

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, 18 Parlaunt Road, Langley,
SLOUGH, Berkshire, SL3 8BB

Pharmacy reference: 1029032

Type of pharmacy: Community

Date of inspection: 08/07/2022

Pharmacy context

This pharmacy is situated alongside other local shops in a residential area of Slough. It mainly supplies NHS prescriptions to people who live nearby. The pharmacy provides multi-compartment compliance packs to some people who need assistance in managing their medicines at home. And it offers a home 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 generally identifies and manages the risks associated with its services. It has policies and procedures in place to help make sure that its team members work safely. And the pharmacy has appropriate insurance for the services it provides, and it keeps all the records it needs to by law. Pharmacy team members keep people's private information safe. And they understand their role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy team had access to company standard operating procedures (SOPs) online. The SOPs covered the main activities and the services offered. Members of the pharmacy team explained they had read the SOPs but there were no training records to confirm this. A Responsible Pharmacist (RP) notice was displayed in the dispensary, but it was not visible from the front counter, so people might not be able to easily identify the pharmacist on duty. The pharmacy team members worked under the supervision of the pharmacist and referred any complex queries to him.

There was a screen at the front counter to help reduce the transmission of covid infection. Face masks and hand sanitiser were provided by the pharmacy for people visiting the pharmacy to use if they wanted to.

The pharmacist showed how he recorded dispensing and near miss incidents using a facility in the patient medication record system (PMR). The team discussed any learning points when they happened and made changes to the pharmacy's systems and processes if needed. The pharmacist said dispensing errors rarely happened as the team was not usually working under pressure. There was little evidence of periodic reviews to identify any emerging trends, so the team might miss some opportunities to learn and improve. The pharmacist explained how head office reviewed errors and occasionally circulated common issues it identified, and everyone was made aware of these.

A notice in the consultation room provided information about the company's complaints procedure. The pharmacist felt that most issues were resolved at the time by the team members themselves, but they could involve head office if a more formal approach was needed.

The pharmacist provided details of the pharmacy's indemnity insurance. The team recorded private prescription records using the facility in the PMR, and they were generally in order. Private prescriptions were filed in date order so they could easily be retrieved. Controlled drugs (CD) registers included running balances and these were audited periodically. A random check of two CDs showed that the quantity of stock matched the recorded balance. A separate register was used to record patient returned CDs. RP logs were held electronically and appeared to be accurately maintained.

No confidential information was visible from the public area and the team used a shredder to dispose of confidential paper waste. Members of the pharmacy team were aware of the importance of protecting people's private information and confirmed they had signed a confidentiality agreement. The pharmacist and dispenser used their own NHS smartcards to access electronic prescriptions. There was a safeguarding SOP and the pharmacist had completed level 2 safeguarding training. A chaperone policy was in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably qualified staff to deliver its services safely. The team members work well together and communicate openly. And their professional judgement and patient safety are not affected by targets. The team members have access to additional training material, but the pharmacy does not have a formal ongoing training programme to make sure they keep their knowledge up to date.

Inspector's evidence

The core pharmacy team consisted of a pharmacy manager, a full-time dispenser, and part time medicines counter assistant (MCA). A delivery driver worked part time; he was not present at the inspection. The team members had all worked at the pharmacy for some time and were familiar with the systems and processes. They worked well as a team and had a good rapport with people who visited the pharmacy. The foot fall was fairly low, and the workload was manageable. There was no organised contingency to cover staff absences, but the pharmacist felt this was not an issue as the team worked flexibly. The MCA could sometimes work extra hours and the pharmacist felt he could manage the dispensary tasks without support for short periods. Two company relief pharmacists covered his days off.

The dispenser and MCA were both qualified. They received some informal on-going training, such as updates on new medicines or when seasonal ailments such as hay fever started. And they had access to pharmacy journals and literature. The team members felt comfortable about raising concerns with the pharmacy manager or area manager who visited occasionally. And they could independently contact head office if needed. A SOP explained the company's whistleblowing policy. The company set some targets relating to pharmacy services, but the pharmacist felt he was not under pressure to meet them, and he could exercise his professional judgement. For example, refusing to sell medicines that he did not feel were appropriate for the person requesting them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It has consultation facilities which are used for some services such as vaccinations, and so the pharmacy team members can speak to people in private.

Inspector's evidence

The pharmacy occupied a spacious retail unit. The shop area was small, and the pharmacy only offered a small range of retail merchandise. The dispensary was spacious with plenty of bench and storage space. There was a stock room, toilet facilities and a small staff kitchen with a rest area behind the dispensary.

The pharmacy was clean, tidy and well -organised. A well-equipped consultation room was accessible from the retail area. It was big enough to accommodate two or three people or a wheelchair comfortably. The dispensary fixtures and fittings were sometimes worn in appearance which detracted from the otherwise reasonably professional environment. The pharmacy did not have air conditioning, but the team members used heaters and ventilated it in warmer weather by using fans and by opening the back door which was secured using a grille. The pharmacist said he would monitor the room temperature in hot weather to make sure it did not exceed a suitable temperature for the storage of medicines. The pharmacy was secured overnight.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy's working practices are safe and effective, so people receive appropriate care. It gets its medicines from reputable suppliers, and it stores them securely. The pharmacy team members make some checks and manage medicines to make sure they are fit for purpose and suitable to supply.

Inspector's evidence

The entrance to the pharmacy was step free and there were double doors, so access to the retail area was clear of slip or trip hazards and there was adequate space to accommodate a wheelchair or a push chair. The pharmacy's displayed its opening hours in the front window. Some healthcare leaflets were available, and the team members used their local knowledge to signpost people to other healthcare providers in the area.

The pharmacy offered prescription collection and home delivery services. An audit trail of deliveries was kept in the pharmacy and most people signed to confirm they had received their medicines but could opt not to do this if they were concerned about covid transmission. The dispensing workflow was well organised. The team used baskets during the dispensing process to prioritise the workload and minimise the risk of prescriptions getting mixed up. An 'owing' note was issued to people so there was audit trail when prescriptions could not be supplied in full when first dispensed. The team members signed dispensing label to show when they were involved in the assembly and checking process. The pharmacist checked all prescriptions before they were bagged or handed out. Assembled prescriptions were stored in an organised manner and there was a retrieval system. Notes could be added to prescriptions to highlight counselling points or CD validity periods. The pharmacist was aware of the risks of taking valproate during pregnancy and the pregnancy prevention programme.

The pharmacy supplied around 40 people with compliance packs. Assembled multi-compartment compliance packs were labelled with a description of the medicines inside, to help people and their carers identify them. The pharmacy supplied patient information leaflets to people receiving compliance packs each month. And the team kept records for each compliance pack patient on the PMR so they could monitor for medication changes and record clinical interventions.

The pharmacy also supplied CD instalment prescriptions and offered needle exchange, and there were suitable procedures in place to make sure these services were provided safely. However, a single prepared methadone instalment found in the CD cabinet was not clearly labelled to identify its contents. The pharmacist agreed to make sure that any medicines stored in the cabinet was properly labelled.

The MCA could describe which over-the-counter medicines were considered high risk. Pharmacy medicines were stored behind the counter or in Perspex boxes nearby, so people had to ask a member to the team to purchase these. The team members were all aware of the risks associated with codeine containing painkillers, codeine linctus and Phenergan Elixir.

The pharmacy obtained its stock medicines from licensed wholesalers, and these were stored tidily on dispensary shelves. Medicines were date checked at regular intervals and this was recorded. No date-

expired medicines were found present. Obsolete medicines were placed in pharmaceutical waste bins, so they were kept separate from stock. A few gabapentin capsules were found in the pharmaceutical bin. This medicine was a CD and should be denatured prior to disposal. The pharmacist removed the capsules and agreed to remind the team of this requirement. The CD cabinet was large enough for the amount of stock. The pharmacy had a large number of obsolete CDs waiting to be destroyed. The pharmacist had segregated these in the cabinet. He explained the company had an authorised witness and he was waiting for him to visit so they could dispose of these. Some of the patient returned CDs stored in the cabinet had not been entered in the book used to record these. The pharmacist explained that these items had been returned before he started working at the pharmacy, but he would usually make sure returned CDs were entered into the book when they were received.

Medicines requiring cold storage were kept in the fridge and these were stored between 2 and 8 degrees Celsius. The fridge was in good working order and the team monitored the maximum and minimum fridge temperatures daily, but historic records could not be retrieved demonstrating this due to a potential glitch in the PMR recording system. The pharmacy received MHRA safety alerts and medicine recalls from head office and the pharmacist explained how he would deal with these to make sure affected stock was removed and quarantined.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services safely. Equipment is appropriately maintained and used in a way which protects people's privacy.

Inspector's evidence

The pharmacy team had access to the internet and appropriate reference sources including the latest versions of the British National Formularies (BNF). The dispensary sink was reasonably clean and had hot and cold running water. The pharmacy had glass liquid measures used to prepare medicines, and equipment for counting loose tablets and capsules as well as disposable containers for dispensing medicines.

There was a fridge for storing medicines. The pharmacy had two computer terminals in the dispensary and an additional one in the consultation room, so sufficient for the volume and nature of the services. Computer screens could not be viewed by members of the public. Access to computer systems was password protected. Telephone calls could be taken out of earshot of the counter. All electrical equipment appeared to be in working order.

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. |