

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, Lyme Regis, Community Care Centre, Uplyme Road, LYME REGIS, Dorset, DT7 3LS

Pharmacy reference: 1030566

Type of pharmacy: Community

Date of inspection: 05/11/2024

Pharmacy context

The pharmacy is located next to a medical centre in a residential area of Lyme Regis, Dorset. It serves its local population and is open five days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS and private prescriptions and it provides the Pharmacy First service. It also provides an emergency hormonal contraception service and a local delivery service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy team is unable to access Standard Operating Procedures (SOPs). They also do not formally record or review any mistakes due to being unable to access the systems.
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 not all met

Summary findings

The pharmacy identifies the risks associated with its services but does not record the mistakes it makes to show what its team members learn from the changes they make. The pharmacy has up-to-date written procedures for the pharmacy team to follow. However, staff are unable to access them. The pharmacy completes all the records it needs to by law. And it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

Inspector's evidence

The team explained that Standard Operating Procedures (SOPs) were in place for the dispensing tasks online. However, they were unable to access them despite having asked for this. The team members demonstrated an understanding of their roles and worked within the scope of their role. The pharmacist explained that she would discuss any errors found when checking with the member of staff involved and ask them to reflect on why it had occurred. The pharmacy team members did not record near misses or errors. They explained that this was due to the lack of material provided by the company. The inspector recommended that the team record their incidents on any number of the near miss records available online.

There was a workflow in the pharmacy where labelling, dispensing and checking and were all carried out at different areas of the work benches. There was a complaints procedure in place for the company and the staff appeared to be clear on the processes they should follow if they received a complaint. A valid certificate of public liability and professional indemnity insurance was available.

The controlled drug register was maintained, and a balance check was carried out weekly. Records of this were complete. The responsible pharmacist record was maintained, and the correct responsible pharmacist notice was displayed in pharmacy where people could see it. The maximum and minimum fridge temperatures were recorded daily and were in the correct temperature range. The private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to people waiting in the pharmacy. There were cordless telephones available for use and confidential wastepaper was shredded. The pharmacist had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children, and the rest of the team had completed a safeguarding training module with their previous company. All team members were aware of things to look out for which may indicate a safeguarding issue. The team had a safeguarding vulnerable groups folder which contained all the contact and signposting information should the team suspect a safeguarding incident. There was also a safeguarding poster on display in the dispensary for the team members to refer to when required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the volume of service provided. However, it doesn't provide its team with suitable training to ensure they are kept up to date with changes in the profession. The pharmacy team generally manages its workload safely and effectively. And team members support one another well and are comfortable about providing feedback to one another.

Inspector's evidence

During the inspection, there was one regular pharmacist, one dispensing store manager and two additional dispensers who had all completed the NVQ Level 2 dispensing training. The store manager stated that she felt she had a good staffing level for the number of prescriptions they dispensed.

The staff explained that since the company took over the pharmacy, they had not had any regular training. However, the pharmacist explained she kept up to date on a WhatsApp group for the local PCN and had recently completed flu and COVID-19 vaccination training. As part of this, she also trained the staff on the service.

The staff explained that they worked well together as a team and were able to discuss ways in which they could improve their work. There were no targets in place, and the team explained that would never compromise professional judgement for financial gain.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, organised and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively. The pharmacy has a suitable soundproofed room for private conversations.

Inspector's evidence

The pharmacy was located next door to a medical centre. The pharmacy included a retail area and medicine counter, dispensary, consultation room and back stock room which included a staff area. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the pharmacy.

The consultation room was signposted as being available for private consultations should they be required. It included seating, a table with a computer and locked storage. The area at the back of the pharmacy was used to hold excess stock and as a staff break area. The area was organised and well maintained. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services. The team members reported that they cleaned the pharmacy regularly between themselves.

The ambient temperature was suitable for the storage of medicines and was regulated by an air conditioning system. Lighting throughout the pharmacy was appropriate for the delivery of pharmacy services. There was a fire exit at the back of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support the health needs of the local community. And people can easily access these services. The pharmacy makes suitable checks to ensure people taking higher risk medicines do so safely and they have updated directions for providing commissioned services. They store and manage medicines appropriately. And they take the right action in response to safety alerts, so people get medicines and medical devices that are safe to use.

Inspector's evidence

There was a range of leaflets available to people about services on offer in the pharmacy and general health promotion in the retail area of the pharmacy. There was free parking in the medical centre and step-free access into the pharmacy. The team explained that they provided a delivery service three times a week for housebound people and those who had difficulty accessing the pharmacy. There was also seating available should anyone require it when waiting for services.

The team members 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 pharmacy had completed several audits on valproates, and they used valproate information cards and leaflets when they dispensed valproates. Team members explained that when dispensing valproates, they pulled up the safety information card on the boxes and ensured the dispensing label was placed behind it and they were aware of the requirement to dispense original packs only.

The pharmacy offered the NHS Pharmacy First service which allowed people to access medicines for seven common conditions after an appropriate consultation. The pharmacy had received referrals from its local GP surgery for the service. And it had also had requests directly from people. The pharmacist had the appropriate protocols to follow and she kept the necessary records for each supply. It was clear that she understood the limitations of the service and when to refer people to an alternative health professional. The

The pharmacy ordered medicinal stock from Alliance, Bestway, AAH and Phoenix. Invoices were seen to verify this. However, they did not receive all the stock which had been ordered and explained this occurred regularly.

Date checking was carried out regularly and the team had stickers to highlight items due to expire and recorded any items which had expired. However, records of this were not maintained. There were denaturing kits available for the destruction of controlled drugs and dedicated bins for the disposal of waste medicines were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste. The fridges were in good working order and the stock inside them was stored in an orderly manner. The CD cabinet was appropriate for use and CDs for destruction were segregated from the rest of the stock. MHRA alerts came to the team regularly and they were actioned appropriately. The team kept an audit trail for the MHRA recalls where the recall notices were printed off in the pharmacy and annotated to show the action taken.

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.

Inspector's evidence

There were crown-stamped measures available for use and amber medicine bottles were seen to be capped when stored. There were also clean counting triangles available as well as capsule counters. Up-to-date reference sources were available and internet access was also available should the staff require further information sources.

There were suitable pharmacy facilities including CD cupboard and fridges used for medicines storage. Designated bins for the disposal of waste medicines were available for use and the team also had separate bins for the disposal of hazardous waste.

All computer screens were suitably located and access to computers containing patient data was protected using individual passwords which were changed regularly. All data was saved on secure servers and staff used their own NHS Smartcards to access patient information appropriately.

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.