

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, 157 High Street, Harborne, BIRMINGHAM, West Midlands, B17 9QE

Pharmacy reference: 1038021

Type of pharmacy: Community

Date of inspection: 05/03/2020

Pharmacy context

This is a community pharmacy located on one end of the High Street in Harborne, in South West Birmingham. The pharmacy dispenses NHS and private prescriptions. It delivers medicines to people's homes, provides Medicines Use Reviews (MURs), the New Medicine Service (NMS) and seasonal flu vaccinations. The pharmacy also supplies medicines inside multi-compartment compliance packs if people find it difficult to manage their medicines.

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
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 operates in a satisfactory manner. Staff are trained to protect the welfare of vulnerable people. They protect people's private information appropriately. The pharmacy largely maintains its records in accordance with the law. And it monitors the safety of its services. Members of the pharmacy team record their mistakes and try to learn from them. But as the pharmacy does not formally review its internal mistakes, this makes it harder for the team to spot patterns and help prevent the same things happening again.

Inspector's evidence

The pharmacy's workload was manageable during the inspection. The pharmacy was relatively well organised, and its workspaces were kept clear of clutter. The workflow involved staff processing prescriptions and assembling them in one area and the responsible pharmacist (RP) working in another. Staff prepared medicines into multi-compartment compliance packs in a separate part of the pharmacy. As this area was not visible to the public, this helped reduce errors from distractions. The pharmacy team used colour coded baskets to hold each prescription and associated medicine(s). This highlighted priority and helped prevent any inadvertent transfer from happening. The pharmacy's generated labels held a facility to incorporate a dispensing audit trail but not all team members were routinely marking their details onto this. This included the pre-registration trainee, and this meant that it may not have been possible to identify staff involved in the various processes. This was discussed at the time and the use of the dispensing audit trail reinforced to the team.

The RP had been recording the team's near misses and used paper records to document this information. The log was kept in the staff area and team members were unaware of this. They were advised to keep this in the dispensary so that all mistakes could be easily recorded. Staff explained that errors were highlighted to them and every few weeks, an informal discussion was held to discuss if any patterns had been seen. The team had highlighted medicines that were similar in appearance such as allopurinol and atenolol and placed caution notes in front of them as a visual alert. The pharmacy's stock had been rearranged to help easily locate medicines and reduce the amount of medicines that it held. The pharmacy's process around near misses was discussed during the inspection. A formal review of near misses had not been taking place and there were no details seen documented about this. This limited the ability of the team to routinely identify trends and patterns or help staff to fully learn from mistakes.

Pharmacists handled incidents and the RP's procedure involved checking details and whether anything had been taken incorrectly, informing the person's GP, rectifying the situation and recording the details. Staff would be informed, the situation reviewed, and a root cause analysis carried out. The RP explained that no incidents had happened whilst she had been working at the pharmacy. There was information on display about the pharmacy's complaints procedure.

The pharmacy's chaperone policy was on display. Staff could readily safeguard the welfare of vulnerable people. They had been trained through their course material. In the event of a concern, the team informed the RP. Staff were aware of the pharmacy's policy and details of the local safeguarding agencies were present. The RP had been trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE). There was no confidential information left within areas that were accessible to

people. Staff separated confidential waste before it was disposed of through the company. They described using the consultation room if privacy was required and sensitive details on dispensed prescriptions were not visible from the retail space. However, there was no information on display to inform people about how their private information was stored and protected.

At the point of inspection, the pharmacy held a range of documented standard operating procedures (SOPs) to cover the services it provided. Staff had read and signed them, but they were dated from 2015 or 2006 and did not reflect current legislation or the pharmacy's current policies. The company usually provided its SOPs electronically, but no member of staff could access this system. Evidence was received following the inspection that the pharmacy had been supplied with the most up-to-date versions of the company's SOPs. Team members understood their responsibilities. They knew when to refer to the pharmacist. The correct RP notice was on display and this provided details of the pharmacist in charge on the day.

The pharmacy largely maintained its records in accordance with statutory requirements. The records checked included registers for controlled drugs (CDs), records about unlicensed medicines, the RP record, records about private prescriptions and emergency supplies. Occasionally, details about the nature of the emergency was missing from the latter. Balances for CDs were regularly checked, and details seen recorded. On selecting a random selection of CDs, the quantities held corresponded to the running balance stated in the registers. Staff kept a record of CDs that had been returned by people and destroyed by the pharmacy although the occasional missing detail about the destruction was seen. The pharmacy's professional indemnity insurance arrangements were through Numark and due for renewal after 6 January 2021. The maximum and minimum temperatures for the fridge were monitored every day according to staff and details recorded electronically but the last records seen on the system were from 27 February 2020. Staff were advised to monitor this so that they could verify whether medicines had been stored appropriately here.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely manage its workload. Team members are undertaking appropriate training in line with their roles. And they are provided with resources to assist them with ongoing training needs.

Inspector's evidence

At the time of the inspection, a locum pharmacist, a pre-registration pharmacy trainee and an apprentice were present. A second apprentice arrived at the end of the inspection. The locum pharmacist had been regularly working at the pharmacy for some months and had been contracted to continue with this. The pharmacy had enough staff available to manage the workload and the team was up to date with this. One of the apprentices explained that she attended study days at college and had been able to complete her course material in a timely manner. The pre-registration pharmacy trainee had moved training sites recently. She felt supported, the training being provided was more structured and she had been provided with set aside time for her studies. This included attending study days provided by the company. The locum pharmacist was her tutor. However, at the point of inspection the pre-registration trainee had not received a training plan. This was discussed with the superintendent pharmacist following the inspection who provided an assurance that this would be followed up with the company's human resources department.

As the team was relatively new to the pharmacy, staff were unsure about how often appraisals would take place, but their progress was being monitored informally by the RP and by the area manager during his visits. The RP explained that there was an expectation to complete the maximum number of Medicines Use Reviews (MURs) for the year. Due to the low footfall and volume of dispensing, this was described as not manageable, and discussions had been held about this with the area manager. The RP did not feel pressurised to complete the services and stated that she enjoyed working at the pharmacy. They were a small team and discussed details verbally. Staff used emails, they read trade publications and described being sent articles to keep their knowledge current. They also explained that they had been enrolled onto training with Numark.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises overall, provide a suitable environment to deliver its services. The pharmacy is presented well. It has enough workspace available to provide its services safely. And the team keeps the pharmacy's premises clear of clutter.

Inspector's evidence

The pharmacy premises consisted of a spacious retail area, a section behind the medicines counter where prescriptions could be processed, and a medium-sized dispensary located behind this. Staff areas, a stock room and the space used to prepare compliance packs were based at the very rear. There was enough space to safely provide the pharmacy's activities and workspaces were routinely kept clear of clutter. The pharmacy was clean aside from the floor in the consultation room which needed cleaning. The pharmacy was professional in its appearance, well ventilated and suitably lit. A sign-posted consultation room was available for private conversations and services. The room was of a suitable size for its intended purpose. There was no confidential information accessible here and lockable cabinets were present to help store information appropriately if required. A sharps bin was present, and the room was initially unlocked. After discussing the risk of unauthorised entry and needle-stick injury, the room was subsequently locked.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services in a safe manner. The pharmacy delivers people's medicines to them safely and keep records about this. It obtains its medicines from reputable sources. And it generally manages and stores them appropriately. The pharmacy's team members sometimes identify and make appropriate checks for some people prescribed higher-risk medicines. But they don't always record any information about this. This could make it difficult to verify that the appropriate advice has been provided when these medicines are supplied. And the pharmacy is not always preparing its compliance packs in the safest way.

Inspector's evidence

The pharmacy's opening hours and a few leaflets were on display. The latter provided information about other services. There was also documented information available that staff could use to signpost people to other providers of health. Two seats were available for people waiting for prescriptions. People could enter the pharmacy via a slope and through automatic front doors. There were clear, open spaces inside the pharmacy and wide aisles as well as a lowered counter. This helped people with wheelchairs to easily use the pharmacy's services. The team provided written communication for people who were partially deaf and staff physically assisted people who were visually impaired or provided details verbally. Some team members could speak Punjabi and Urdu to help converse with people whose first language was not English.

Once dispensed, prescriptions awaiting collection were held inside an alphabetical retrieval system. Fridge items and CDs (Schedules 2 to 3) were identified. Uncollected prescriptions were checked and removed every few months. The pharmacy was not routinely identifying Schedule 4 CDs and not all staff could readily identify them or their 28-day prescription expiry. The pharmacy team stored fridge items in clear bags once they had been dispensed. This helped identify the contents and assisted with accuracy upon hand out.

The pharmacy supplied medication inside compliance packs for people once this had been initiated by the GP or assessed by the RP. Prescriptions for people were ordered on their behalf and when they were received, details were cross-referenced against records on the pharmacy system. This helped identify any changes or missing items. Queries were checked with the prescriber and some audit trails had been maintained to verify this. All medicines were de-blistered into the compliance packs with none left within their outer packaging. The pharmacy routinely provided patient information leaflets (PILs) and descriptions of the medicines supplied within the packs. Mid-cycle changes involved medicines either being supplied separately, or new packs being supplied. However, unsealed compliance packs were present that had been left like this for more than a few days. Staff explained that they prepared four weeks in advance for people who required CDs, and these medicines were added into the compliance packs before it was supplied. The risk of contamination from insects or the contents being inadvertently knocked or tipped was discussed with the RP at the time. They were subsequently advised to change their process.

The pharmacy provided a delivery service once a week and maintained records to verify when, where and to whom dispensed medicines had been supplied. CDs and fridge items were identified. Signatures were obtained from people upon receipt to verify that they had received their medicines. Failed

deliveries were brought back to the pharmacy with a note left to inform people about the attempt made. The pharmacy did not leave medicines unattended.

People prescribed higher-risk medicines were not always identified but staff asked about relevant parameters where possible. This included asking about their blood test results and for people prescribed warfarin, the team asked about the International Normalised Ratio (INR). Details about this had been documented occasionally. Audits to identify if people prescribed lithium and methotrexate were effectively monitored had been carried out. The RP explained that in response, she had provided advice to people about these medicines. Staff were aware of the risks associated with valproates and the pharmacy held the relevant, educational literature which could be provided upon supply of this medicine. The pharmacy had completed an audit to identify people at risk prescribed valproates. According to the RP, she had contacted these people and found that not all of them had been explained any risks about this medicine. They were counselled appropriately, and details placed on their records.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Lexon, Phoenix, AAH and Alliance Healthcare. The pharmacy was not yet set up to comply with the European Falsified Medicines Directive (FMD); staff were unaware of the process and there was no equipment present for the decommissioning process to take place. Medicines were stored in an organised manner. The team checked the expiry dates of medicines every week and month. A schedule was in place to help verify when this process had happened. Short-dated medicines were not routinely identified. Staff placed medicines approaching expiry on the top of the row of medicines so that they could be used first. The risk of this process was discussed at the time. Liquid medicines were marked with the date upon which they were opened. The pharmacy stored its CDs under safe custody. The key to the cabinet was maintained in a manner that prevented unauthorised access during the day and overnight. There were no date-expired medicines or mixed batches seen although a few loose blisters and poorly labelled containers of medicines were present. Medicines were stored evenly and appropriately within the pharmacy fridge.

Medicines requiring disposal were stored within appropriate containers. However, there was no list available to help the team to identify hazardous or cytotoxic medicines and no designated containers to store them. People bringing back sharps for disposal were referred to the council. Returned CDs were brought to the attention of the pharmacist and stored in the CD cabinet before their destruction. The pharmacy received drug alerts by email. They checked stock and acted as necessary. An audit trail had been retained to verify this process.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has an appropriate range of equipment and facilities. Its equipment is clean and used in a way to help protect people's privacy.

Inspector's evidence

The pharmacy was equipped with a suitable range of facilities and equipment. This included current versions of reference sources, counting triangles, a fridge that was largely seen to be operating at the appropriate temperature, a legally compliant CD cabinet and standardised conical measures for liquid medicines. The dispensary sink for reconstituting medicines was clean. There was hot and cold running water available as well as hand wash present. The pharmacy held lockers for the team to store their personal belongings. Computer terminals were positioned in a way that prevented unauthorised access. Staff used their own NHS smartcards to access electronic prescriptions and usually took them home or stored them appropriately overnight.

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.