

# 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:** 17/09/2020

## Pharmacy context

The pharmacy is located in Exeter city centre. It sells over-the-counter (OTC) medicines and dispenses prescriptions. The pharmacy team gives advice to people about minor illnesses and long-term conditions. It prepares multi-compartment compliance packs to help people to remember to take their medicines. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicine Service (NMS) and flu vaccinations. The inspection was carried out during the Covid-19 pandemic.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has appropriate systems in place to identify and manage the risks associated with its services. This includes the risks from COVID-19. Team members usually record their errors and review them to identify the cause. But difficulties in accessing company systems has recently prevented team members from recording mistakes. The pharmacy team makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. But the procedures have not been reviewed since an internal change in ownership of the pharmacy. The pharmacy asks people for their views and acts appropriately on the feedback. The pharmacy has insurance to cover its services. And it keeps all of the records required by law. It 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 an up to date business continuity plan. And it had amended it to reflect the current working restrictions due to COVID-19. The pharmacy restricted the number of people allowed in at one time to allow for social distancing. The pharmacy had placed markers on the floor showing people where to stand to remain two metres apart from others. The pharmacy had completed an individual COVID-19 risk assessment with each team member. Team members did not wear face masks but sanitised their hands regularly and tried to remain two metres apart from one another.

The pharmacy had written procedures in place to show team members the safest way to carry out its services. The pharmacy had recently been transferred to another company within the chain. And it had a new superintendent pharmacist. But the written procedures had not been updated and reviewed. This was mainly because since the transfer of the business, team members were unable to access the company intranet. The team members were carrying out tasks, such as dispensing and handing out prescriptions, according to the written procedures available. They were clear on their job roles and responsibilities.

The pharmacy usually recorded details of when mistakes were made. Errors that were picked up in the pharmacy, known as near misses, were recorded on the intranet. Team members also recorded any mistakes that were handed out to people, known as dispensing errors, on the company intranet. These reports contained a more detailed analysis of the cause of the error. They could be viewed by the company head office to allow for further analysis. But as team members could not currently access the intranet, no mistakes had been recorded in the last month. The responsible pharmacist (RP) printed some near miss logs during the inspection to use until access to the intranet was restored. The pharmacy team discussed any errors that they identified and made changes to stop them from happening again.

The pharmacy completed a yearly community pharmacy patient questionnaire (CPPQ) survey. They also asked people using the pharmacy for their feedback. A complaints procedure was in place and was displayed in the retail area.

The pharmacy had appropriate insurance policies in place to protect people if things went wrong. The pharmacy kept an electronic record of who was the RP, and therefore in charge of the pharmacy, at any

given time up to date. And they displayed a sign showing the name and registration number of the RP. Controlled drug (CD) registers were maintained appropriately. The pharmacy team completed a CD balance check regularly. And a random stock check matched the balance in the register. A separate register was used to record CDs returned to the pharmacy and these were destroyed promptly. Records of private prescriptions and emergency supplies were made on the patient medication record (PMR) system and were in order. The pharmacy retained records of unlicensed medicines and annotated them with all legally required details.

Team members had completed training on information governance and the General Data Protection Regulation. They had signed the associated policies. The pharmacy ensured that no personal information could be seen by people coming into the pharmacy. They stored completed prescriptions on shelves in the dispensary. Computer terminal screens were turned to face away from people using the pharmacy and the terminals were password protected. NHS smart cards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training, and the remaining staff completed yearly safeguarding training on their personal eLearning account. The pharmacy could easily access local contacts for the referral of concerns on the internet.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. Team members receive time in work to complete training for their roles. They are confident to suggest and make changes to the way they work to improve their services. They communicate well and give each other feedback on their performance.

### Inspector's evidence

The pharmacy had enough staff on the day of the inspection. In addition to the RP, there were two dispensers, both of whom had recently joined the company. One was a trainee who was working through an accredited training course. The team were managing the workload comfortably. Pharmacy team members had clearly defined roles and accountabilities. They knew what was expected of them each day. They worked regular days and hours.

The trainee dispenser was given time to learn during working hours. She was supported by the other team members to learn. The second dispenser was interested in completing a course to become a pharmacy technician. Each team member kept records of what training they had completed. Team members were seen to provide appropriate advice when selling medicines over the counter. And they referred to the RP for additional information as needed.

The pharmacy team had regular discussions about how they were performing. But neither of the dispensers had a formal development plan as they had only recently joined the company. They gave each other regular ad hoc feedback and were open and honest with each other. The team regularly discussed how things were going in the pharmacy. And they gave feedback to the RP, who they found to be receptive to ideas and suggestions. But when the team had changed the way that they stored completed prescriptions to improve safety, they had been told by the company to revert to the original way. Each team member knew how to raise any concerns they had about the pharmacy. And they were aware of the company whistleblowing policy. The RP was not set specific targets. He used his own professional judgement to make decisions. He only provided services such as MURs that were clinically appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for people to receive healthcare. It has introduced measures to reduce the risk of the spread of COVID-19. 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. But the appearance of the outside of the pharmacy could be improved.

### 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 nine months ago and was boarded up. A window was also boarded up. The pharmacy did not look professional from the outside. The RP said that this had been reported to the company maintenance department. He understood that there plans to refit the pharmacy and carry out the required repairs. But he was unclear on when this would happen.

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 met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers some additional services, which the pharmacy team delivers safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The supermarket had a wide, step-free entrance. The consultation room was wheelchair accessible. A range of health-related posters and leaflets was displayed. They advertised details of services offered both in the pharmacy and locally. A dispenser described that if a patient requested a service not offered by the pharmacy at the time, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. The pharmacy accessed up-to-date signposting resources and details of local support agencies online.

The pharmacy had a clear and well-organised workflow. It used dispensing baskets to store prescriptions and medicines to prevent transfer between patients. There were designated areas to dispense prescriptions and complete the accuracy check. The dispenser and the pharmacist initialled the labels of dispensed items to create an audit trail.

The pharmacy used stickers and highlighter pens to draw attention to prescriptions for fridge items and CDs in schedules 2 and 3. It also placed stickers on prescriptions containing high-risk medicines or medicines that may require additional advice from the pharmacist. When significant interventions were made, team members recorded details on the patient medication record (PMR). The RP gave people additional advice about their medicines at every opportunity. The pharmacy provided substance misuse services, including the supply of methadone, to a large number of people. Due to the small size of the CD cabinet, the RP measured out liquids when people arrived, rather than preparing them at the start of the day. He had asked for either a Methameasure device or a calibrated pump to speed up the process, but the request had been denied. The RP liaised with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service. The RP had a brief discussion with each person accessing the service to check on their wellbeing.

The pharmacy dispensed medicines into multi-compartment compliance packs to help people remember to take them. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. The pharmacy checked any queries with the prescriber and kept appropriate records. The dispensers added a description of the medicines inside the pack and supplied patient information leaflets (PILs).

The pharmacy was planning to offer flu vaccinations during the upcoming winter season. The RP was currently reviewing the details of the service for the upcoming season what had recently been released by the NHS. The RP had completed training on injection techniques and anaphylaxis and resuscitation within the last three 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.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. The pharmacy had the information booklets and cards to give to eligible women. Notes were placed on the PMR of women receiving valproate to confirm a discussion about PPP had taken place.

The dispensary shelves used to store stock were organised and tidy. The stock was mostly arranged alphabetically. Team members checked the expiry dates of all medicines regularly and kept appropriate records. Spot checks revealed no date-expired medicines or mixed batches. The RP was aware of the Falsified Medicines Directive (FMD). But 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.

The pharmacy team said that they had been told by higher management to not retain prescriptions with owings and to remove the owings box. But the team were continuing to keep the prescription and an owing slip until the outstanding balance was collected as outlined in the written procedures. Stock was obtained from reputable sources including Alliance and AAH. Invoices were seen to this effect. Records of recalls and alerts were received by email and on the intranet. When they were actioned by the pharmacy team, they were annotated with the outcome and the date.

The fridge in the dispensary was clean, tidy and well organised. A team member checked the maximum and minimum temperature of the fridge every day and made a record of it on the PMR system. 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 dealt with medicines returned to them by people appropriately. Personal details were removed from returned medicines to protect people's confidentiality.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It ensures its equipment is well-maintained. The pharmacy uses its equipment in a way that protects people's private information.

### Inspector's evidence

The pharmacy had installed Perspex screens on the medicines counter during the Covid-19 pandemic. They cleaned them regularly. The pharmacy had an adequate supply of personal protective equipment, including facemasks and gloves. Hand sanitiser was readily available.

The pharmacy had a range of crown-stamped measuring cylinders to allow them to accurately measure liquids. They also had some measures that were clearly marked for the use of controlled drugs only. There was a range of clean tablet and capsule counters, with a separate tablet counter clearly marked for more high-risk medicines. The pharmacy kept all of its equipment, including the dispensary fridge and sink, in good working order.

The pharmacy had up to date reference sources. And team members could easily access information on the internet. They ensured they used reputable websites when looking for clinical information. Computer screens were positioned so that no information could be seen by members of the public. Phone calls were taken away from public areas. Dispensed prescriptions were stored alphabetically on shelves. No confidential information visible to people waiting.

### 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.