

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, 37 Sidwell Street, EXETER,
Devon, EX4 6NS

Pharmacy reference: 1030750

Type of pharmacy: Community

Date of inspection: 06/01/2020

Pharmacy context

The pharmacy is located in the city centre of Exeter. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicine Service (NMS) and flu vaccinations. The pharmacy offers services for drug misusers. It also supplies medicines in multi-compartment compliance aids to people living in their own homes.

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	1.6	Standard not met	The pharmacy does not make the required records when it supplies controlled drugs. This makes it difficult to see exactly what has happened and does not meet legal requirements.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy does not have adequate contingency arrangements in place to ensure there are enough staff to safely provide its services.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not always store its medicines, particularly controlled drugs, according to legal requirements. And it does not always ensure that it supplies people receiving their medicines in multi-compartment compliance aids with all the written information they need to identify their medicines.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy maintains some records as required by law. But it does not keep adequate records of medicines which are subject to additional legal requirements. This makes it difficult to see exactly what has happened and does not comply with the law. The pharmacy generally identifies its risk appropriately. Team members usually record their errors and review them. They identify the cause of errors and try to make changes to stop them from happening again. The pharmacy has written procedures in place, which reflect the work it does. The pharmacy asks people for their views and acts appropriately on the feedback. The pharmacy has adequate insurance to cover its services. 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 appropriate processes in place to monitor and reduce risks. Near misses were usually 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 responsible pharmacist (RP) said that the number of near miss incidents was low due to the volume of prescriptions dispensed. He felt that pharmacy team members were able to take their time to ensure the accuracy of their dispensing. Dispensing incidents were reported both to head office and to the National Reporting and Learning System (NRLS). These reports included a more detailed analysis of the cause. When errors were identified, they were discussed as a team to identify the potential contributing factors. The RP tried to identify any trends in errors that were picked up and discussed these with his team, but no formal patient safety reviews were seen. The pharmacy team had recently moved stock around and had put shelf edge labels at the positions of commonly dispensed medicines, highlighting the strengths.

Standard operating procedures (SOPs) were up to date and were regularly reviewed. Each team member had their own printed set of SOPs, which they signed when they had read them. The RP checked their understanding of the SOPs through observation and questioning. He provided additional coaching as required. The RP explained that if he was asked to implement a new service he would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. He would review staffing levels to ensure provision of the service could be maintained and would check that he and his team had access to the appropriate tools and training to provide the service.

As described further in principle two, the RP was working alone on the day of the inspection due to the absence of other team members. He had been unable to secure any additional support. He was taking additional time to dispense and accuracy check prescriptions and was giving extended waiting times to people bringing prescriptions to the pharmacy.

Feedback was obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. 94.8% of respondents had rated the service provided by the pharmacy as very good or excellent overall. A complaints procedure was in place and was displayed in the retail area. The pharmacy had responded to feedback that it did not always offer advice on a healthy lifestyle by gaining accreditation as a healthy living pharmacy. It had an eye-catching health promotion zone and the RP took every opportunity to speak to people about making changes to their lifestyles to improve their health. Professional

indemnity and public liability insurances were provided by the NPA, with an expiry date of 30 April 2020.

The pharmacy did not have up-to-date records of the receipt and supply of controlled drugs (CDs). Multiple pages in the CD register did not have the headings completed. And when entries of receipt from the supplier were made, these frequently did not contain the address of the supplier. Patient returns and date expired CDs were stored at the bottom of the CD cabinet. The inspector did not see any records of patient returned medicines, either of receipt or destruction. Other records inspected included those of the responsible pharmacist, unlicensed medicines (specials) and the private prescription register. All were found to be in order.

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 recently completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training, and the remaining staff had read the safeguarding SOP. Local contacts for the escalation of concerns were displayed on the wall of the pharmacy. The RP was observed having in-depth conversations with drug misusers accessing the pharmacy's services. He was seen to check on their mental health and offer suggestions for activities that may provide support and focus.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not manage its staffing levels appropriately. It does not have a contingency plan in place to cover absences. This means that the pharmacist sometimes has to work with inadequate support, which increases stress and the likelihood of errors occurring. Team members are well trained for their roles. They complete learning to stay up to date and are supported in their development.

Inspector's evidence

On the day of the inspection, the RP was working alone due to the absence of the two other team members. A third team member who had a zero-hour contract, was not available to work. The inspector telephoned the regional manager to see if he could arrange any support, but there was none available.

The RP said that he gave his team members time to learn within working hours. But he also said that they often chose to complete any required learning, such as reading updated SOPs, at home in their own time.

The inspector was unable to ascertain whether there was a culture of openness and honesty due to the RP being the only team member present. But he said that he found his manager to be supportive and that he could discuss any concerns he had with him. The RP said that the pharmacy was not set formal targets. He felt able to use his professional judgement to make decisions. He would only undertake services such as MURs that were clinically appropriate. He was observed selling medicines over the counter appropriately, and routinely offered additional advice. It was clear that he knew the people using his pharmacy well and had a good rapport with them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy was in the city centre of Exeter. There was a retail area which stocked a range of health and beauty products. The healthcare counter and the dispensary were at the rear of the pharmacy. To the rear of the main dispensary, there was a room used for the preparation of multi-compartment compliance aids. This led through to a small stock room and a staff room. A large consultation room was available on the shop floor. It was locked when not in use. Conversations could not be overheard from outside.

The dispensary was of an adequate size and was well laid out. It was tidy and generally well organised. The pharmacy well-equipped and well maintained, as were the other areas of the store including the staff room and stock room. But the glass in the front door had been smashed some weeks previously and was boarded up. The RP said that this had been reported to the company maintenance department but that there was no planned date for it to be repaired.

Cleaning was undertaken by a cleaner and the pharmacy staff. The pharmacy was clean on the day of the inspection. The benches were clear of clutter. The pharmacy was light and bright, and temperature was appropriate for the storage and assembly of medicines.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not always store and supply its medicines appropriately. It does not always supply written information about the medicines it dispenses into multi-compartment compliance aids. This may make it difficult for people to identify what medicines they are taking and find out information about them should they need to. The pharmacy stores most of its medicines securely and makes regular checks to ensure that they are still suitable for supply. But it does not do enough to ensure that it stores medicines that are subject to tighter legal controls in the correct way. The pharmacy is accessible and advertises its services appropriately. Medicines are generally supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. The pharmacy offers a range of additional services and the pharmacy team delivers these services safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access but did not have an automatic door. The RP said that pharmacy team members would assist people struggling to access the pharmacy if needed. The consultation room was off the retail area and was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy. The RP described how if a patient requested a service that could not be offered by the pharmacy at that time, he would refer them to other nearby pharmacies or providers. He would always call ahead to ensure the service could be provided there. A signposting folder was available with details of local agencies and support networks. Further up-to-date signposting resources were accessed online.

Dispensing trays were used to store prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Coloured stickers were used to highlight fridge items and CDs in schedule 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with laminates. The RP described that he checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. Details of significant interventions and referrals were recorded on the patient medication record (PMR). Substance misuse services were provided for around 50 people. The RP described how he would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

The pharmacy offered a range of additional services including flu vaccinations and a minor ailments scheme. The patient group directions covering these services were seen and had been signed by the RP. The RP had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. 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 had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had been had with affected people and records were made on the PMR. Stickers were available for staff to highlight the risks of pregnancy to women receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible women.

Multi-compartment compliance aids were prepared by the pharmacy for 17 people based in the community. A selection of completed compliance aids were inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed. The description of the tablets was not always completed. Patient information leaflets (PILs) were not routinely supplied each month. 'When required' medicines were dispensed in boxes and the pharmacy team were aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the checking process. Four compliance aids had been dispensed for one person for whom the pharmacy had not yet received a prescription. The RP accepted that this was not the process outlined in the SOP and introduced an element of risk that changes would not be picked up.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically on shelves. Date checking was undertaken regularly and the entire dispensary was checked every three months. Spot checks revealed no date expired stock or mixed batches. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. The pharmacy liaised with the local GP practice to arrange alternatives when medicines were likely to be unavailable from the manufacturers for the foreseeable future. Stock was obtained from reputable sources including Alliance and AAH. Unlicensed 'specials' medicines were obtained from Lexon Specials. Invoices were seen to this effect. Records of recalls and alerts were seen, although these were not always filed and were not always annotated with the outcome and the date actioned.

The RP was aware of the Falsified Medicines Directive (FMD). But he explained that he had not received any further information about how the pharmacy intended to comply with FMD requirements since the legislation had first come into law in February 2019. The pharmacy team could check the anti-tampering device on each medicine was intact during the dispensing process. But they were not verifying nor decommissioning stock at the time of the inspection.

CDs were mostly stored in accordance with legal requirements in approved cabinets. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed in the presence of a witness and both signatures were recorded. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. The delivery driver described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate.

Patient returned medication was dealt with appropriately. Confidential patient information was removed or obliterated from patient returned medication. No hazardous waste bin was available.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Computers are used in a way that protects people's private information.

Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measures 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. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible. The dispensary sink was clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system in the dispensary. People waiting in the pharmacy could not see anyone else's private information.

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.