

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, 808-810 Pershore Road, Selly Park, BIRMINGHAM, West Midlands, B29 7LS

Pharmacy reference: 1038092

Type of pharmacy: Community

Date of inspection: 25/06/2019

Pharmacy context

This community pharmacy is in a residential area of Birmingham. It mainly dispenses NHS prescriptions from a local GP surgery. It supplies some medicines in multi-compartment compliance aids to help people take their medicines safely. And it provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations.

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 generally manages its risks well. It keeps the legal records it needs to and generally makes sure that they are accurate. Its team members manage confidential information appropriately. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had completed an audit to track its compliance with company procedures. The audit had been completed by the pharmacy's area manager in May 2019 and provided several action points which had been addressed by the team.

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs that were examined had been reviewed in 2018 and 2019. The pharmacy's team members had signed records to indicate they had read and understood SOPs.

The pharmacist described the process for reporting dispensing errors. There was a dispensing error from the previous week which had not been recorded on the electronic system because the pharmacist said he had not had enough time. The pharmacy had a template to record near misses in the dispensing process however the latest record was dated in April 2019. The pharmacy team said that there may have been near misses which had occurred and had not been recorded. This could mean the team members are missing opportunities to learn and improve from their mistakes. Higher-risk medicines were kept on separate, labelled shelves so they were highlighted for additional checks by the pharmacy's team members.

The responsible pharmacist's name and registration number was displayed on a notice. The notice's location did not face the pharmacy counter and was not easily visible to people who visited the pharmacy. A certificate was displayed which indicated that there were current arrangements for public liability and professional indemnity insurance.

The pharmacy kept required controlled drug (CD) records. And it recorded running balances in its CD registers. The headers in some CD registers were not completed when entries were made in them. This increased the risk of records being made in the incorrect register. The pharmacy team checked CD running balances every month since its last inspection. Two CDs were chosen at random and the quantities matched the registers' running balances.

Several recent private prescription records were chosen at random. The entries included the required information, but sometimes prescription dates and prescriber details were recorded incorrectly. Other records about the responsible pharmacist and returned CDs were kept and maintained adequately.

The pharmacy provided regular satisfaction surveys to people, so it could gather their feedback. The latest survey results were positive. Team members said that they received additional verbal feedback from people. They said that they would escalate complaints to the pharmacist, area manager and their head office. Information about the pharmacy's complaints procedure was displayed in its retail area.

The pharmacy trained its team members about safeguarding vulnerable people. The pharmacy's SOPs

provided information about managing safeguarding concerns. The pharmacy had contact details for local safeguarding organisations available. Team members said that they had no previous safeguarding concerns.

The pharmacy's team members received training about information governance. Team members separated confidential waste into a separate bin so it could be appropriately destroyed. The pharmacy's retail area had a notice which provided information about the pharmacy's process for managing confidential information. The pharmacy's team members had their own NHS smartcards to access electronic prescriptions.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely manage its workload. Its team members are suitably qualified for their roles but they do not receive regular ongoing training to keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (pharmacy manager) and a dispenser present. The pharmacist said that one team member was on annual leave. The staffing level appeared adequate to manage the workload. The pharmacist said that additional relief staff were available to provide cover if needed.

The team used informal discussions to share messages. Team members were comfortable to make suggestions to the pharmacist and area manager. Team members said that their head office kept records about completed pharmacy qualifications to make sure they were suitably trained. They said that they did not receive regular ongoing training.

The pharmacy had targets for its services. Conference calls and emails were used to provide updates to the team. The pharmacist said that he was encouraged to provide services but did not feel under undue pressure.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. The pharmacy's consultation room is appropriate to provide services and to have private conversations.

Inspector's evidence

The pharmacy was generally tidy. It was clean and generally well-maintained. The pharmacist kept his checking area clear to reduce distractions. Separate workbenches were used to assemble multi-compartment compliance aids.

The pharmacy had enough storage space to appropriately manages its workload. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available.

The pharmacy had a consultation room which was suitable for having confidential conversations. The pharmacy's consultation room was an appropriate size to provide its services but the room was not well-advertised. So people may not have realised that a consultation room was available. The pharmacy had appropriate security arrangements.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services well. It stores its medicines appropriately and makes sure they are fit for purpose. The pharmacy's team members identify higher-risk medicines and generally provide people with appropriate advice to help them use their medicines safely.

Inspector's evidence

The entrance to the pharmacy had a step. Team members said that they would help people who couldn't easily access the pharmacy. The pharmacy did not have a practice leaflet displayed. This may have restricted people's accessibility to information about the pharmacy and its services.

The pharmacy supplied medicines in multi-compartment compliance aids to around 35 people. Medicines were also provided to 14 people in a care home. The pharmacy kept electronic records about medicines supplied in compliance aids and their administration times. Team members said that medicine changes were recorded on the electronic records. Assembled compliance aids included descriptions which helped people to recognise individual medicines. Team members said that patient information leaflets (PILs) were not usually supplied with the compliance aids. This may have restricted people's access to up-to-date information about their medicines.

The pharmacy kept records about the prescriptions it ordered. This was so it could make sure that it supplied all the medicines that people required.

The pharmacy had invoices which indicated that medicines were obtained from licensed wholesalers. Stock requiring cold storage was stored in the fridge. The pharmacy kept fridge temperature records to help keep these medicines at the right temperature. CDs were stored appropriately. The pharmacy separated and labelled expired CDs, so they did not get mixed up with stock.

The pharmacy kept records about checking medicines' expiry dates. The records indicated that checks were completed regularly. Several medicines were checked at random and were in date. The pharmacy marked bottles with the date when liquid medicines were first opened. This was to help team members make sure they were safe to supply.

Expired and returned medicines were segregated and placed in pharmaceutical waste bins. These bins were kept safely away from stock. A dispenser said she would give people information about where they could safely dispose of sharps. This was because the pharmacy could not accept returned sharps. The pharmacy did not have a bin to segregate cytotoxic medicines and its team members were not sure how they would identify them. This may have increased the risk of incorrect disposal of these medicines.

Dispensers used baskets when dispensing to make sure prescriptions were prioritised and medicine remained organised. Computer-generated dispensing labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail.

The pharmacy's dispensing software highlighted interactions. Team members said that they verbally informed the pharmacist about interactions. They said that these warnings could also be printed. Team

members said that they asked people with warfarin about relevant blood tests. They said that people often did not know their results.

The pharmacist was aware about pregnancy prevention advice to be provided to people in the at-risk group who received sodium valproate. The inspector provided information about guidance materials that could be given to people. The pharmacy team said that they hadn't supplied sodium valproate to anyone in the at-risk group.

The pharmacy delivered some people's medicines. It kept records about deliveries which included recipient signatures. The pharmacy did not currently scan medicines to help verify their authenticity. Its team members were unaware about any adjustments that had been made to meet the Falsified Medicines Directive. The superintendent pharmacist stated that the required software was available and the team would be trained by the area manager.

The pharmacy received information about medicines recalls. It kept records about recalls and the actions it had taken. This included a recent recall about paracetamol tablets.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to safely provide its services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order. The team said it reported maintenance issues to its head office. Confidential information was not visible to people who visited the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records.

Sinks had running hot and cold running water. Crown-stamped measures were available in the pharmacy to accurately measure liquids. Separate measures were used for methadone. The pharmacy had internet access to up-to-date reference sources.

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.