

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: 26/03/2024

Pharmacy context

This is a community pharmacy that is situated in a medical centre 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. Other services that the pharmacy provides include the substance misuse service, delivering medicines to people's homes, and the NHS '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
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 most of the risks associated with the provision of its services. It reviews the risks with new services. And the pharmacy keeps the records it needs to by law. The pharmacy manages people's personal information safely. The pharmacy has procedures to learn from its mistakes. But because the pharmacist does not record the near miss reviews, the pharmacy might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). Most, but not all, were up to date. This could mean that some of the SOPs did not provide up-to-date information to help staff or locum pharmacists follow current best practice. And some of the SOPs had not been signed by the pharmacy team members to show they had read and understood them. The pharmacist said she would make sure that the team had read and signed the SOPs and would tell the pharmacy superintendent that some of the SOPs needed a review. However, staff were seen dispensing medicines and handing medicines out to people safely. Staff understood how to sell medicines safely and had a good understanding of the 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. The pharmacy kept dispensed prescriptions containing CDs that did not require storage in the CD cupboard separate from other dispensed prescriptions, to remind staff of their shorter validity.

The pharmacy had started providing the 'Pharmacy First' service. There were three regular pharmacists who were able to provide the service. The pharmacist said that because they were dispensing a high volume of medicines, they had highlighted a capacity problem with the team to effectively provide the service. To increase the availability of the pharmacist, a staff member was completing the accuracy checking dispensing course, and another team member was going to start the pharmacy technician course and then complete the accuracy checking technician course.

The pharmacy had 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 they were found and were then recorded in the near miss log. The near misses were then discussed in the team huddle and, when asked, the team members were able to explain the issues discussed in the team huddle. But the pharmacist did not record that she had completed a review or record the actions that needed to be taken. This might mean that some of the team who were not present at the huddle missed out on ways to make the service safer.

The Responsible Pharmacist (RP) notice was visible in the dispensary and identified the pharmacist on duty. The pharmacy maintained the necessary records to support the safe delivery of pharmacy services. These included the RP record, private prescription records, and the CD register. The entries for two CD items checked at random during the inspection agreed with the physical stock held. Regular balance checks of all CDs were completed. Patient-returned CDs were recorded in a designated register. There were a number of dispensed CDs waiting collection in the CD cupboard that were beyond their 28-day validity. This might mean that some medicines are supplied when the prescription is no longer valid.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential waste was destroyed appropriately. Professional indemnity insurance was in place. The pharmacy understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person. The pharmacy team members were not aware of the 'Safe Space Initiative,' but said they would discuss this with the pharmacy superintendent.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough team members to manage the pharmacy's workload. They are suitably trained for the roles they undertake and are given opportunities to develop their roles. 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, three trained dispensers and a trained counter assistant.

There was a friendly culture within the pharmacy. Team members worked well together, giving each other support and advice. When asked, members of the team said they discussed any issues informally on a daily basis and felt able to raise concerns if necessary. They had an annual review where they were able to give and receive feedback. Staff were given the opportunity to develop. One staff member was training to become an accuracy checking dispenser and a second staff member was going to start the pharmacy technician course. Staff were given informal training by the pharmacist, including recent training on the 'Pharmacy First' services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And people visiting the pharmacy can have a conversation with a team member in private. The pharmacy makes changes to help keep people using the pharmacy safer from the risk of catching infectious diseases.

Inspector's evidence

The pharmacy was situated inside a health centre. Outside, the pharmacy had a clear bright facade. Inside, the public area presented a modern look though people stood by the entrance and the counter which made it feel a little cramped. There was a clear plastic screen at the pharmacy counter which provided re-assurance to both the staff and the customers. And there was hand sanitiser available. The dispensary was a reasonable size for the services provided. The pharmacy had air conditioning which provided an appropriate temperature for storing medicines. And hot and cold running water was available. One good sized consultation room was available for people to have a private conversation with pharmacy staff. 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 health centre had an automatic door and the pharmacy had flat access which provided good access for people with a disability or a pushchair to get into the pharmacy. The pharmacy team understood the signposting process and used local knowledge to direct people to local health services. The pharmacist gave some advice to people using the pharmacy's services. This included advice when they had a new medicine, or their dose changed, and for people who were taking medicines that required ongoing monitoring such as methotrexate, warfarin, or insulin. The pharmacy knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate and had implemented the latest advice.

The pharmacy had started providing the 'Pharmacy First' service. The pharmacy team members had been trained and were able to complete the initial assessment to see if people met the criteria for the service. During the inspection, a team member was heard speaking to a member of the public on the phone about the service. She asked the appropriate questions and then checked with the pharmacist before signposting the person to their own GP.

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 packs were dispensed at the nearby pharmacy hub. Compliance packs seen included medicine descriptions on the packs so that people could more easily identify individual medicines in their packs. Patient information leaflets (PILs) were provided to people when they started a new medicine but not routinely after that. The pharmacist said that she would speak to the pharmacy hub to ask them to supply PILs on a monthly basis.

Medicines were stored on shelves in their original containers. Not all opened bottles of liquid medications were marked with the date of opening so it could be more difficult for the team to know if they were still suitable to use. 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. The pharmacy had a dispensing robot. The robot scanned the bar code of each medicine which included information on the batch number and expiry date. The robot quarantined out-of-date stock automatically. The pharmacist explained the process for managing drug alerts which included making 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 current temperature of the fridge thermometers was within the required range. One fridge showed a maximum temperature above the required range. The staff member was not sure what the required range was, and the pharmacist said she would remind the team. The pharmacy's portable electronic appliances had been last tested in February 2024 to make sure they were safe.

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.