

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: 06/05/2021

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, including a popular sexual health service. The inspection was completed 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
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 manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely and complete tasks in the right way. They discuss their mistakes so that they can learn from them. The team members understand their role in protecting vulnerable people and they keep people's personal information safe.

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. The SOPs were stored electronically in a folder on the pharmacy computer and the team knew how to access them. New SOPs were in a separate folder so that they could be read and transferred into the main folder. The Responsible Pharmacist (RP) and one of the dispensary apprentices explained that they had recently read the SOPs and had electronically signed them as evidence of training for head office. The RP explained that she was unsure how to check the electronic signatures. Alternative ideas for recording training, that met head office requirements, but also the RP's, were discussed. Another dispensary apprentice had very recently started working at the pharmacy and whilst he had not read the SOPs. The RP had plans for him to start doing this soon, focusing on the SOPs that were relevant to the tasks he was performing.

Adverse incidents, such as near misses and dispensing errors were recorded electronically using a function on the patient medication record (PMR). A dispensing apprentice demonstrated how to produce a list of previous incidents and the RP and dispensing apprentice reviewed these every few months and made a record of the review. The team discussed adverse incidents and steps that could be put in place to prevent recurrence. There was evidence of stock being separated and 'select with care' stickers being placed next to medicines involved in errors to reduce the risk of picking errors. PPE was available and was being worn by all members of the pharmacy team. The team completed regular lateral flow tests. Coronavirus information was displayed throughout the premises.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. Due to the complicated company structure, some of the pharmacy team were unsure who the superintendent (SI) of the pharmacy was. So, there was a risk that the SI might not be made aware if there were any issues in the pharmacy.

There was a complaints process explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written and the annual patient survey. The pharmacy team tried to resolve issues that were within their control and could refer any other issues to the area manager or head office. The RP had been working at the pharmacy for a few months' and was working on getting to know the regular patients and customers. Examples of this were observed throughout the inspection.

The Responsible Pharmacist (RP) notice was displayed and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A patient returned CD register could

not be located. The team explained that CDs were rarely returned to the pharmacy and they agreed to order a register so they could record these if needed. Private prescription and emergency supplies were recorded electronically.

Confidential waste was stored separately from general waste and it was shredded for destruction. The pharmacy team had their own NHS Smartcards. The RP had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding. A dispensing apprentice explained that she would speak to the pharmacist if she felt unsure about a situation and gave an example of when she had made the pharmacist aware of a potential safeguarding issue that she had identified.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy always has enough staff cover to provide the services. The team members work well together in a supportive environment and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacy manager (RP at the time of inspection) and two apprentices. One of the apprentices was coming towards the end of her apprenticeship and had one module of the dispensing assistant course left to complete. The other apprentice had very recently started working at the pharmacy and was still in his 12-week induction period. A delivery driver worked three days a week and was shared with other Jhoots pharmacies.

Requests for annual leave were submitted to head office and cover was arranged if required. The RP explained that as there were two dispensing apprentices it was easier to cover annual leave and sickness. One of the team members had needed to take unplanned leave earlier in the year and this had been covered by a dispensing assistant from another branch. The pharmacy team were supported by an area manager and people from head office. They explained that they had been visited by an operations manager from head office who had shown them how to undertake various tasks and processes and this had been helpful.

The team worked well together during the inspection and were observed helping each other. Pharmacy staff had regular discussions in the dispensary to communicate messages and updates. They had a meeting on a Monday morning to discuss the priorities for the week. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the RP, or contact head office or the GPhC if they had any serious concerns. There were some targets in place for services, and the RP felt that she could exercise her professional judgement when offering these services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on allocated areas of the worktops and compliance packs were dispensed in a separate area.

Plinth heaters and portable heaters 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. There was a private soundproof consultation room which was signposted. The consultation room was generally professional in appearance.

Various COVID-19 related signs had been produced to explain the social distancing measures and to restrict the number of people that could be in the pharmacy at any one time. Perspex screens had been installed between the shop area and the medicines counter. The dispensary was clean and tidy with no slip or trip hazards evident. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap were available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions.

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. A large health promotion display had been created to advertise the locally funded sexual health services that were available at the pharmacy. COVID-19 lateral flow tests (LFTs) were carried out in the pharmacy and were funded by the local council. This was a popular service and ran alongside the NHS rapid LFT distribution service. An LFT testing area had been created so that the member of staff and the member of the public were able to socially distance whilst doing the test, the low footfall in the pharmacy meant that this could be done privately.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. The apprentices did not always routinely sign the dispensed boxes on medicine labels, so on several of the completed prescriptions 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 and counselling materials were available.

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. Most medicines were observed being stored in their original packaging. Some loose blisters were removed during the inspection as they did not contain batch numbers or expiry dates. 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. The pharmacy stock was date checked and evidence of date checking was recorded. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts by email head office.

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. And the team uses it 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. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Counting triangles were available. Computer screens were not visible to the public as members of the public 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.