

# Registered pharmacy inspection report

**Pharmacy Name:** HealthPharm@Saffron Health, 509 Saffron Lane,  
Leicester, Leicestershire, LE2 6UL

**Pharmacy reference:** 9011435

**Type of pharmacy:** Community

**Date of inspection:** 06/05/2021

## Pharmacy context

This is a community pharmacy situated inside a health centre. 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 the substance misuse service, the Discharge Medicines Service and delivering medicines to people's homes.

## 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 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. It knows how to protect vulnerable people. The pharmacy has adequate procedures to learn from its mistakes, and it keeps the records it needs to by law.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which were mainly up to date. The superintendent was reviewing the SOP for the pharmacy robot because there had been some recent changes to the way the staff were using it. Records showed that the SOPs had been read by staff. The counter assistant understood that she couldn't work in the dispensary. She knew the questions that should be asked to sell over-the-counter medicines safely and had a good product knowledge. She was aware of the advice that should be given when selling codeine-based products. She said that prescriptions had a 6-month expiry date apart from controlled drugs (CDs) which were valid for 28 days from the date on the prescription. She said that dispensed prescriptions containing schedule 2 to 4 CDs were highlighted with a marker so that staff were aware. When checked, these prescriptions were highlighted.

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). Each member of staff had their own near miss log to ensure ownership of the mistakes. Near misses were discussed with the member of staff at the time and then recorded in their near miss log. Learning points and action taken recorded in the near miss log seen were limited. The pharmacist collated all the near misses into one monthly report which she discussed with staff. The latest report seen was from March 2021.

The pharmacy maintained appropriate legal records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) log, the controlled drug (CD) registers and the private prescription record. Records showed that CD running balances were regularly audited. A random check of the recorded running balance of a CD matched the actual stock. The pharmacy had recently moved to an electronic CD register. The pharmacy team didn't always correctly record the name of the prescriber on the register. The pharmacist said she would discuss the issue with the team. Patient-returned CDs were recorded in accordance with requirements. Dispensed CDs waiting collection in the CD cupboard were clearly separated and were in date.

The pharmacy had appropriate professional indemnity insurance. There was a complaints procedure in place. Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. Access to the electronic patient medication record (PMR) was password protected. Confidential paperwork was stored securely. Confidential waste was securely destroyed. The pharmacy was General Data Protection Regulation compliant. The pharmacist was aware of safeguarding requirements and had completed appropriate training. There were local contact details available if staff needed to raise a concern.

## 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. Team members can raise concerns if needed. The pharmacy supports its team members when they undertake formal training

### Inspector's evidence

The pharmacy had a notice showing who the RP in charge of the pharmacy was. The RP records showed who the RP in charge of the pharmacy had been. During the inspection the pharmacy team worked well together and adequately managed the workload. There was a pharmacist, two qualified dispensers, two apprentices and two trained counter assistants. Certificates of accredited training were available.

Staff said that they had reviews about how they were getting on. Staff felt comfortable about raising concerns or problems with the pharmacy manager if required. Staff in formal training were happy with the support they received. There was informal training from the pharmacist to keep them up to date; recent training had included the requirements for the supply of Covid-19 lateral flow tests.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. The pharmacy protects personal information.

### Inspector's evidence

The pharmacy had recently opened in a new health centre. The pharmacy presented a professional modern look. The pharmacy had wide flat access to allow easy access for people with a disability or in a wheelchair. Once inside the pharmacy there was a clear route to the dispensary counter. The public area was a reasonable size. The dispensary was a good size for the number of people working there. There was enough dispensing bench and there were separate areas for dispensing and checking of medicines. The pharmacy had air-conditioning to provide an appropriate temperature for storing medicines; soft lighting was in place.

There was an outside hatch for people on the substance misuse service to use. This had a cover and screening from the road. It didn't fully screen people from being seen from the industrial estate and the superintendent said he would resolve that. There was a reasonable sized consultation room near the front door which was currently not being used because of Covid-19. Outside of the pharmacy on the wall facing the road there was a temporary plastic sign which was not of the same standard as the rest of the pharmacy.

The pharmacy had appropriate Covid-19 processes in place. There was a sign restricting access into the pharmacy to four people at a time. There was counter to ceiling Perspex screen at the pharmacy counter to provide re-assurance to both the staff and the customers. There was hand sanitiser available. The pharmacy was cleaned on a daily basis. The pharmacy team had all been vaccinated and were having twice weekly Covid-19 lateral flow tests. They reported the results to NHS England. Most of the team wore masks.

Computer screens were set back from and faced away from the counter. Access to the electronic patient record (PMR) was password protected. Unauthorised access was prevented during working hours and when the pharmacy was closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers healthcare services which are generally well managed and are accessible to people. The pharmacy has reviewed the way it provides its services during the Covid-19 pandemic. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing.

### Inspector's evidence

The pharmacist 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 pharmacist said that she gave advice to people on a range of matters including new medicines, antibiotics and taking higher-risk medicines such as warfarin, lithium and methotrexate. She didn't highlight prescriptions for higher-risk medicines but relied on the counter staff to pick out these medicines when they were collected. This might mean that some people don't get all the advice they require.

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 done each task. Baskets were used to keep medicines and prescriptions separate to reduce the risk of error. There was a process to make sure that medicines in a multi-compartment compliance pack were ready in a timely manner. Each person had an individual chart which listed their medicines and when they should be taken. The charts were clear and neat. Any changes in the prescription were checked with the surgery before supply. When checked, there were prepared packs for one person which had not been picked up for a whole month. The pharmacy team knew that the person collected their medicines erratically but the pharmacy had not taken any action such as contacting the person to remind them to collect or telling the surgery that they hadn't collected. The compliance pack seen recorded the colour and shape of the medicines to allow easy identification the medicine. Patient information leaflets were sent when the person first had the medicine but were not routinely sent after that. This might mean that people don't always have the information they need to take a medicine safely.

Medicines were stored on shelves tidily and in original containers. Records for the date-checking process showed that medicines were regularly checked. The pharmacy robot scanned the medicines when the original packs were put into the machine and a check was made at the end of the month. Any original packs that the robot couldn't check were given an expiry date of six months. A sample of medicines was found to be in date. Most opened bottles of liquid medications were marked with the date of opening to help ensure they were fit for purpose when being used for dispensing.

The pharmacy delivered medications to some people. The person delivering the prescription maintained appropriate distance. They did this by putting the medicine on the doorstep, ringing the bell and then standing back and waiting for the person to come to the door to pick up their medicine. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacy had a process for managing drug alerts.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy used crown-marked measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. CDs were stored appropriately. Staff said that electrical equipment had been new when the pharmacy had opened so there had been no need to have the appliances safety tested. The pharmacy robot had a maintenance contract.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.