

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, 65 Exeter Road, EXMOUTH,
Devon, EX8 1QD

Pharmacy reference: 1030712

Type of pharmacy: Community

Date of inspection: 16/05/2019

Pharmacy context

The pharmacy was located in a small suburb on the outskirts of Exmouth. The pharmacy dispenses NHS and private prescriptions. It also supplies multi-compartment compliance aids for people to use in their own homes. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It delivers medicines to people's homes.

Overall inspection outcome

✓ **Standards 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 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 risk appropriately. Team members record their errors and review them. They learn from their mistakes and make changes to stop them from happening again. The pharmacy has written procedures in place for the work it does. The pharmacy asks people for their views and acts suitably on the feedback. The pharmacy has adequate insurance to cover its services. The pharmacy keeps the records required by law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had processes in place to manage and reduce risk. Near misses were routinely recorded on a paper log and were then transferred to the 'JMIS' system on the patient medication record system (PMR), Proscript. Records contained a reflection on why the error occurred and actions taken to prevent a reoccurrence. Following near misses, the pharmacy had separated atenolol from allopurinol on the shelves. High risk medicines were kept on a separate shelf. Topical preparations were stored by the formulation, for example creams were kept separately from ointments, and the shelf edges were clearly marked.

Dispensing incidents were recorded on Proscript and were reported to the NPA. Following an error involving the incorrect strength of montelukast being dispensed, the pharmacy now only kept the 10mg strength on the shelves.

Standard operating procedures (SOPs) were held online, were up to date and had been recently reviewed and adopted by the regular responsible pharmacist (RP). A signature sheet was kept for updated SOPs to demonstrate that they had been read by staff. A dispenser could describe the activities that could not be undertaken in the absence of the RP. Staff had clear lines of accountabilities, were clear on their job role and wore name badges.

The RP described how, before implementing a new service, she would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. She would review staffing levels to ensure provision of the service could be maintained and would check that she and her staff had access to the appropriate tools and training to provide the service.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey. 82% of respondents had rated the pharmacy as good or excellent overall. The pharmacy had responded to feedback that they had not always taken the opportunity to provide advice on healthy lifestyles by becoming accredited as a healthy living pharmacy. A complaints procedure was in place and was displayed in the customer area.

Professional indemnity insurance was provided by the NPA. The certificate on display had expired on 30 August 2018. The RP resolved to get a copy of the updated certificate.

Records of the responsible pharmacist were maintained appropriately, and the correct RP certificate

was displayed. Controlled drug (CD) registers were maintained appropriately. Balance checks were completed weekly. A random stock balance check of a CD was found to be accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions and emergency supplies were in order. The pharmacy had not dispensed any special medicines in recent years and as such, no records were seen.

All staff had completed training on information governance and general data protection regulations and had signed the associated policies. Patient data and confidential waste was dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. Smart cards were used appropriately. Verbal consent was obtained before summary care records were accessed.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training, and the remaining staff had read the safeguarding SOP. Local contacts for reporting concerns were available. Staff were aware of signs of concerns requiring escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff. Team members who are completing training courses are well supported to learn. Team members suggest and makes changes to improve their services. They communicate well with each other.

Inspector's evidence

Staffing was adequate on the day of the inspection consisted of the RP and two trainee dispensers. One was part-way through her training course, and the other would be registered on a course when his probationary period was completed.

The team clearly had a good rapport and felt they could usually comfortably manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities and tasks were allocated to individuals daily.

Staff worked regular days and hours. Absences were usually covered rearranging shifts, or by part-time staff increasing their hours.

Staff were given time to complete their training courses during working hours. The trainee dispensers were seen to refer to the RP when unsure, both when dispensing and when making sales of medicines over the counter. Staff were set yearly development plans. The team gave each other regular ad hoc feedback and there was a culture of openness and honesty.

The staff felt empowered to raise concerns and give feedback to the RP, who they found to be receptive to ideas and suggestions. The RP reported that she was in regular contact with the cluster manager and the director, who visited the pharmacy regularly. The manager felt able to make changes to processes as he saw fit, for example stopping 'smart dispensing' when

Staff were aware of the escalation process for concerns and a whistleblowing policy was in place.

The RP said the targets set were manageable and that they did not impede her professional judgement. She described that all services undertaken were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was located in a parade of shops on the outskirts of Exmouth. A retail area led to the healthcare counter and the small dispensary. A separate room to the side of the dispensary was used to prepare multi-compartment compliance aids, and for the storage of external preparations.

A large consultation room was available which presented a professional image and had health-related posters and information displayed. The room was locked when not in use.

The dispensary stock was well organised and tidy. But the fixtures and fittings were very dated. No stock or prescriptions were stored on the floor, and there were dedicated areas for dispensing and checking. Prescriptions awaiting collection were stored in a retrieval system.

Cleaning was undertaken each day by dispensary staff and a cleaning rota was displayed. Cleaning products were available, as was hot and cold running water.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services well. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines, although it does not always make a record of this. This may make it difficult to demonstrate the appropriate checks and counselling have been given. The pharmacy delivers medicines to people's homes and keep a record of this. The pharmacy deals with medicines returned by people appropriately. The pharmacy obtains its medicines from reputable suppliers stores them securely. The pharmacy does not have robust procedures in place to check that medicines are still suitable for supply. This increases the risk that people may receive medicines that are passed their expiry date.

Inspector's evidence

The pharmacy was wheelchair accessible, as was the consultation room. Services provided by the pharmacy were advertised in the window. The pharmacy could make adjustments for those with disabilities including printing large print labels.

The RP explained that if a person requested a service not available at the pharmacy, she would refer them to a nearby pharmacy, phoning ahead to ensure it could be provided there. A range of leaflets advertising company and local services were available, as was a folder containing details of local organisations offering health-related services.

Baskets were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and owings. The labels of dispensed items were initialled when dispensed and checked.

Coloured labels were used to highlight fridge items and CDs including those in schedule 3 and 4. Prescriptions were also labelled if they contained items that may require additional advice from the RP, such as high-risk medicines. Each high-risk medicine, such as warfarin, lithium and methotrexate, had an SOP to cover the handout process. Blood levels and dosages were checked and additional counselling and support materials were offered to the patient. Records of these conversations were not made on the PMR.

The RP had not completed the audit of people who may become pregnant receiving sodium valproate as part of the Valproate Pregnancy Prevention Programme (PPP). But she was aware of the PPP and the folder containing booklets and stickers was available. She was not aware of any people dispensed valproate from the pharmacy.

Prescriptions containing owings were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance, and AAH.

The dispensary shelves were generally tidy and organised. There was no robust process in place for date-checking dispensary stock. The RP had tried to amend the date-checking matrix used for retail products. On inspection, the following products were found on the shelves:

Epilim Chrono 300mg tablets, expiry February 2019,

Saline Sterinebs, expiry December 2018

Vermox suspension, expiry April 2019

Short dated items were not highlighted, for example Epilim Chrono tablets with an expiry of June 2019 were not marked.

The fridge in the dispensary was clean, tidy and well organised. Temperatures were checked remotely and an email was sent to the pharmacy daily to confirm the temperature. Records showed that the maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. Staff were aware of the steps taken if the fridge temperature was found to be out of range.

The process for the dispensing of multi-compartment compliance aids provided for patients in the community was acceptable. Each compliance aid had an identifier on the front, and dispensed and checked signatures were available, along with a description of tablets. But the date of dispensing was not printed on the backing sheet of each pack. The inspector offered advice to the staff to handwrite it on so that legal requirements were adhered to. Patient information leaflets were not routinely supplied. When required medicines were dispensed in boxes and the dispenser was aware of what could and could not be placed in compliance aids. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the checking process.

CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded.

The pharmacy delivered medicines to people's homes. Signatures were obtained and records were kept of what had been delivered to whom. Patient returned medication was dealt with appropriately. Patient details were not removed from returned medicines to protect people's confidentiality.

The pharmacy did not have the hardware, software or amended SOPs to be compliant with the Falsified Medicines Directive. Drug recalls were dealt with promptly and were annotated with details of the person actioning and the outcome.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to a range of equipment and facilities used in the provision of pharmacy services.

Inspector's evidence

Validated crown-stamped measures were available for liquids with separate measures clearly marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics.

Reference sources were available and the pharmacy had online access to online materials for the most up to date information. The dispensary sink was clean and in good working order. All equipment including the dispensary fridge was in good working order and PAT test stickers were visible.

Dispensed prescriptions were stored in a retrieval system with the corresponding bagged items stored in numbered boxes in the dispensary, out of sight of customers. Computers were positioned so that no information could be seen by customers, and phone calls were taken away from public areas.

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.