-pull door and steps from the street which made it more difficult for people with a disability or with a pushchair to access the pharmacy. Staff said that people would knock the door and they would go out to speak with them. The pharmacy had adequate processes in place to support safe working during the Covid-19 pandemic. The pharmacy had a sign on the door which restricted access into the pharmacy to four people at a time. Once inside, a one-way system was marked out on the floor. The counter had clear plastic screening at the pharmacy counter to provide reassurance to both the staff and the customers. There was hand sanitiser available. The pharmacy was cleaned daily.

The pharmacy team had been double vaccinated but only carried out Covid-19 lateral flow tests when they had a concern, such as illness or contact with someone who had a positive test for Covid-19. Some staff, but not all, wore masks. The pharmacist said this was a personal choice. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy proactively speaks to people who may be at higher risk of ill health to provide support and advice. The pharmacy has changed the way it provides services during the Covid-19 pandemic to keep its staff and the people who use its services safe. The pharmacy gets its medicines and medical devices from reputable sources. It mainly stores them safely and it takes the right actions if medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy team understood the signposting process and the experienced staff used local knowledge to direct people to other local health services when needed. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacist gave a range of advice to people about other healthcare matters. Examples he gave included advice about changes in dose or new medicines. He also gave advice to people taking higher-risk medicines such as warfarin, lithium, and methotrexate. The pharmacy highlighted prescriptions so that when people collected them they could be given advice. The pharmacy had focused on health conditions that affected the local community such as diabetes, heart disease and obesity. A record of interventions was made, such as advice, leaflet or referral, and the team followed up with the person the following month.

The pharmacy had a 24-hour collection point for people to collect their medicine when the pharmacy was closed. The pharmacy supplied a 'fit to fly' Covid-19 service. The tests were sent to an appropriately registered laboratory for assessment.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by boxes' on the medicine label. This helped identify who had completed each task. The pharmacy also used baskets during the dispensing process to keep medicines and prescriptions separated to reduce the risk of a mistake being made. There was a process to make sure that each person who received their medicines in a multi-compartment compliance pack got them in a timely manner. The compliance packs seen had the colour and shape of medicines recorded on the packs to make the medicines easily identifiable. Patient information leaflets were sent the first time a person had the medicine but were not sent every month after that. The pharmacist said he would review this process.

Medicines were stored on shelves tidily and in original containers. Most, but not all, bottles had the dates that they had been opened recorded. Date checking was carried out regularly. A sample of medicines checked were in date. The pharmacy had three fridges. Records for two fridges showed that they were in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The third fridge was not usually used for medicines but was storing flu vaccinations. The thermometer showed a range of 2 and 8 degrees Celsius, but no record was being kept. The pharmacist said he would start keeping a record. The pharmacy only used recognised wholesalers to supply them with medicines. The pharmacy delivered medicines to some people. The person delivering the prescription maintained appropriate distance due to the pandemic. The pharmacy had a procedure for managing drug alerts appropriately.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services it offers safely.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. CDs were stored in legally compliant cabinets. Records showed that portable electrical equipment had not been recently safety tested. The pharmacy manager said this was because of Covid-19 and he would look to arrange for testing. The equipment looked in a reasonable condition.

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.