

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, 116 High Street North,
DUNSTABLE, Bedfordshire, LU6 1LN

Pharmacy reference: 1028827

Type of pharmacy: Community

Date of inspection: 25/09/2023

Pharmacy context

This community pharmacy is on a main road in Dunstable, Bedfordshire. Its main services include dispensing NHS prescriptions and selling over-the counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. And it offers a medicine delivery 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 the risks associated with its services adequately. It keeps people's confidential information secure. And it mostly keeps the records required by law. Its team members use feedback to inform the way they provide the pharmacy's services. They understand how to recognise and respond to safeguarding concerns. And they engage in some learning following the mistakes they make during the dispensing process.

Inspector's evidence

The pharmacy held a range of standard operating procedures (SOPs) electronically. These covered the responsible pharmacist (RP) role, controlled drug (CD) management and pharmacy services. The SOPs were reviewed at two yearly intervals. Team members explained they had only gained access to the most up-to-date version of the SOPs to support them in understanding their job roles and responsibilities within the last few months. And training records confirmed this to be the case. Team members were observed working in accordance with dispensing SOPs when completing tasks in the dispensary. They understood what tasks could not take place if the RP took absence from the premises. But they stated they had been provided with conflicting information about what tasks could take place if a RP was not signed in. A discussion clarified the requirement for a RP to be signed-in before any registrable activity could begin.

Pharmacy team members engaged in conversations following mistakes made and found during the dispensing process, known as near misses. But the last near miss recorded was around a month ago and team members acknowledged that some near misses may go unrecorded. The team understood the need to report mistakes found following the supply of a medicine to a person, known as dispensing incidents. The RP was a locum pharmacist; they provided details of how they would investigate and report a dispensing incident. They had not had a need to do this since taking on the role of regular pharmacist in January 2023. There was no evidence of historic incident reporting available. Team members demonstrated a safe and effective dispensing process with labelling, assembly, accuracy checks, and bagging tasks completed by different team members whenever possible. This meant they applied three to four independent checks across the dispensing process. Team members also explained they had recently reviewed stock layout in the dispensary to help reduce risk when picking medicines.

The pharmacy had a procedure for managing concerns. And it advertised how people could leave an online review about their visit. Team members understood how to manage and escalate feedback. They were passionate about customer care and provided examples of changes they had made to ensure people had a positive experience. For example, they ensured telephone calls were answered with promptness. The pharmacy had a procedure to support its team members in recognising and raising concerns about vulnerable people. The RP had completed safeguarding learning through the Centre for Pharmacy Postgraduate Education. Other team members had completed some safeguarding learning in previous roles or during their accredited training courses. Team members were confident when explaining what they would do if a person requested access to a safe space. A discussion supported the team in being able to identify code words associated with safety initiatives designed to support people experiencing domestic violence.

The pharmacy had current indemnity insurance. The RP notice displayed the correct details of the RP on duty. The RP record was completed in accordance with requirements. Details of the prescriber were missing from some entries within the electronic Prescription Only Medicine (POM) register. The pharmacy generally held its CD register in accordance with legal requirements. But there were some loose pages stapled together to create a new section of the register and this did not resemble a bound book as required. And wholesaler addresses were not regularly entered into the register when entering the receipt of a CD. Pharmacists undertook full stock checks of CDs against the register periodically. A physical balance check of a random CD complied with the balance recorded within the register. The pharmacy held people's personal information on password protected computers and within the staff-only part of the premises. Team members shredded confidential waste regularly onsite. And they understood the need to keep personal identifiable information safe and secure.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a dedicated team of people who work together well. Team members are either trained or on appropriate courses for the role they undertake. They regularly share learning with each other and are confident in providing feedback at work.

Inspector's evidence

The RP was working alongside a qualified dispenser, a trainee dispenser, a trainee medicine counter assistant and a delivery driver. The pharmacy also employed another dispenser who was on long-term planned leave. Team members worked flexibly when required to support cover for leave. Workload was up to date and pharmacy team members were observed working together well. Those in training roles were enrolled on GPhC accredited training courses relevant to their role. But there were limited checks made to ensure team members progressed through training courses in a timely manner. For example, team members did not benefit from regular appraisals to monitor and support their learning and development. And team members did not receive protected learning time at work. They explained how they regularly shared learning about pharmacy services and about mistakes they made during the dispensing process.

Pharmacy team members knew how to raise concerns at work, and they were confident in following the company's reporting processes. A team member provided details of how they had escalated a serious concern to a senior manager. And the company had used staff feedback to inform improvements to support the team following the concern. The RP demonstrated how they applied their professional judgment at work and was confident in discussing workload associated with pharmacy services with senior managers if they had concerns.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure, and suitable for the services provided. It has facilities to allow people to have a private conversation with a member of the pharmacy team.

Inspector's evidence

The pharmacy was adequately maintained but there was a noticeable area of damp under the kitchen sink. This maintenance concern had been reported, as had a concern relating to an uncovered electrical panel. Team members confirmed that maintenance staff had recently fitted a new boiler and had taken measurements for a cover to be made for the electrical panel. Lighting throughout the pharmacy was appropriate as were heating and ventilation facilities. Team members had access to sinks equipped with antibacterial hand wash and towels. The pharmacy was clean and organised. But team members explained they did not have enough cleaning and hygiene products supplied by the company, and so had purchased their own on a regular basis to maintain hygiene standards.

The premises consisted of an open plan public area with access to a private consultation room to the side of the area. The consultation room was clean and professional in appearance. A gate at the medicine counter deterred unauthorised access behind the counter and into the dispensary. The team used space in the dispensary well to support a safe and effective workflow. An area behind a partition wall provided storage space for dispensary sundries. Several rooms leading off the dispensary provided team members access to toilet and break facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible to people. It obtains its medicines from reputable sources. And it stores these medicines safely and securely. Pharmacy team members generally use audit trails effectively to help them answer queries that may arise when providing the pharmacy's services. And they make regular checks to ensure medicines are safe to supply to people.

Inspector's evidence

The pharmacy was easily accessible from street level. It advertised details of its opening hours clearly for people to see. Team members promoted services through conversation and obtained consent from people prior to providing services such as the NHS New Medicine Service. They understood how to signpost a person to another pharmacy or healthcare professional when the pharmacy was unable to provide a service or supply a medicine.

The pharmacy protected Pharmacy (P) medicines from self-selection by displaying them behind the medicine counter. The team were vigilant of repeat requests for some P medicines that were subject to abuse, misuse, and overuse. And they discussed how they sought support from the RP in managing repeat requests. The pharmacy team was aware of some aspects of the valproate Pregnancy Prevention Programme (PPP). And the RP discussed counselling that would be provided when supplying valproate. A discussion highlighted the need to ensure all team members were familiar with the full requirements of the PPP and the team were signposted to resources to support their learning. Pharmacists provided verbal counselling and advice to people. But they did not record these conversations on the patient medication record (PMR) to support continual care.

The team kept each person's prescription separate throughout the dispensing process by using baskets. It had audit trails for its delivery service and to support it in managing medicines it owed to people. The team kept prescription forms for owed medicines to support it in ordering and dispensing these. It had recently created notification slips advising people to contact their GP when a medicine was unavailable long-term. These were provided to people to support them in obtaining prescriptions for suitable alternatives. Pharmacy team members generally signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy used effective records to manage workload when supplying medicines in multi-compartment compliance packs. Two team members managed the service with support from the RP. But team members did not complete dispensing audit trails when supplying medicines in this way. And the pharmacy did not regularly provide patient information leaflets for the medicines it supplied in the compliance packs. This meant people may not have all the information about their medicine to help them in taking it safely.

The pharmacy sourced medicines from a licensed wholesaler and a specials manufacturer. It stored medicines in their original packaging in an orderly manner throughout the dispensary. The pharmacy stored CDs in appropriately secure cabinets. Medicines inside were held in an orderly manner with expired stock and patient returned CDs clearly separated. The pharmacy kept medicines requiring cold storage in a suitable fridge and it kept temperature records for the fridge. The records showed the fridge was operating within the required temperature range. The pharmacy team reported completing regular date checks of stock medicines and it kept records of the checks it made. A random check of

dispensary stock found no out-of-date medicines. The pharmacy had medicine waste receptacles and CD denaturing kits available. But further denaturing kits were required prior to an authorised witness attending to safely destroy out-of-date CDs. A team member demonstrated how the team received medicine alerts by email through the NHS Central Alerting System. And team members checked for new emails regularly to ensure they acted upon alerts in a timely manner.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Pharmacy team members use equipment from recognised manufacturers when providing pharmacy services. They use the equipment with care to protect people's confidential information.

Inspector's evidence

Pharmacy team members had access to a range of reference resources. They used the internet to help resolve queries and to obtain up-to-date information. Computers were password protected, and information on computer monitors was suitably protected from unauthorised view. The pharmacy stored prescriptions and bags of assembled medicines in totes behind the medicine counter. Information on bag labels and attached to bags could not be read from the public area. Members of the pharmacy team used an internet-based telephone system and as such could not step away from the dispensary computer when taking calls. They were vigilant when discussing information over the telephone and identified how they could use a mobile telephone if they needed to step away to discuss confidential information with a person.

The pharmacy had a range of clean equipment from recognised manufacturers to support the delivery of pharmacy services. For example, blood pressure machines approved for use by the British and Irish Hypertension Society. But measuring equipment for liquid medicines was limited to one 100ml calibrated measure which was heavily marked. The team explained they had tried to order a wider range of measures with no success. Correspondence following the inspection with the pharmacy's operations manager confirmed that more measures would be made available to the team following the inspection.

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.