

Registered pharmacy inspection report

Pharmacy Name: Saffron Apothecaries Ltd, 1 Wood Street,
MANSFIELD, Nottinghamshire, NG18 1QB

Pharmacy reference: 1035568

Type of pharmacy: Community

Date of inspection: 13/08/2020

Pharmacy context

This is a community pharmacy on the outskirts of the town centre. During the COVID-19 pandemic the pharmacy's main focus is on providing dispensing services. This includes the delivery of medicines to people's homes. The pharmacy also provides substance misuse services to local people. And it supplies medicines in multi-compartment compliance packs, designed to help people remember to take their medicines.

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 the risks associated with its services. It has implemented some good processes for managing and reviewing safety during the COVID-19 pandemic. The pharmacy advertises how people can provide feedback about it or its services. And it acts appropriately on the feedback it receives. The pharmacy keeps people's private information secure. And it generally keeps all records it must by law. Pharmacy team members act openly and honestly by sharing information. They are committed to engaging in regular risk reviews to help share learning and to help drive improvement. And they have the skills and knowledge required to protect the safety and wellbeing of vulnerable people.

Inspector's evidence

The RP demonstrated a comprehensive COVID-19 risk assessment. The risk assessment clearly identified the risks associated with providing pharmacy services during the pandemic. And it provided details of the actions taken to manage these risks. Areas covered by the risk assessment included personal protective equipment (PPE), hygiene, equipment, services and staffing. Some of the actions taken to help manage the identified risks included following increased cleaning regimens, donning PPE (masks and gloves) from March 2020, removing non-essential equipment to create more space for social distancing, and reviewing skill mix and task management. The pharmacy was also engaging people who used the pharmacy in supporting it in managing risks associated with the pandemic. For example, the team applied an extra dispensing label to bags of assembled medicines. The label reminded people that face coverings were now mandatory. All team members had engaged in individual COVID-19 risk assessments. And those spoken to confirmed they felt supported at work throughout the pandemic to date.

The pharmacy split its work between two dispensaries. Tasks associated with acute workload, repeat prescriptions and the delivery service took place in the main dispensary on the ground floor. And tasks associated with the multi-compartment compliance pack service took place in the first-floor dispensary. Workflow in both dispensaries was organised. There was designated space for labelling, assembly and accuracy checking medicines. Team members utilised a workbench at the front of the ground-floor dispensary to manage acute prescription workload. And these prescriptions were prioritised by the team. The pharmacy identified the compliance pack service as a high-risk service. As such team members working in this dispensary did not routinely answer the pharmacy telephone, this helped limit distractions during the dispensing process.

The pharmacy had a set of up-to-date standard operating procedures (SOPs). These included responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. The SOPs also contained details of compliance with the Falsified Medicines Directive (FMD). The majority of SOPs had been implemented in January 2019. There had also been some updated SOPs added following the last GPhC inspection in September 2019. This inspection had identified some requiring improvement. Team members had signed training records associated with the SOPs. A medicine counter assistant explained clearly what tasks couldn't be completed if the RP took absence from the pharmacy. And she was aware of the difference between absence and not having a RP signed in. A dispenser demonstrated the dispensing workflow in the downstairs dispensary. And team

members could demonstrate how the pharmacist physically recorded the clinical checks of prescriptions prior to the accuracy checking technician (ACT) completing a final accuracy check.

Pharmacy team members received feedback from an accuracy checker about the mistakes they made during the dispensing process. And there was a system in place for recording near misses. Records showed the team had been reporting both its near misses and dispensing incidents during the pandemic. The team recorded its dispensing incidents via an electronic reporting tool. And the RP transferred all paper records relating to near misses to the reporting tool monthly. The reporting tool provided trend analysis data of the mistakes made. The team shared learning from the monthly reviews through a team discussion each month. And it acted to reduce the risk of similar mistakes occurring. For example, it implemented warning labels associated with 'look-alike and sound-alike' (LASA) medicines. Team members also reflected on contributing factors. For example, at the beginning of the pandemic the team had made more mistakes due to team members rushing. The team had discussed the importance of slowing down and concentrating on one task at a time.

The pharmacy advertised its concerns procedure. And pharmacy team members on duty provided examples of how they had responded to feedback during the pandemic. For example, prescriptions for urgent medicines such as antibiotics were prioritised for delivery. The pharmacy had also considered feedback from the GPhC's inspection report following the inspection in September 2019. And it clearly demonstrated how feedback from the report had been taken onboard. The pharmacy also promoted feedback through their annual 'Community Pharmacy Patient Questionnaire'. And it published the results of this questionnaire for people using the pharmacy to see.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice provided the correct details of the RP on duty. A sample of the CD register, specials records and emergency supply records conformed to legal and regulatory requirements. The pharmacy balance checked CDs weekly and this had generally continued throughout the pandemic. A physical balance check of a CD complied with the balance recorded in the CD register. The pharmacy maintained its CD destruction register for patient returned medicines electronically. Private prescription records required some improvement as the prescription date and prescriber details were not always entered into the register accurately.

The pharmacy displayed a privacy notice. Information governance processes were covered within SOPs. An apprentice discussed confidentiality requirements. And she explained clearly how she would manage a hypothetical scenario involving a person leaving confidential information on the medicine counter. Pharmacy team members demonstrated how they stored personal identifiable information in staff only areas of the pharmacy. And these areas were protected from unauthorised access. It disposed of confidential waste by using a heavy-duty shredder.

The pharmacy had procedures and information relating to safeguarding vulnerable people. Contact information for local safeguarding agencies was readily available. Pharmacy professionals had completed level two training on the subject. The RP discussed how she had applied her professional judgement during the pandemic by monitoring potentially vulnerable people who accessed the pharmacy's services. And an apprentice was well informed of safeguarding requirements and could explain the action she would take to raise a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough, suitably skilled team members to manage its workload effectively. It reviews the skill mix of its team to support in providing its services. And it provides appropriate support to team members which encourages them to engage in continual learning relevant to their roles. Pharmacy team members are enthusiastic and they take part in regular team discussions. They are supported through a structured appraisal process. And they understand how to provide feedback about the pharmacy and how to raise a professional concern if needed.

Inspector's evidence

On duty during the inspection was the RP, the ACT (pharmacy manager), four qualified dispensers, two apprentices, a medicine counter assistant and two delivery drivers. The pharmacy also employed another three dispensers and two more delivery drivers. The pharmacy was in the process of reviewing its skill mix and staffing levels. The two apprentices had joined the team in July 2020 and there were plans to reduce some team members working hours. This formed part of the pharmacy's plans to help reduce workload pressure and increase flexibility for cover moving forward.

One dispenser had very recently completed accredited training which would allow her to register as a pharmacy technician. She regularly completed learning associated with the course on her lunch break. And she had received some training time during the pandemic. The dispenser explained the training provider had kept her up to date with changes associated with submitting her work during the pandemic. The two apprentices confirmed they felt well supported at work and through a local college. They engaged in regular one-to-one meetings with the manager to support their induction. And they were enrolled on accredited pharmacy training to support their roles. Other team members engaged in work based learning. And the pharmacy followed a structured appraisal process to support individual development.

Despite the pharmacy having a high dispensing volume, the atmosphere in both dispensaries was calm. Pharmacy team members were observed concentrating on their work and supporting each other. The RP expressed that she felt fortunate as there was no emphasis on meeting targets during the pandemic. And team members had been supported in concentrating on providing dispensing services, and support to vulnerable people.

The pharmacy team communicated mainly through small team briefings and one-to-one meetings with the manager. Team briefings covered changes to services and patient safety reviews. Patient safety review discussions were recorded but were not displayed to team members. A discussion took place about the benefits of making this information more accessible to help support ongoing learning. The team had received regular communication from both the NHS and the Pharmaceutical Services Negotiating Committee (PSNC) during the pandemic. This communication had helped to inform risk management within the pharmacy.

Pharmacy team members were in good spirits throughout the inspection and spoke positively about their colleagues and their working environment. The pharmacy had a whistleblowing policy and its team members were aware of how they could raise and escalate a concern. Team members confirmed they would provide feedback to their manager or regular pharmacist in the first instance. They could

also provide anonymous feedback by leaving any concerns on a comments board.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and well maintained. It is clean and presents a professional appearance to people accessing the services it provides. People using the pharmacy can speak with a member of the pharmacy team in confidence in a private space.

Inspector's evidence

The pharmacy was extremely clean and organised. The team had increased the frequency of cleaning tasks across all areas of the pharmacy during the pandemic as part of its infection control strategy. Pharmacy team members reported maintenance concerns to the company's head office. A recent leak on the first-floor level of the premises had been fixed in a timely manner. The pharmacy had heating and air conditioning. A portable air-conditioning unit and fans were used in the upstairs dispensary during summer months. Lighting throughout the premises was sufficient. Antibacterial soap and paper towels were available at designated hand washing sinks. Hand sanitiser was also available throughout the premises. Doffed PPE was disposed of safely in the lined bins provided.

The public area was small and open plan. The medicine counter had robust Perspex screening in place to help reduce the risks associated with transmitting COVID-19. And the pharmacy was limiting the number of people in the public area at any given time to support social distancing requirements. The pharmacy had increased the number of people it delivered medicines to during the pandemic. This meant less people were physically having to attend the pharmacy, and it reduced the risk of large queues forming on the narrow pavement outside the premises.

A private treatment room was accessible to one side of the medicine counter. The room had a large Perspex window through to the dispensary. The room was routinely used for substance misuse services. And the RP explained how the room was also used to provide a private counselling space during the pandemic. The main consultation room was a sufficient size and it was professional in appearance. It was not in routine use during the pandemic. The room was equipped with hand washing equipment and hand sanitiser.

The downstairs dispensary was accessed up a step from the medicine counter. It was well-organised and a good size for the services provided. The pharmacy team used space at the back of the dispensary to complete administration tasks associated with the prescription ordering and delivery service. To the side of the dispensary was an office and staff facilities. The first-floor level consisted of further staff facilities, a large storeroom, an office and a second good size dispensary. The storeroom was used to hold dispensary sundries and overflow stock.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy advertises its services and makes them accessible to people. It has up-to-date procedures to support the pharmacy team in delivering its services. And it keeps audit trails of tasks associated with its services. So, it can deal with any queries effectively. The pharmacy obtains its medicines from reputable sources. And it generally stores medicines safely and securely. It responds to safety alerts in a timely manner. This helps provide assurance people receive medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy was accessed from street level through a simple push/pull door. It displayed details of its opening times and services. There was prominent posters and notices in the pharmacy window reminding people to wear face coverings when accessing the pharmacy. And large notices advertising a change in the pharmacy's opening times, as it no longer opened on a Saturday, were positioned clearly for people to see.

The pharmacy had sign-posting arrangements in the event it could not provide a service or a medicine. The RP reflected on how services had changed during the pandemic. Face-to-face consultation services such as Medicines Use Reviews had been suspended. But there had been increased opportunities to provide over-the-counter advice to people. And there had been a large increase in demand for the pharmacy's medicine delivery service. The RP demonstrated evidence associated with the NHS Pharmacy Quality Scheme (PQS). The scheme promoted patient safety and risk management in pharmacies. The pharmacy had also worked closely with local surgeries who had implemented the Electronic Prescription Service (EPS) shortly before the national lockdown.

The RP provided an up-to-date and legally valid patient group direction for the supply of emergency hormonal contraception. And she explained how she had facilitated private consultations for the service during the pandemic. The substance misuse service had changed dramatically during the pandemic. Most people who had attended for supervised consumption of methadone and buprenorphine before the pandemic had been moved to less frequent collection schedules by the substance misuse provider. The RP provided evidence of how the service was managed. The pharmacy had considered the risks associated with collection doses and storage of the medicines. And had suitable systems in place to manage these risks. Needle exchange services had continued during the pandemic. But the pharmacy provided a larger quantity of supplies to people accessing this service. This reduced the number of times they needed to physically visit the pharmacy. The team recorded the supplies through PharmOutcomes.

Team members used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped to inform workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. And a stamp was used to confirm prescriptions had been clinically checked. The pharmacy kept original prescriptions for medicines owing to people. The team used the prescription throughout the dispensing process when the medicine was later supplied. There was an audit trail for the prescription delivery service. Drivers observed the receipt of medicines from people's doorsteps from a safe distance. People were

not signing for deliveries during the pandemic, this reduced the risk of transferring the virus.

The pharmacy had individual records for people receiving medicines in multi-compartment compliance packs. It had underpinned some informal processes found during the last inspection by updating its SOP associated with the supply of medicines in compliance packs, and by introducing a formal communication and audit sheet. The supply of medicines in compliance packs was split into cycles. Some packs were assembled prior to the pharmacy receiving the physical prescription. The pharmacy now had records to demonstrate how it managed the risk associated with this practice. The records included a full audit trail detailing assembly of the pack, associated checks of prescriptions received against backing sheets and patient records, and clear notes of any amendments made. The ACT was responsible for checking all prescriptions received against backing sheets and patient records. And queries and amendments were well documented. The pharmacy stored compliance packs awaiting prescriptions in a different area to completed packs. And any packs which involved changes were referred directly to the RP. A sample of assembled compliance packs included full dispensing audit trails and descriptions of the medicines inside to help people recognise them. But the backing sheets did not contain details of cautionary and advisory labels as required. This was an outstanding area for improvement, highlighted at the previous inspection. A dispenser and the manager took immediate steps to explore the issue further. And action was taken during the inspection to ensure a tick box within the patient medication record was completed. This action meant the cautionary and advisory labels appeared appropriately on backing sheets attached to the compliance packs. The pharmacy tended to only provide patient information leaflets for new medicines or to people who specifically asked for them. It had asked people to formally agree their preference for the receipt of this information. And these records were maintained within each person's profile form.

The pharmacy had taken action to improve its management of high-risk medicines since the last inspection. Team members had engaged in learning associated with high-risk medicines. Medicines with limited stability were no longer supplied in compliance packs routinely. When this was required due to compliance concerns, the pharmacy managed the supply weekly. The RP was familiar with the requirements of the valproate pregnancy prevention programme (PPP). And understood that some brands of valproate now had warning cards attached to the packaging, this made it easier to ensure people in the high-risk group received a warning card. The RP explained she had made formal counselling notes as part of a valproate safety audit prior to the pandemic. But had not continued to record formal counselling notes on people's medication records following the audit. The pharmacy had appropriate processes for monitoring other high-risk medicines, including the supply of warfarin and controlled drugs.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members were aware of changes to medicine packaging such as tamper-proof seals introduced through the Falsified Medicines Directive (FMD). The pharmacy did not yet have a live system in place for decommissioning medicines, this was due to it changing to a new clinical software provider in September 2020. The change to a new provider had been due to be completed as the COVID-19 pandemic struck. The pharmacy received drug alerts electronically. There was both a paper and electronic audit trail available which provided assurance that alerts were checked in a timely manner.

The pharmacy stored P (Pharmacy) medicines behind the medicine counter. This meant the RP had supervision of sales taking place and was able to intervene if necessary. The pharmacy stored most medicines in the dispensaries and stock room in an organised manner and within their original packaging. Some loose, de-blistered tablets were found within their original box on a shelf in the first-floor dispensary. A discussion took place about the risks associated with this practice. And team members were aware of the correct way they should be storing medicines which had been accidentally de-blistered. The box of tablets was brought to the attention of the team for appropriate disposal.

The pharmacy team followed a date checking rota. This helped to manage stock and identify short-dated medicines. No out-of-date medicines were found during random checks of stock across both dispensaries. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

The pharmacy held CDs in secure cabinets. Medicine storage arrangements in the cabinets was orderly. Assembled CDs were held in bags with details of the prescription's expiry date annotated clearly. And there was separate storage areas within a cabinet for holding patient returned and out-of-date medicines. The pharmacy had two large medical refrigerators. These were clean. Stock medicines and bags of assembled medicines inside the fridges were generally stored in an organised manner. The team checked the temperature of the fridges daily. Temperature records confirmed that the fridges were operating between two and eight degrees Celsius as required.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has a suitable range of clean equipment available for the pharmacy services provided. And pharmacy team members use the equipment and facilities in a way which protects people's privacy.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. The team could access the internet to help resolve queries and to obtain up-to-date information. Computers were password protected and the layout of the premises protected information on computer monitors from unauthorised view. The pharmacy held bags of assembled medicines in two areas. It stored medicines for delivery in the dispensary. And medicines waiting for collection were stored neatly in baskets on shelves to the side of the medicine counter. The storage arrangements protected people's details on bag labels against unauthorised view. The pharmacy team used cordless telephone handsets. This meant they could move out of ear-shot of the public area when having confidential conversations with people over the telephone.

Workstations throughout the pharmacy were equipped with PPE supplies and hand sanitiser. The pharmacy had suitable equipment in place for providing its services. Equipment was monitored and calibrated in accordance with manufacturer's instructions where necessary. Equipment available included measuring and counting equipment and single-use consumables for the substance misuse and compliance pack services. All equipment was clean and subject to regular monitoring to ensure it was fit for purpose and safe to use.

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. |