

Registered pharmacy inspection report

Pharmacy Name: Saffron Pharmacy, 501 Saffron Lane, Leicester, LE2
6UL

Pharmacy reference: 9010759

Type of pharmacy: Community

Date of inspection: 18/10/2023

Pharmacy context

This is a community pharmacy situated on a main road in a Leicester suburb. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own home. The pharmacy is providing the NHS Covid-19 autumn vaccination programme and NHS flu vaccinations.

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

Overall, the pharmacy identifies and manages the risks associated with the provision of its services. Its team members have defined roles and accountabilities. And the pharmacy manages people's electronic personal information safely. The pharmacy has some procedures to learn from its mistakes. But because it does not record all its mistakes, it might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) which had been signed by the pharmacy team members to show they had read and understood them. Staff were seen dispensing medicines and handing medicines out to people safely. Staff understood how to sell medicines safely and knew some advice to give during a sale. Staff knew that prescriptions were valid for six months, apart from some controlled drugs (CDs) which were valid for 28 days. Some, but not all prescriptions containing CDs were highlighted to remind staff of their shorter validity. This might mean that some medicines were supplied beyond their 28-day validity.

The pharmacy was providing the Covid-19 autumn booster service and seasonal flu vaccinations. The pharmacist had been providing the vaccinations for several years and had set up robust processes. These included signage and seating, staff training and appropriate protocols. The pharmacist said he was able to provide standard pharmacy services while providing these additional services.

The pharmacy had some processes for learning from 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 the aim was to record them in the near miss log. The pharmacy technician said that they were not currently recording near misses. She said that she would encourage the team to start recording their near misses again.

The pharmacy maintained the legally required records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) record and CD records. The entries checked at random in the CD register during the inspection agreed with the physical stock held. CD balance checks were completed, but these were not carried out as regularly as the SOP required. Patient-returned CDs were recorded in a designated register. Patient-returned CDs and date-expired CDs were clearly marked and separated from stock CDs to prevent dispensing errors.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential information was destroyed securely. Professional indemnity insurance was in place. The pharmacy understood safeguarding requirements. The pharmacy team knew about the 'Ask Ani Initiative' and could explain the action they would take to safeguard a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work well together to manage the day-to-day workload within the pharmacy. They are suitably trained for the roles they undertake. Team members can raise concerns if needed.

Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy effectively. There was one pharmacist, a pharmacy technician, three trained dispensers and a trainee pharmacist. The pharmacy technician was an accuracy checking technician but was not currently using that skill. Members of the team worked well together giving each other support and advice. They felt supported by the pharmacist and the pharmacy technician who was also the pharmacy manager.

When asked, members of the team said they would be comfortable discussing any issues they had at work with the manager and knew how to raise a concern if they had to. They had an annual review where they were able to give and receive feedback. They said there was opportunity for development, such as the pharmacy technician course if people wanted to. Staff were given informal training by the pharmacist. The pharmacist also made sure that the team members were trained to provide new services such as the Covid-19 vaccination booster service. But the team members did not have any other regular training to keep their skills and knowledge up to date.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy presents a professional modern image to people using its services. The pharmacy keeps its premises safe, secure, and appropriately maintained. And it has made changes to help keep its team members and people using the pharmacy safer from the risk of catching infectious diseases.

Inspector's evidence

Outside, the pharmacy had a bright modern fascia with clear signage explaining the services on offer. The pharmacy had a wide automatic door which provided good access for people with a disability or a pushchair to get into the pharmacy. Inside it was neat and tidy with good fixtures and fittings, with a clear route to the pharmacy counter. It had soft lighting and suitable seating. There was a clear plastic screen at the pharmacy counter which provided re-assurance to both the staff and the customers. There was hand sanitiser available, and staff were considering whether to start wearing masks. The pharmacy had clear signage for people using the Covid-19 vaccination service. Specific seating was available and one of the consultation rooms was being used for the service. There was a second consultation room available for other people visiting the pharmacy to have a private conversation with pharmacy staff.

The dispensary was a reasonable size for the services provided. There was suitable heating and lighting, and hot and cold running water was available. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's healthcare services are suitably managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it knows the right actions to take if medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacist was easily accessible and during the inspection engaged with people visiting the pharmacy. The pharmacy team understood the signposting process and used local knowledge to direct people to local health services. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The team members were supplying sodium valproate in the manufacturer's original packs, they did not use split packs or put sodium valproate in white boxes. The pharmacist gave a range of advice to people using the pharmacy's services. This included advice when they had a new medicine or if their dose changed. Dispensed prescriptions had stickers to remind the pharmacy team to ask questions when handing out medicines that required ongoing monitoring such as warfarin or methotrexate to make sure that people were taking them safely. But the team did not make records of these interactions. This could mean helpful information was not available for other pharmacy staff to refer to.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label to help identify who had done each task. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error. The pharmacy supplied medicines in multi-compartment compliance packs to people living in the community to help them take their medicines at the right time. The pharmacy spread the workload for preparing these packs across the month, using a tracker to make sure packs were prepared and supplied on time. Compliance packs seen included medicine descriptions on the packs to make it easier for people to identify individual medicines in their packs. Patient information leaflets were provided to people each month.

Medicines were mainly stored on shelves in their original containers. However, some containers had medicines with different batch numbers and expiry dates from the original container. This increased the risk of an out-of-date medicine being supplied or a medicine subject to a drug recall being missed. The pharmacist said that he would discuss this with the team. The pharmacy team had a process for date checking medicines. A check of a small number of medicines did not find any that were out of date. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist explained the process for managing drug alerts which included a record of the action taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridges were in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy had the appropriate equipment for the Covid-19 vaccinations. The pharmacy's portable electronic appliances 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.