

# Registered pharmacy inspection report

**Pharmacy Name:** Jhoots Pharmacy, Fox & Goose Shopping Centre,  
898 -902 Washwood Heath Road, BIRMINGHAM, West Midlands, B8  
2NB

**Pharmacy reference:** 1038171

**Type of pharmacy:** Community

**Date of inspection:** 29/11/2022

## Pharmacy context

This is a community pharmacy located alongside local shops and services in the Washwood Heath 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 a wide range of other NHS funded services including COVID vaccinations, sexual health services, seasonal 'flu vaccinations, and drug misuse services. Some private services are also available such as ear wax removal and erectile dysfunction treatments.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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. Members of the pharmacy team follow written procedures to make sure they work safely and they 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 on the pharmacy computer and the team knew how to access them. The pharmacist manager had produced a SOP training matrix so that the pharmacy team could record which SOPs they had read. Roles and responsibilities were highlighted within the SOPs.

A near miss log was available and a paper log was used in addition to the electronic log as the team found a paper log was more accessible. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake. The pharmacy team explained that their dispensing process had been designed by the team to try and reduce the chance of a dispensing error occurring. For example, medicines for repeat prescriptions were ordered on a named patient basis and segregated when they arrived at the pharmacy, so the dispenser was not selecting from the medicines on the normal shelves which reduced the likelihood of picking errors. In addition, stock holding had been reduced so there was ample space to separate different strengths on the shelves, and there were multiple dispensers involved in the dispensing process so there were multiple accuracy checks. And the number of items the pharmacy dispensed had reduced so there was no need to rush the dispensing process. There was an SOP for dealing with dispensing errors and errors were reported to head office and a national NHS reporting system.

The pharmacy offered a wide range of NHS funded services and some private services. The pharmacist manager was accredited to offer these services and they were taking place throughout the inspection and there were several telephone calls to book for ear wax removal which was only offered on an appointment basis. The pharmacy had a number of consultation rooms and different rooms were used for different services dependent on the equipment required. Some of the documents confirming the pharmacist had the legal authority to carry out the services were out of date or missing. This was a technical issue as the training and accreditation had taken place, and the pharmacist manager confirmed after the inspection that the in-date patient group directions (PGDs) had been printed and signed by the pharmacist offering the services. And copies of risk assessments and vaccinator competency assessments for the COVID vaccination service were provided. These were not available during the visit as they had been sent to head office.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A medicines counter assistant correctly answered hypothetical questions related to high-risk

medicine sales and discussed how she managed requests for codeine linctus.

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written and to head office. The pharmacy team tried to resolve issues that were within their control and would involve head office if they could not reach a solution. The pharmacist manager was not aware of any formal complaints being made. Most feedback was about the lack of stock in the shop area from people using the pharmacy for the first time. The pharmacy was in an area where shoplifting was prevalent, so they had taken the decision to reduce the amount of stock in the shop and merchandised it carefully to reduce the likelihood of thefts.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were generally in order and a random balance check matched the balance recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply. Audit trails for prescription deliveries were maintained.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team had their own NHS Smartcards. The pharmacist manager had completed level three training on safeguarding. The pharmacy team understood what safeguarding meant. A medicine counter assistant gave examples of types of concerns that she may come across, and what action that she would take.

## 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 has enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of the pharmacist manager, three dispensing assistants, an apprentice, a medicines counter assistant and a home delivery driver. Holidays were discussed with other team members to ensure no-one else had already booked the same week and then sent to head office for approval. Cover was provided by other staff members as required and the pharmacy team were managing the workload during the inspection whilst a member of the team was absent.

Pharmacy team members completed ongoing training and certificates were retained as evidence. Training needs were identified to align with new services, seasonal events and the NHS Pharmacy Quality Scheme (PQS). Some of this training was elearning, and some was provided by the pharmacist manager. The team had annual appraisals with the pharmacist manager and the most recent had taken place in June 2022.

The pharmacy team worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacist manager and felt that they were responsive to feedback. Team members said that they would contact head office or GPhC if they ever felt unable to raise an issue internally. The pharmacist was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions, or with people on the telephone.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare services. 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 generally smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. There had been an issue with the ceiling, and this had been reported to the building landlord to resolve. There had been a mini refit in preparation for the COVID vaccination service starting.

The dispensary was an adequate size for the services provided and an efficient workflow was in place. Dispensing and checking activities took place on separate areas of the worktops. There were multiple stockrooms and consultation rooms. The doors to the consultation rooms remained closed when not in use. There were some open sharps bins used for COVID or flu vaccination waste that could be accessed by members of the public. These were moved to a more secure area during the inspection.

The pharmacy had portable heater. The dispensary was clean and tidy with no slip or trip hazards. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap available. The consultation rooms were cleaned at the end of every day. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

## 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 appropriate advice about their medicines when collecting their prescriptions.

### Inspector's evidence

The pharmacy had a step free access from the pavement and a touchpad auto-assisted door. A home delivery service was available for patients who could not access the pharmacy. A range of health promotion leaflets were available and pharmacy staff used local knowledge and the internet to support signposting. Staff could communicate with patients in English, Bengali, Punjabi, and Urdu. Google Translate was also used.

The pharmacist manager had visited some local surgeries to explain what additional services were available and how people could be signposted to the pharmacy. He had noticed that referrals for the NHS minor ailment scheme and the associated PGD's for urinary tract infections and impetigo had increased since the visit, and there were also more people asking about the private ear wax removal service. He explained that the services that the pharmacy offered enabled people to be seen sooner than if they required an appointment at the surgery. Sexual health services and drug misuse services were also popular. The needle exchange service was particularly busy and people coming into the pharmacy for needle exchange or substitution therapies were encouraged to also use the naloxone service. Most of the people using drug misuse services also took a new supply of naloxone every year.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Notes and stickers were attached to medication when there was additional counselling required or extra items to be added to the bag. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards 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. The pharmacy had noticed that some prescriptions that they had ordered were not being 'pushed' electronically to the pharmacy and whilst they had been generated, they were being held at a higher level within the NHS system. They were ensuring that missing prescriptions were chased promptly, and people were re-nominated back to the pharmacy if that nomination was removed so that people were not inconvenienced by a delayed prescription.

Date checking took place every three months and no out of date medication was seen during the inspection. Short-dated medicines were clearly marked and removed prior to expiration. Medicines

were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in a designated area. Medicines were obtained from a range of licenced wholesalers and the pharmacy was alerted to drug recalls via emails from head office.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines that were stored in an organised manner in the stock CD cabinet. The medicines in the out-of-date CD cabinet were stored in clear plastic bags but these were not so well organised meaning that balance checking of out-of-date CDs was a difficult process. Out of date CDs were not destroyed promptly and there was a lot of out-of-date CDs waiting for an authorised witness from head office to visit before they could be destroyed. Secure procedures for storing the CD keys were in place.

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. The temperature log for the fridge containing the COVID and flu vaccinations could not be located during the inspection, the pharmacist manager was going to investigate this following the inspection. The temperature of that fridge was within the required range when it was checked during the inspection.



## 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 access to a range of up-to-date reference sources, including the BNF and the children's BNF. An old copy of the BNF was discarded during the inspection and access to the latest version was available electronically. 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.