

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: 04/11/2024

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 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. And it keeps the records it needs to by law, so it can show that supplies are made safely and legally. Team members respond appropriately when mistakes happen during the dispensing process and take action to help prevent them being repeated. People who use the pharmacy can provide feedback. And team members are provided with training about safeguarding to ensure that incidents are dealt with appropriately.

Inspector's evidence

Near misses, where a dispensing mistake was identified before the medicine was handed to a person, were seen to be documented routinely. Dispensary team members said that the regular responsible pharmacist (RP) gave them in the moment feedback when a near miss was identified. The log was reviewed regularly to help the team identify common mistakes. They described changes that they had made to help reduce near misses, for example, placing warning stickers to highlight higher-risk medicines, and medicines that looked alike or sounded alike. A warning sticker was placed on the shelf where valproate was stored to remind team members to make the appropriate checks when dispensing this medicine. Dispensing mistakes which reached a person were recorded on a separate log and shared with the superintendent pharmacist (SI). The pharmacy had not had any recent mistakes.

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 SOPs had been updated to include the new NHS Pharmacy First service.

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 in order. The pharmacy had current professional indemnity insurance cover. The private prescription and emergency supply records appeared to be completed in line with requirements. 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. People were referred to the pharmacy's area manager or head office if they wanted to make a formal complaint. The RP said that they had spoken to the local GP surgery to ensure that they clearly communicated the time frame the pharmacy may receive electronic prescriptions. This had helped manage people's expectations.

All team members had completed training on the General Data Protection Regulations. 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 had not been any recent safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services safely. They are provided with some ongoing training to support their learning needs. And they have regular meetings where they can raise concerns or make suggestions.

Inspector's evidence

During the inspection, the pharmacy team comprised of a regular RP and a qualified dispenser. The pharmacy also employed another qualified dispenser and an apprentice dispenser who were on emergency leave. But team members said they were managing the workload by prioritising tasks. They said that additional support could be requested from other local branches or the pharmacy's head office, but there had not been a need to. The team managed its workload well throughout the inspection and team members communicated effectively with each other. They had a good understanding of the services available at the pharmacy and were observed being polite and informative to people accessing services.

Team members completed ongoing 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. Training certificates were retained in individual staff folders. The team had recently completed training on the Covid-19 vaccine service and the RP had held a team meeting to answer any queries and to go through the eligibility criteria and service specifications.

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. A sink, with hot and cold water, was fitted in the dispensary and this was clean. Cleaning tasks were shared by the team, and these were done either daily or weekly. A cleaning rota had been introduced to help keep track of cleaning tasks, and this was seen to be routinely signed and dated.

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. Since the last inspection, the pharmacy had removed confidential information and pharmacy-only medicines which were being stored inside the room.

The pharmacy had adequate lighting, and the ambient temperature was suitable for storing medicines. Staff facilities included lockers and a W/C. A storage room, located besides the medicines counter, was used to store medicines awaiting collection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. The pharmacy provides its services in a safe way. It supports people taking higher-risk medicines by making extra checks and providing advice when needed. It orders its medicines from reputable sources and manages them properly to make sure they are kept in good condition.

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 team for assistance if the lift was not operational. Large font labels were printed for people with visual impairment and packs with Braille font were provided, when possible. A delivery service was available for people who were not able to collect their medicines. Some members of the team were multilingual and translated for people, or they asked for assistance from the GP practice. The pharmacy had recently started the NHS Pharmacy First service but had not had any uptake so far. The RP was still awaiting training on the use of the otoscope.

Since the last inspection, the pharmacy had introduced a system to highlight prescriptions for higher-risk medicines. INR levels and dates of latest blood tests were also recorded on the person's medication record. The pharmacy team had created a folder containing booklets, leaflets, and alert cards which could be supplied to people taking higher-risk medicines, and this was easily accessible to team members. Team members were aware of the updated guidance about dispensing valproate, and described advice they would provide to people in the at-risk group.

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 people's names and addresses before handing out dispensed medicines. Baskets were used throughout the dispensing process to prevent mixing of people's prescriptions.

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.

Since the last inspection, the pharmacy had changed the storage arrangements for medicines awaiting collection and was now storing them securely. Medicines awaiting collection were cleared every two months to reduce clutter. People were contacted 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. The RP described how they had contacted the GP practice after they continued to reissue prescriptions for a person who had not collected their medicines for several months. The person was also contacted to check how they were getting on with their medicines.

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 team checked the expiry dates of medicines at weekly intervals and was now maintaining clear 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. A new thermometer had been ordered since the last inspection. Drug alerts and recalls were received electronically and actioned. The pharmacy kept audit trails of action taken in response to alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment 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's blood pressure monitors were relatively new. 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.