General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, 31-33 Wheelgate, MALTON, North Yorkshire, YO17 7HT

Pharmacy reference: 1038956

Type of pharmacy: Community

Date of inspection: 08/10/2024

Pharmacy context

The pharmacy is in a parade of shops on a high street in Malton town centre. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. The current owners commenced operation of the pharmacy in May 2024.

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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy does not routinely assess key risks to patient safety. Its team members work with little support from the company and receive no direction to read and work according to the company's written procedures. This includes for key activities such as near miss and error management, disposal of confidential waste, safeguarding of vulnerable people, and fridge temperature recording. It restricts access to its written procedures, so they are not freely available in the pharmacy for all team members to read.
		1.2	Standard not met	Pharmacy team members do not have robust arrangements to record errors and they do not know how to report dispensing errors to the right people. They do not analyse their mistakes. And they do not routinely make changes to their practices to help make the pharmacy's services safer.
		1.6	Standard not met	The pharmacy does not maintain its responsible pharmacist record accurately and in accordance with the law.
		1.7	Standard not met	The pharmacy does not have a system in place to destroy confidential waste, which increases the risk of it being disposed of inappropriately.
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy has not enrolled its pharmacy team member on appropriate training for their role, in accordance with GPhC minimum training requirements. And it has not provided an induction programme for them to learn in their role properly.
		2.5	Standard not met	The pharmacy fails to support its team members when they raise legitimate requests and concerns.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines	Standards met	N/A	N/A	N/A

Principle	Principle finding	Exception standard reference	Notable practice	Why
management				
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy doesn't adequately identify and manage the risks associated with its services. It does not provide all pharmacy team members with access to written procedures to help them manage these risks. And team members are not always clear about how to provide services safely. Team members discuss and record some of the errors they make in the dispensing process. But they do not know how to properly record or report a dispensing error. And they do not fully analyse their mistakes. So, they may miss opportunities to learn and make improvements to the safety of their services. The pharmacy does not keep all its legal records as it should. And it does not support its team members to suitably manage confidential waste effectively and safely. Team members generally understand how to protect vulnerable adults and children.

Inspector's evidence

Access to standard operating procedures (SOPs) to help pharmacy team members manage the risks associated with its services was restricted. The company's head office provided team members with electronic access to SOPs via individual logins. During the inspection, the locum pharmacist, who was also the responsible pharmacist (RP), was able to access the SOPs via their own login. But the pharmacy also had a trainee dispenser who had started working at the pharmacy in July 2024. The trainee explained they did not have access to the SOPs, despite requesting access from various head office colleagues. So, they had not read them since they started working at the pharmacy. The company's SOPs had last been reviewed in 2023. During the inspection, there were several instances where team members were unsure of the pharmacy's processes or gave conflicting accounts of how things should be done that differed from the documented SOPs available to the RP. For example, how to deal with a dispensing error and report errors to the superintendent pharmacist (SI), how to manage complaints, how to manage and destroy confidential waste, and how to manage and record temperatures in the medicines fridge. Team members also did not know who their SI was or how to contact them.

The locum pharmacist and trainee dispenser recorded mistakes identified before people received their medicines, known as near misses. They explained how they discussed mistakes and what might have caused them. But there were no examples of any changes made to help prevent mistakes happening again. They did not record any information about the causes of errors. And they did not analyse the information to establish patterns of risks. This meant they might miss out on opportunities to learn and make improvements to the pharmacy's services. The pharmacy had no records of any dispensing errors being made, which were errors identified after people had received their medicines. Pharmacy team members were unsure about how they would record and manage an error. Or how they would report errors to the SI. This meant that errors may not be properly managed. And team members may miss opportunities to learn and make the pharmacy's services safer.

During the inspection, the pharmacy could not provide evidence that it had current professional indemnity insurance. Following the inspection, the company provided an insurance certificate which was issued on the 18 October 2024. The insurance policy had a retrospective date of 13 May 2024, which was the day the company started to operate the pharmacy. The pharmacy did not advertise its complaints process to people. The pharmacist and trainee dispenser managed complaints in the pharmacy locally, for example by signposting people to other pharmacies for medicines they could not

provide. But they were not aware of the company's complaints process. Or who they would report a complaint to.

The pharmacist was displaying their RP notice to people in the retail area. And the RP record was maintained electronically, but it was not accurate and clear who the RP had been on a particular date. There were several gaps in the sign out time of the RP in the record. And there were several dates in the records where more than one person was recorded as being the RP. And several records where the registration number given for the person responsible was not a pharmacist's registration number. This was discussed, and team members stated that they had been instructed by a dispenser, who worked at several of the company's pharmacies, to use the RP record to record the working hours of all team members. And the numbers recorded were team members' employee numbers. There were also several dates in the register where none of the records had been made by a pharmacist, so it was unclear if the pharmacy had been operating with or without a responsible pharmacist.

The pharmacy kept the controlled drug (CD) registers required by law, with running balances in all registers. The locum pharmacist audited these registers against the physical stock quantity approximately monthly. And they accurately recorded private prescriptions and emergency supplies.

The pharmacy kept sensitive information and materials in restricted areas. But there was no process in place to effectively destroy confidential waste. Team members explained how they were using confidential waste bags left by the previous pharmacy owners to collect and segregate confidential waste. They sealed bags when full and stored them in a room in the pharmacy. The company had not provided the pharmacy with a shredder to destroy confidential waste in accordance with the SOP. Team members explained they had repeatedly asked head office colleagues for a shredder. But none had been provided.

The trainee dispenser explained that in the event of a concern about a vulnerable adult or child, they would refer their concerns to the pharmacist. And they gave some general examples of signs that would raise their concerns. The pharmacy had not provided the trainee with any formal safeguarding training. And they did not have access to the pharmacy's safeguarding SOP to help them manage a concern. The locum pharmacist and trainee dispenser were unsure about how to report their concerns to anyone inside their organisation. And they would use the internet to find contact details for local safeguarding teams.

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy's trainee dispenser is not undergoing training appropriate to their role, in accordance with GPhC minimum training requirements. The pharmacy does not have a robust mechanism for team members to get support and raise concerns. And insufficient action has been taken when individuals have raised legitimate concerns and made requests for training. Team members adequately manage the pharmacy's workload.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a locum pharmacist and a trainee, who had started working in the pharmacy in July 2024, and who was employed to dispense medicines. The pharmacy did not employ any other team members. The trainee dispenser had not been enrolled on accredited training for the dispensing role they were undertaking. And they did not have access to the pharmacy's SOPs. They admitted they had not read the SOPs and they had not been provided with any induction training since they started working at the pharmacy. The only training they had received had been informally provided by the locum pharmacist.

Team members explained how cover for their holidays or absences was rarely provided by the company. This meant there were several occasions where the pharmacist had worked all day alone. And days where there had been no pharmacist. The trainee dispenser explained how they closed the pharmacy when there was no pharmacist present. Their knowledge of what to do when there was no pharmacist had been provided by the locum pharmacist. They had not been provided with any guidance by the company and did not know if the company had procedures to deal with a pharmacists' absence.

Pharmacy team members did not know the name of their superintendent pharmacist. And they did not know how to contact them. They were not aware of any formal mechanisms for team members to use to raise professional concerns, such as a formal whistleblowing policy. And they had little confidence that any action would be taken by senior managers in response to their concerns or requests for support. They gave examples of requesting the trainee's access to SOPs and enrolment on formal training several times since they had started in July 2024. They had raised these issues with several senior colleagues by email over a period of three months since they started working at the pharmacy. And no action had been taken to address them.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides an adequate space for the services provided. It has a suitable room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was tidy. Its floors and passageways were free from clutter and obstruction. And it kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people.

The pharmacy had a clean sink in the dispensary used for medicines preparation. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy kept its heating and lighting to acceptable levels. The pharmacy premises was suitable for the services it provided. But there was no signage outside the pharmacy to indicate it was a pharmacy.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are mostly accessible to people. And team members provide an adequate dispensing service. The pharmacy generally sources its medicines appropriately. And it stores and manages most of its medicines as it should. Pharmacy team members provide people with sufficient advice and information about their medicines.

Inspector's evidence

The pharmacy had level access from the street via automatic doors. But it was not clear from the outside of the building, due to the lack of signage, that it was a pharmacy where people could access pharmacy services. Pharmacy team members could use the electronic patient medication record (PMR) system to produce large-print labels to help people with visual impairment take their medicines properly. And they gave examples of how they used written communication to help people with hearing impairment access their medicines safely.

Pharmacy team members explained how they checked the temperature in the pharmacy's fridge once each day. But they did not record their checks. And they did not use the thermometer to check the minimum and maximum temperatures to highlight deviations from the permitted safe range at other times of the day. This meant they were unable to determine if the pharmacy's fridge was maintaining medicines within the correct temperature range all the time. The fridge temperature was within acceptable limits during the inspection.

The pharmacy obtained medicines from some licensed wholesalers. Team members explained how the pharmacy did not have accounts with all wholesalers. So, they sometimes struggled to obtain stock of certain items, such as various insulin products. This meant they sometimes had to signpost people to other local pharmacies to obtain their required medicines.

The pharmacy did not currently have any people who received prescriptions for valproate. The locum pharmacist explained how they would counsel people receiving prescriptions for valproate if appropriate. And they would check if the person was aware of the risks if they became pregnant while taking the medicine. They also checked if the person was on a Pregnancy Prevention Programme. Both team members were aware of the requirements to dispense valproate in manufacturer's original packs. The pharmacy did not have an SOP to help team members manage these risks.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing. This was to maintain an audit trail of the people involved in the dispensing process. They used baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy did not deliver medicines to people. And they did not currently have any people who received their medicines in a multi-compartment compliance pack.

The pharmacy had disposal facilities available for unwanted medicines, including CDs. The pharmacy stored CDs securely in locked cabinets. Team members checked medicine expiry dates every three months, and they recorded their checks. They highlighted packs of medicines due to expire in the next six months. These items were removed from the shelves during the month before their expiry. Pharmacy team members explained how they acted when they received a drug alert or manufacturers

recall. But they did not record these actions.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy generally has the equipment it needs to provide its services safely. It maintains its equipment properly, so it is safe to use. And pharmacy team members manage and use the equipment available in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had suitable bags available to store its confidential waste. The bags had been left by the pharmacy's previous owners. And team members did not know how to order more bags if these ran out. The pharmacy did not have any system or equipment available to destroy its confidential waste. It had use of the internet. But team members did not have access to any physical reference texts. It kept its computer terminals in the secure areas of the pharmacy, away from public view, and these were password protected. And bags of medicines waiting to be collected were kept in the secure areas of the pharmacy, away from public view, so people's private information was protected. The pharmacy restricted access to its equipment. It had a set of clean, well-maintained measures available for liquid medicines preparation.

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.