

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, 115-117 Blaby Road, South Wigston, LEICESTER, Leicestershire, LE18 4PB

Pharmacy reference: 1034022

Type of pharmacy: Community

Date of inspection: 13/08/2019

Pharmacy context

The pharmacy is situated in a row of shops on the main road through South Wigston. Most of the activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own homes. Other services that the pharmacy provides include prescription deliveries to people's homes, Medicines Use Reviews (MUR), New Medicine Service (NMS) checks, seasonal flu vaccinations under both NHS and private patient group directions (PGDs), and emergency hormonal contraception (EHC) under an NHS PGD.

Overall inspection outcome

✓ Standards met

Required Action: None

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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	2.4	Good practice	The pharmacy has an embedded work culture of openness, honesty and continuous improvement.
		2.5	Good practice	The pharmacy seeks its team members' views about how to improve its services and implements their suggestions.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy has a display of current and relevant health promotion which is regularly changed and encourages the use of a range of local health services.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy adequately identifies and manages the risks associated with the provision of its services. It has good processes in place for learning from its mistakes and uses these to improve the safety and quality of the services it provides. The pharmacy adequately manages people's information. It asks its customers for their views and team members know how to protect vulnerable people.

Inspector's evidence

The Responsible Pharmacist (RP) notice showing the name and registration number of the pharmacist in charge of the pharmacy was clearly displayed. The pharmacy had a set of standard operating procedures (SOPs) which had been reviewed in January 2019. The latest SOPs hadn't been read and signed by staff. The pharmacist said that they were working their way through them but hadn't completed them due to staff shortages.

The counter assistant understood her role. She was aware that she couldn't work in the dispensary. She knew the questions to ask to sell a medicine safely and when to refer a person to the pharmacist. She gave a good range of advice. She knew that most prescriptions had a six-month expiry date and she was aware that controlled drug (CD) prescriptions were valid for 28 days from the date of the prescription. When dispensed prescriptions waiting collection were checked they were highlighted to remind staff.

The pharmacy kept records of near misses, errors and incidents. The pharmacist explained that when a mistake was found during the final check the near miss was returned to the member of staff who had made the error, for them to find the mistake. Reasons for the error were then discussed with the member of staff. The member of staff then recorded the near miss in the electronic near miss log and the pharmacist discussed the incident with the team if necessary. The pharmacist looked for trends or patterns at the end of the month. Staff reviewed their own near misses at the end of the month and recorded their own learning points in the near miss review. The dispenser highlighted changes that she had made to her practice to reduce the errors she made. She also explained that LASA (look alike sound alike) medicines and higher-risk medicines had been separated and put on their own shelves. The pharmacist said that she asked for feedback from the team about her near misses. The pharmacy also received a monthly newsletter from head office which highlighted near misses that had been made across the company.

An audit trail was created through the use of dispensed by and checked by boxes on the medicine label. The final check was carried out by the RP. The pharmacist was providing emergency hormonal contraception through a patient group directive. There was an up-to-date PGD that had been signed by the pharmacist to confirm she would comply with the directions.

Records to support the safe and effective delivery of pharmacy services were legally compliant. These included the RP log, private prescription records, specials records and the CD register. CD running balances were kept and regularly audited. There was out of-date stock and patient returned CDs that required destruction. This stock was separated from in date stock medicines. Patient-returned CDs were recorded in an appropriate register. A random check of the recorded running balance of a CD reconciled with the actual stock in the CD cupboard. In the cupboard the bags containing dispensed CDs had a CD sticker and a sticker that indicated the date of expiry of the prescription.

There was a complaints procedure in place; staff referred to the pharmacist to investigate if necessary. The 2017-18 patient satisfaction survey was on display. Of the people who had completed the survey 100% had been satisfied with the service provided.

Public liability and professional indemnity insurance were in place until the end of April 2020. Confidential waste was shredded. There was an information governance protocol in place. Computer terminals in the dispensary were positioned so that they couldn't be seen by people visiting the pharmacy. Access to the electronic patient medication record (PMR) was password protected. However, in the consultation there was a laptop switched on with an accessible PMR. The pharmacist said that patient information should not be visible on the laptop and that she would resolve the problem. The pharmacist was aware of safeguarding requirements; there was guidance which had been read by all staff with local contact details available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members manage the workload within the pharmacy well. They work effectively together. The pharmacy team acts in the best interests of patients and the public. The pharmacy seeks its team members' views about how to improve its services and implements their suggestions. A work culture of openness, honesty and continuous improvement is embedded in the pharmacy.

Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. The RP record showed who the RP in charge of the pharmacy had been. During the inspection the pharmacy team worked well together and managed the workload effectively. There was a pharmacist, two trained dispensing assistants, one trained counter assistant and one counter assistant who had just started working at the pharmacy. Some but not all certificates for the required accredited training were displayed.

The dispenser said that she had regular informal conversations with the pharmacist where she had the opportunity to raise any concerns or issues. She said that she was confident in making suggestions how to improve the service and because of her experience she was able to support newer staff working on the pharmacy counter. She had also taken responsibility for understanding the new PMR system and was able to show other members of the team how the system worked. The pharmacist said that it was company policy that staff had formal reviews, but she hadn't had the opportunity to do so. There was a whistleblowing procedure in place.

The pharmacy team received informal training from the pharmacist. This included updates on changes in legislation or medicines. The pharmacist was keen that staff were able to give additional advice when selling a medicine; training included a monthly over-the-counter medicine magazine and refreshing knowledge of seasonal over-the-counter medicines.

Although targets for services were set the pharmacist said they didn't compromise customer service or her professional integrity.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. The pharmacy protects personal information.

Inspector's evidence

The internal pharmacy was clean and maintained to a reasonable standard. The front doors of the pharmacy had a lot of peeling paint which didn't present a professional image. The dispensary was a good size for the services provided, with an adequate dispensing bench available for the assembly of medicines and reasonable space for the storing of medicines. The dispensary was clean and tidy; there was a sink with hot and cold water. The pharmacy was at an appropriate temperature for the storage of medicines, lighting was sufficient.

A slightly small sound-proofed secure consultation room was available to ensure people could have confidential conversations with pharmacy staff. The consultation room was clearly signposted. In the dispensary computer screens were set back from and faced away from the counter. Access to the PMR was password protected.

Unauthorised access to the pharmacy was prevented during working hours and when closed

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. The pharmacy team members are helpful and supportive to people who use the pharmacy. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely. And it takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy was within a row of shops. There was a push-pull door and flat access to provide reasonable access for a wheelchair or those with mobility problems. There was a clear route to the dispensary counter. There was sufficient seating available. There were a range of leaflets and posters about healthcare topics on display. Opening hours were advertised on the front door.

The pharmacy used a dispensing audit trail which included use of dispensed by and checked by boxes on the medicine label to identify who had carried out each task. The pharmacy also used baskets during the dispensing process to reduce the risk of error. There were separate areas for the assembling and checking of prescriptions.

The pharmacy team members knew most of the people visiting the pharmacy by name. They were friendly and helpful and resolved a number of problems during the inspection. The pharmacist was easily accessible and was seen giving advice on a number of occasions. The pharmacist said that she gave advice on a range of issues. This included new medicines, changes in dose, interactions, inhalers and antibiotic. She checked to see if people were taking their medicines regularly and made sure that she spoke to them if she was concerned. She gave advice to people who were taking higher-risk medicines such as making sure that people knew that methotrexate was a weekly dose. But she didn't highlight dispensed prescriptions for higher-risk medicines that were waiting collection which might mean that some people may not always have all the information they need to take their medicine safely. She said that there were two women in the at-risk group who were taking sodium valproate. She had spoken to them about the risks and given them the appropriate literature about the pregnancy prevention program. The pharmacist understood the signposting process and used local knowledge to direct people to other healthcare providers.

The pharmacy was a Healthy Living Pharmacy. There was a nice display on summer issues highlighting Vitamin D and drinking enough water. The healthy living champion was already planning for the next campaign on microbial resistance and had thought of key points such as what antibiotics were and visiting the pharmacy for self-care first. She was also able to show records of previous campaigns.

Medicines were stored on shelves tidily in their original containers on the shelf, fridge or CD cabinet as appropriate. Medicines requiring cold storage were stored in the fridge between 2 and 8 degrees Celsius. The pharmacy delivered medicines to people. The person who received the medicine signed to confirm they had received it to provide a record of delivery.

For each person who received their medicines in a multi-compartment compliance pack the pharmacy had a record to ensure medicines were supplied in a timely manner. Any changes were checked by either looking at summary care records or checking with the surgery before they were dispensed.

Labels on the compliance pack checked recorded the shape and colour of the medicine to allow easy identification. Patient information leaflets were sent monthly.

Date checking was carried out every quarter with records in the dispensary. Short-dated stock had a sticker with the expiry date. Out-of-date medicines were put in yellow waste bins; a patient-returned CD register was in place. The pharmacy recorded the date of opening on all liquid medicines. The pharmacist said that if there was no specific guidance then she would use an open liquid medicine up to the expiry date of the unopened bottle. This could affect the quality of the liquid medicine supplied. The pharmacist said that she would review the process.

Only recognised wholesalers were used for the supply of medicines. The pharmacy staff said that before they had received the new PMR system they had been scanning medicines to comply with the Falsified Medicine Directive. Now they were waiting to be set up on the new system. The pharmacist was aware of the procedure for drug alerts. The pharmacist printed out alerts and there was a record sheet showing the action that had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to appropriate equipment and facilities to provide the services it offers. It largely maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy used crown marked measures for measuring liquids. Separate measures were used for CDs. The pharmacy had a range of up-to-date reference sources. Stickers showed that electrical portable appliance testing had been last carried out in November 2016. The pharmacist said that they were due to be re-tested soon.

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.