

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, 24 West End Road, Mortimer, READING, Berkshire, RG7 3TF

Pharmacy reference: 1029004

Type of pharmacy: Community

Date of inspection: 27/01/2020

Pharmacy context

A Jhoots pharmacy located in the village of Mortimer Common. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), the New Medicine Service (NMS). The pharmacy also dispenses multi-compartment compliance aids and provides a 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 operates in a safe and effective manner. The pharmacy team identifies and manages risks in the pharmacy appropriately. They record their errors and learn from them to stop them happening again. They are clear about their roles and responsibilities and they work in a safe and professional way. The pharmacy keeps up-to-date records as required by the law. The pharmacy keeps people's private information safe and team members understand their role in protecting the safety of vulnerable people.

Inspector's evidence

The pharmacy had appropriate processes in place to monitor and reduce risks. Near misses are recorded on the internal reporting system, JMIS, and contained details of the error and a brief reflection on the cause and the learning points. The pharmacist explained that the number of near miss incidents was low due to the low volume of prescriptions dispensed. Dispensing incidents were reported both to the company's head office and to the National Reporting and Learning System (NRLS). These reports included a detailed analysis of the cause. If errors were identified, they would be discussed as a team to identify the potential contributing factors. The pharmacist explained that in the nine months she had worked in the pharmacy, the team had not had a dispensing incident. Formal patient safety reviews were not seen during the inspection, but older Patient Safety Reviews as part of the older Quality Payments Scheme were seen. There was a workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. Multicompartment compliance aids were prepared in a dedicated room at the back of the pharmacy to reduce distractions.

Standard operating procedures (SOPs) were held electronically for the dispensing tasks and were updated every two years. The team had signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the 30th April 2020. There was a complaints procedure in place and the staff were clear on the processes they should follow if they received a complaint. The pharmacy carried out an annual community pharmacy patient questionnaire (CPPQ) and the results of the last survey were positive and displayed on the nhs.uk website.

Records of controlled drugs (CDs) and patient returned controlled drugs were complete and accurate. A sample of Zomorph 30mg capsules was checked for record accuracy and was correct. The controlled drug register was maintained, and the pharmacist checked the running balance every month. The pharmacy held an electronic responsible pharmacist record, and the responsible pharmacist notice was displayed in the pharmacy where patients could see it. The maximum and minimum fridge temperatures were in the 2 to 8 degrees Celsius range and these records were held electronically. The private prescription records were also kept electronically, and the specials records were complete with the required information documented.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard. There were cordless telephones available for use and confidential waste paper was shredded regularly. The team had an information governance policy in place which the staff had signed,

and they had completed GDPR training. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and the team had safeguarding SOPs in place which they were aware of and could refer to when required. Team members explained that they were aware of things to look out for which may suggest a safeguarding issue and were happy to refer to the pharmacist if they suspected a safeguarding incident. They were all Dementia Friends and had completed this learning online.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Team members are trained for the jobs they do, and they complete some additional training to help them keep their knowledge up to date. They can use their professional judgement to decide whether it is safe to supply medicines.

Inspector's evidence

During the inspection, there was one pharmacist and one medicines counter assistant who had recently been placed on a dispensing course. The two members of staff were seen to be working well together. Pharmacy team members received regular seasonal training updates from their head office. The team explained that recently they had received training on 'Look Alike, Sound Alike' (LASA) medicines. The team also explained that they regularly received pharmacy journals and magazines in the post which they would read.

The team members explained that they were able to raise anything with one another whether it was something which caused concern or anything which they believed would improve service provision. There were no targets in place and the pharmacist explained that she would never compromise her professional judgement for business gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, tidy and suitable for the provision of its services. The premises are well maintained, and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

Inspector's evidence

The pharmacy was based on the ground floor of the building and included a large retail area, a medicine counter, main dispensary, rear dispensing area used for multi-compartment compliance aids, a stock room, a consultation room and staff areas. The pharmacy was clean and tidy, and stock was stored on the shelves in an organised manner. The products for sale around the pharmacy area were healthcare related and relevant to pharmacy services. The team explained that they would clean the pharmacy between themselves daily and a cleaning rota was on display in the pharmacy.

The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. Medicines were stored on the shelves in an A-Z manner and the pharmacist explained that the shelves would be cleaned regularly when the date checking was carried out. The dispensary was screened to allow for the preparation of prescriptions in private and the consultation room was signposted as being available for private conversations. Conversations in the consultation room could not be overheard and included seating, a computer with the PMR and storage.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. The pharmacy sources, stores and manages medicines safely, and so makes sure that the medicines it supplies are fit for purpose. Team members identify people supplied with high-risk medicines so that they can be given any extra information they may need to take their medicines safely. The pharmacy responds satisfactorily to drug alerts or product recalls so that people only receive medicines or devices which are safe for them to take.

Inspector's evidence

There was step-free access into the pharmacy and the team explained that they provided a delivery service for housebound patients and patients who had difficulty accessing the pharmacy. There was also seating available should people require it when waiting for services and an induction loop was available. Pharmacy services were displayed on leaflets around the dispensary. There was a range of leaflets available to the public about general health promotion in the consultation room. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. It had a health promotion zone displaying leaflets and information on both locally and nationally relevant topics. There was a poster displayed to support the current national campaign of 'Dry January'.

The pharmacy team prepared multi-compartment compliance aids for domiciliary patients. The compliance aids were seen to include accurate descriptions of the medicines inside and they were supplied with patient information leaflets every month. The pharmacist explained that the team were aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were taking valproates. The team had checked the PMR to see if they had any patients in the at-risk group and the pharmacist explained that she had the appropriate conversations with the affected patients. The pharmacist explained that she would ask patients taking warfarin for their yellow books to check their blood test results to ensure they were safely taking warfarin. This information was recorded on the PMR. Dispensing labels were routinely signed to indicate who had dispensed and who had checked a prescription.

The pharmacy was not yet compliant with the European Falsified Medicines Directive (FMD) but team members were aware of the requirements. The team explained that they were awaiting further instructions from the company to implement FMD procedures. The pharmacy obtained medicinal stock from Lexxon, AAH, Alliance, and Phoenix. Invoices were seen to verify this. Date checking was carried out every month and the team highlighted items due to expire with coloured stickers with the expiry dates written on them. There were denaturing kits available for the destruction of controlled drugs and designated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The CD cabinets were appropriate for use and secured in accordance with the regulations. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock and marked. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for Zapain 30mg/500mg capsules. The recall notices were printed off and annotated to show the action taken by the team.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. It uses its equipment to make sure people's data is kept secure. And its team makes sure its equipment is kept clean.

Inspector's evidence

There were several clean crown-stamped measures available for use, including 100ml, 50ml and 10ml measures. Amber medicine bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF and a BNF for Children as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service. The computers were all password protected and conversations going on inside the consultation room could not be overheard.

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.