

# Registered pharmacy inspection report

**Pharmacy Name:** Jhoots Pharmacy, 184 School Road, BIRMINGHAM,  
West Midlands, B28 8PA

**Pharmacy reference:** 1038142

**Type of pharmacy:** Community

**Date of inspection:** 17/02/2020

## Pharmacy context

This is a quiet community pharmacy located in an area of local shops and services in the Hall Green area of Birmingham. People using the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions and provides some other NHS funded services. The pharmacy team supplies some medicines in weekly packs for people that can sometimes forget to take their medicines.

## 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
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	The pharmacy team does not identify and manage some risks to people's safety as a result of its working practices. Not all the team members have read all the company's written procedures and some of these are not being followed.
<b>2. Staff</b>	Standards not all met	2.2	Standard not met	Pharmacy staff do not receive appropriate training for the roles they undertake as they are not enrolled on accredited training courses within three months of starting in their role.
<b>3. Premises</b>	Standards not all met	3.4	Standard not met	The pharmacy's security arrangements are inadequate as the back door cannot be properly secured.
<b>4. Services, including medicines management</b>	Standards not all met	4.2	Standard not met	Multi-compartment compliance pack dispensing is not done in accordance with the company SOPs. This increases the likelihood of mistakes, and means packs are not always assembled correctly or supplied with the right information.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy does not manage all of the risks associated with its services. The pharmacy team has written instructions to help make sure it works safely. But team members do not always understand or follow the written procedures, so they don't always work effectively. The team members usually discuss mistakes. But they don't always record and review them. So, they may miss additional learning opportunities. The pharmacy asks people for their views and acts appropriately on the feedback. The pharmacy keeps people's private information safe and it maintains the records it needs to by law, but some of these could be better formatted to make sure they are clear.

### Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs had been prepared and reviewed by the Superintendent's Office on various dates. The SOPs were stored on the company intranet. But an apprentice did not know how to access them. Roles and responsibilities of staff were highlighted within the SOPs. A role-specific training log was used to record staff training on the SOPs. Various SOPs had been printed from the intranet, the apprentice said that she had read these SOPs but could not locate her training log. There were SOPs that were relevant to her job role that she had not read as these had not been printed. Another apprentice who had been working at the pharmacy since the start of January 2020 (approximately six weeks), had not read any SOPs and had been undertaking some dispensing tasks. And there were occasions when it was clear that the team did not follow the procedures, for example in relation to compliance pack dispensing.

Near miss logs had been used until October 2019 but since then they had not been filled in. As the pharmacy had two apprentices this could mean that the opportunity to learn from near miss patterns and trends could be missed. The dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. A pharmacy explained that each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. A patient safety report had been produced in October 2019 for the NHS Quality Payment Scheme (QPS) and some LASA (look alike, sound alike) medicines had been highlighted to reduce the risk of selecting the wrong product during the dispensing process. Dispensing incidents were recorded and reviewed, the outcome of the review and the root cause analysis were documented and shared with the pharmacy team.

Members of the pharmacy team were learning about their roles and discussed these during the inspection. The apprentice that was working at the medicines counter was half way through his 12-week induction period so, referred all requests for medicine sales to the responsible pharmacist (RP).

The complaints, comments and feedback process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, by emailing head office and the annual NHS CPPQ survey. The pharmacy team tried to resolve issues as they occurred and would refer the person to the area manager or head office if they could not resolve the complaint. A member of the public had contacted head office by email to query the price of a product in the shop and the price had been reviewed as a result. The RP had worked at the pharmacy since April 2019 and had used people's

feedback to make various changes to the pharmacy, such as stocking more products in the shop, moving the dispensary so that the pharmacist was more visible to the public, reviewing the pharmacy's systems to ensure that prescriptions were ready when people required them.

The responsible pharmacist (RP) notice was clearly displayed. The RP log did not comply with the law as the electronic report listed all members of staff that were present as being signed in as RP. This was because the RP log was used to record staff attendance. This created multiple RP's at the same time, some of which were non-pharmacists and could cause confusion in the event of a query.

The pharmacy had up-to-date professional indemnity insurance arrangements in place. The entries in the controlled drug (CD) registers were in order. A random balance check matched the balance recorded in the register. Private prescriptions were recorded electronically, and records checked were in order. Home delivery records were maintained, and a signature was obtained as proof of delivery.

Confidential waste was stored separately to normal waste and the waste bags were stored in the stockroom until they were collected and taken to head office for destruction. The information governance policy was included in the SOPs. Computers were password protected. The pharmacy team had NHS Smartcards and confirmed that passcodes were not shared. The RP had completed the Centre for Pharmacy Postgraduate (CPPE) training package on safeguarding. Local safeguarding contacts were available. An apprentice was unsure what safeguarding was and she confirmed that she had not received training. So, some team may be less confident identifying potential safeguarding issues.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The team members try to plan absences, so they always have sufficient cover to provide the services. They work well together in an environment where they can raise concerns and make suggestions. But pharmacy staff do not receive appropriate training, so they might not develop the necessary skills and knowledge for their job role.

### Inspector's evidence

The pharmacy team comprised of the pharmacist (regular locum), an apprentice that had worked at the pharmacy for nearly 12-months, an apprentice that had worked at the pharmacy for around six-weeks and a delivery driver. The team explained that the apprenticeship was an in-house course and neither of the apprentices had received any training material to complete. The apprentice who had worked at the pharmacy for nearly a year said that she had asked head office about a dispensing assistant course and had been informed that she had been enrolled on one. But when the RP made further enquiries with head office about this in January 2020, he was informed that the training material had not been dispatched yet. Pharmacy staff should be enrolled on accredited training courses within 12-weeks of starting in role.

The RP explained that the staffing budgets and recruitment were managed by the human resources (HR) department at head office. An apprentice had left the pharmacy in September 2019 and had not been replaced until January 2020. The other apprentice had increased her hours in the interim so that the pharmacist did not work alone. The RP felt that he could speak to HR or the owner if he required additional staff or had any issues with current staff. Holidays were booked in advance and to ensure there was enough cover available and submitted their request to HR. Staff from other Jhoots pharmacies were available to cover holidays if required.

The pharmacy team appeared to work well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. Pharmacy staff had regular discussions in the dispensary to communicate messages and updates. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with RP and would contact the area manager, owner, of GPhC if they had any more serious concerns. Performance reviews took place during the induction period, at six-months and then annually after that.

The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. There were some informal targets in place for services, and the RP felt that he could exercise his professional judgement when offering these services.

## Principle 3 - Premises Standards not all met

### Summary findings

The pharmacy has outstanding maintenance issues affecting the security of the premises. The presentation and layout of the pharmacy is appropriate for the services, and it has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions. However the level of cleanliness in some areas could be improved.

### Inspector's evidence

The public areas of the pharmacy were generally smart in appearance and appeared to be well maintained. Plinth heaters and portable fans were used to regulate air temperature and lighting was adequate for the services provided. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

The dispensary was an ample size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops and compliance packs were dispensed in a separate area to the back of the main dispensary. There was a private soundproof consultation room which was signposted. The consultation room was generally professional in appearance.

The pharmacy was cleaned by the pharmacy team. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap available. The staff areas required some attention as some areas were unclean. For example, the bench in the consultation room was quite dusty, the sinks in the dispensary and staff room were dirty, and the toilet and bathroom floor needed a thorough clean. Any maintenance issues were reported to head office. However, an urgent maintenance issue had been reported but no action had been taken to resolve this.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy gets its medicines from licensed suppliers, and it stores them appropriately, so they are safe to use. The pharmacy usually supplies medicines safely, but it does not manage all of its services effectively. The pharmacy team does not follow the written procedures for compliance pack dispensing, which means these are not always prepared correctly and this increases the likelihood of mistakes happening.

### Inspector's evidence

The pharmacy had step-free access from the pavement and a home delivery service was available for people who could not access the pharmacy. A range of health promotion leaflets were displayed and posters signposted people to other healthcare services available locally. The pharmacy staff referred patients to local services, such as smoking cessation services, when necessary. The pharmacy did not have a practice leaflet containing information such as the complaints procedure or details of the services offered, which may be useful for people.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. The apprentices did not routinely sign the dispensed boxes on medicine labels, so there was no dispensing audit trail for who had dispensed the prescription however, the pharmacists did initial the checked box. The RP was aware of the MHRA and GPhC alerts about valproate, but counselling materials were unavailable, and the RP agreed to order more. There were prescriptions awaiting collection that required fridge items to be added or included a controlled drug, so the prescription form had a shorter expiry date. These were not highlighted which increased the risk of new members of staff handing out prescriptions with missing items or had expired.

The pharmacy had recently started to dispense multi-compartment compliance packs. The RP had experienced issues with the 'hub and collection point' model that had been set-up with another Jhoots pharmacy and felt it would be easier to dispense the compliance packs at the pharmacy. Jhoots had an SOP for MDS transfer and a checklist for the transferring pharmacy to complete before the new pharmacy started to dispense. This was to ensure that the pharmacy had up-to-date information about the patient, any supporting notes, and confirming that the patient had given their written consent for the transfer. Consent was important as the transferring branch were a separate legal entity. The transfer checklists had not been completed and the RP was unaware that the company had a formal process to support the transfer.

A sample of packs that had been dispensed at the pharmacy were seen. They did not contain descriptions of the medication which could assist patients and/or their carers. They did not contain patient information leaflets, which were a legal requirement. And they did not contain details of the dispenser that had assembled the packs or the details of the pharmacist that had accuracy checked the packs. Some of the packs had not been sealed properly so some medicines were stuck between the slots on the packs. One of the packs contained a cytotoxic medicine and the RP had not informed the apprentice that she should not handle that medicine without wearing gloves.

A prescription collection service was in operation. The pharmacy offered different services dependent on what the person preferred and what the surgery allowed. The pharmacy had audit trails in place for the prescription collection service. Prescriptions collected were routinely checked against requests and

discrepancies followed up.

Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. Split liquid medicines with limited stability once opened were marked with a date of opening. No out of date medicines were seen and the pharmacy stock was date checked every three months and date checking was recorded. Short dated medicines were often transferred to other Jhoots pharmacies. The pharmacy team transferred some of these medicines to a pharmacy which owned by a separate legal entity, and the pharmacy did not have a MHRA wholesaler dealers licence to support this. The RP was aware of the Falsified Medicines Directive (FMD) but explained that the pharmacy was not yet compliant as head office had not installed the software and hardware. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts by email head office. Drug alerts were printed, actioned, annotated and filed as evidence of completion.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys were in place. There was a medical fridge used to hold stock and assembled medicines. The medicines in the fridges were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team uses the equipment in a way that keeps people's information safe.

### Inspector's evidence

The pharmacy had a range of up to date reference sources, including the BNF and the children's BNF. Internet access was available, and this was limited so that the pharmacy team could only access pharmacy related websites. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. Electrical testing had last occurred in May 2019. A range of crown stamped measures were available, but these needed to be washed. Separate measures were used for preparation of methadone. Methadone had not been dispensed since July 2019 but the measures had methadone residue at the bottom, so required cleaning. Counting triangles were available and there was a separate, marked triangle used for cytotoxic medicines. Screens were not visible to the public as they were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

### 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.