

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, Richford Gate Health Centre, 49
Richford Gate, Richford Street, LONDON, W6 7HY

Pharmacy reference: 1041447

Type of pharmacy: Community

Date of inspection: 29/02/2024

Pharmacy context

This pharmacy is located within a GP practice in a residential area of West London. It mainly dispenses NHS prescriptions. It also supplies medication in multi-compartment compliance packs to people who live in their own homes and need help managing their medicines. And it sells a small range of medicines over the counter.

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 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 not all met	4.3	Standard not met	The pharmacy does not always store its dispensed medicines awaiting collection securely.
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 appropriately to make sure people are kept safe. It largely keeps the records it needs to by law to help it show that supplies are made safely and legally. Team members know how to protect the welfare of vulnerable people. People using the pharmacy can give feedback and the pharmacy has a complaints procedure for staff to follow. Team members record any dispensing mistakes to help them learn and make the pharmacy's services safer.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which members of the team had read. The SOPs had last been reviewed by the superintendent pharmacist (SI) in January 2024. The pharmacy team had been provided with SOPs for the new NHS Pharmacy First service and were in the process of reading those.

There was an audit trail created during the dispensing process to show which members of staff had been involved in dispensing and checking prescriptions. Baskets were used to keep prescriptions for different people separate.

Near misses, where a dispensing mistake happened and was identified as part of the dispensing process were recorded routinely on an electronic log. Team members said documenting these helped identify any trends and areas for improvement. They described some changes that they had implemented in response to dispensing mistakes, such as separating or highlighting certain medicines on the shelves. Workbenches were kept tidy and clutter free. Dispensing mistakes which reached a person were recorded on a separate log and shared with the superintendent pharmacist (SI).

The correct responsible pharmacist (RP) sign was displayed. Team members understood their roles and responsibilities. The RP record was kept electronically, and samples checked were generally in order. The pharmacy had current indemnity insurance cover. Samples of the private prescription and emergency supply records were generally in order though several private prescription records did not include prescriber details. Records about unlicensed medicines supplied included the required information. Controlled drug (CD) registers were maintained in accordance with requirements. A random stock check of a CD agreed with the recorded balance.

People were able to provide feedback verbally or via a screen at the medicines counter. A complaints procedure was in place and the RP said she tried to handle complaints in store, otherwise, people were referred to the pharmacy's area manager or head office. The RP added that the pharmacy team tried to give time frames to help reduce waiting times. The team said that it also had a good working relationship with the pharmacy team at the GP practice and had received positive feedback.

All team members had completed training on the General Data Protection Regulation. Patient sensitive information was not visible to members of the public waiting near the medicines counter. Confidential waste was shredded on site. Computers were password protected and smartcards were used to access

the pharmacy's electronic records. Individual passwords were used to access the electronic record.

All members of the team had been provided with training on safeguarding children and vulnerable adults and were able to describe signs of abuse and steps they would take should they wish to raise a concern. Team members knew who their safeguarding lead was. There have not been any safeguarding concerns recently.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Team members have access to training materials to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy was staffed by a regular RP and two qualified dispensers and an apprentice dispenser. Annual and emergency leave was covered within the team or additional cover could be requested from head office. Team members felt there were sufficient staffing levels for the services provided.

Team members said they completed regular training as and when they could. They had access to pharmacy magazines and email alerts. They also regularly held team meetings and discussed current issues. Members of the team had individual folders which contained their training certificates. The delivery driver had been provided with verbal training on protecting patient confidentiality and safeguarding. The RP said the driver normally contacted the pharmacy if a person was not in and the pharmacy team would follow that up. The apprentice dispenser had been provided with in-house training by the RP and other pharmacy colleagues. She was provided with three hours study time per week. She said that she asked several questions before selling Pharmacy-only medicines (P-medicines) and described referring to the pharmacist before selling a higher-risk medicine. The apprentice dispenser felt supported by her colleagues.

Formal performance reviews were held with the area manager. Team members said that they had the opportunity to discuss how they were getting on, any areas for improvement, training needs, and any concerns. They felt that the pharmacy's head office was supportive and responsive. A whistleblowing policy was in place. Team members said they worked together to meet company targets, and these did not impact their ability to exercise their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services offered and they are kept secure. There is a room where people can have private conversations with a team member.

Inspector's evidence

The pharmacy was located on the lower ground floor of a GP practice building. Access was via external steps or an internal lift. The pharmacy was clean and tidy and there was sufficient work and storage space. Cleaning tasks were shared by the team, and these were done either daily or weekly. P-medicines were stored in glass cabinets in the retail area.

There was a small consultation room available for services and private consultations. The room allowed a conversation at a normal level of volume to take place inside and not be overheard. The room was used to store some excess medicines, mainly topical preparations, some of which were prescription-only. Confidential information was also stored inside the room. The consultation room door was not fitted with a lock. Confidential information and prescription-only medicines were removed during the inspection.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not always store its dispensed medicines awaiting collection securely. However, it generally stores its other medicines appropriately and gets them from reputable sources. People can access the pharmacy's services. The pharmacy has some systems in place for making sure that its services are organised, and overall, it provides its services safely. People who get their medicines in multi-compartment compliance packs receive the information they need to take their medicines safely. But the pharmacy does not always identify people taking high-risk medicines so that they can be given the additional information they may need to take their medicines safely.

Inspector's evidence

Access into the pharmacy was via external steps or a lift within the GP practice building. People who required additional assistance were able to call the pharmacy if the lift was not operational. The pharmacy team would then take their medication to them. Those with visual impairment were printed large font labels and provided with Braille font on the medicine packs, if possible. The pharmacy had a delivery service running twice a week for people who were not able to collect their medicines. Some members of the team were multilingual and translated for people when possible, otherwise team members tried to speak to a relative or asked for assistance from the GP practice.

The pharmacy was looking to introduce the new NHS Pharmacy First service and the team members were in the process of completing the relevant training. Services were promoted using posters and the GP practice team had been informed about the services that were available at the pharmacy. The RP said that the doctors often visited the pharmacy to find out more about its services, for example, the Pharmacy First service. The GP practice had also offered to train the RP on the use of the otoscope. The pharmacy team said they worked closely with the district nursing team who would often visit pharmacy and discuss cases.

Dispensing audit trails were maintained to help identify who was involved in dispensing and checking of a prescription. Members of the team were observed confirming peoples' names and addresses before handing out dispensed medicines. Baskets were used throughout the dispensing process to prevent mixing of peoples' prescriptions.

The pharmacy did not routinely highlight prescriptions for higher risk medicines, except those for warfarin. The RP said that people taking warfarin were asked for their latest INR results and these were seen to be documented on the PMR. Team members were aware of the updated guidance about dispensing valproate, and described advice they would provide to people in the at-risk group. Leaflets providing more information about valproate were available.

Medicines awaiting collection were cleared every two months to reduce clutter. People were sent text messages to remind them to collect their medication. Coloured stickers, annotated with expiry date of the prescription, were placed on prescriptions for Schedule 2 and 3 CDs.

A spreadsheet was used to keep track of prescriptions ordered for people receiving multi-compartment compliance packs. The log was ticked and dated to confirm when prescriptions had been ordered, processed, and checked. Prescriptions were cross checked with individual record sheets once they were

received. Record sheets were clear and well organised. Drug descriptions were provided, and patient information leaflets were seen to be supplied.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept its medicines and medical devices tidily on the shelves within their original manufacturer's packaging. The pharmacy stored its stock medicines securely, but it did not store all its dispensed medicines awaiting collection in a secure way. The pharmacy team said that they checked the expiry dates of medicines at weekly intervals but did not keep records of these checks. No expired medicines were found on the shelves in a random check in the dispensary. Fridge temperatures were checked daily and these were seen to be within the recommended range. The RP knew how to reset the thermometer ranges. During the inspection, the maximum temperature of the thermometer read as 24.7 degrees and the minimum temperature read as -19 degrees. The RP explained that the thermometer was quite old and changed the thermometer during the inspection and said she would review the temperature regularly. The RP was aware of the process to follow if the fridge temperatures fell outside the recommended range. Drug alerts and recalls were received electronically and actioned. The pharmacy kept audit trails of any action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. It uses its equipment to help protect people's personal information.

Inspector's evidence

There two fridges in the dispensary, one was used by team members and the other was used to store pharmaceutical stock. Computers were password protected and screens faced away from public view to protect people's confidentiality. The pharmacy had several glass measures. There were several clean tablet counting triangles. The pharmacy had three blood pressure monitors, two of which were new. The third monitor was two years old, and the RP did not know if it had been calibrated. She said she would confirm with the pharmacy's head office. Waste medicine bins and destruction kits were used to dispose of waste medicines and CDs respectively. Members of the team had access to the internet and several 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.