

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, 100A Milking Bank, DUDLEY,
West Midlands, DY1 2TY

Pharmacy reference: 1081213

Type of pharmacy: Community

Date of inspection: 03/07/2023

Pharmacy context

This community pharmacy is located next to a medical centre in a residential area of Dudley. Most people who use the pharmacy are from the local area. The pharmacy dispenses prescriptions and sells medicines over the counter. It also provides additional NHS services including blood pressure monitoring, and a substance misuse service. The pharmacy supplies some medicines in multi-compartment compliance aid packs to help make sure people take their medicines at the right time.

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 identifies and manages risks adequately and it keeps people's private information safe. Pharmacy team members are clear about their roles, and they record their mistakes. But they do not always review error records, so they may miss additional opportunities to learn and improve. And some of the pharmacy's records are unclear so the team may not always be easily able to show what has happened in the event of a query.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational activities and services. The procedures outlined the responsibilities of the pharmacy team members, but they were overdue for review, so they may not always reflect current practices. Team members accessed the procedures through an electronic system and confirmed that they had read them. But SOP training records were not available, as they were stored at the company's head office. Pharmacy team members demonstrated a clear understanding of their roles and responsibilities. A dispenser explained the activities which could and could not take place in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance and a certificate displayed was valid until April 2024.

A member of the pharmacy team demonstrated how near misses were recorded using an online system. It was unclear how many near misses had been recorded in recent months as a report showing this information could not be produced. Team members said that they would contact head office to obtain this information, so they could review it and identify any near miss trends. One team member explained how the dispensary had been arranged in a way so higher risk medicines were separated, but no specific action had been taken in response to previous near misses and incidents. The RP explained the actions that he would take in response to a dispensing incident, which included informing head office.

The pharmacy had a complaints procedure. Where possible concerns were resolved within the pharmacy, but any unresolved issues were referred to head office. People could provide general feedback verbally in branch, or via online reviews.

An RP notice was displayed near to the medicine counter. The RP log was not technically compliant, as the time RP duties ceased was not always recorded and there were some missing entries. A second log being maintained through the patient medication record (PMR) system accounted for the missing entries but having two separate logs makes records unclear and could create ambiguity. Records for the procurement of unlicensed specials were generally in order. But private prescription records did not always record the correct details of the prescriber. Controlled drugs (CD) registers kept a running balance and balances were regularly audited.

Pharmacy team members had completed some information governance training and a policy was also in place. A team member explained that confidential waste was segregated and shredded on the premises. The pharmacy team members held their own NHS smartcards, they kept confidential information out of public view and computer systems were password protected.

The RP had completed level 3 safeguarding training and discussed some of the types of concerns that

might be identified. A poster displaying the contact details of the local safeguarding agency was displayed in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are appropriately trained for the jobs that they do, and they feel comfortable raising concerns and providing feedback. But there is a lack of structured ongoing learning and development. So, the pharmacy may not always be able to show how any learning needs are identified and addressed.

Inspector's evidence

The pharmacy team comprised of a locum pharmacist and two dispensers. The pharmacy area manager, who was also a qualified dispenser was providing additional support on the day. The pharmacy did not have a regular pharmacist, as the previous manager had left their post a few weeks prior to the inspection. It was anticipated that another regular pharmacist would be appointed in the coming weeks, and the pharmacy was relying on locum cover until that time. The workload in the pharmacy was busy and the team estimated that they were approximately one day behind with dispensing. The pharmacy was provided with additional dispensing support for two days each week to help with this and a new member of staff was due to start following a trial shift the previous week. Leave was planned in advance to help ensure that sufficient staffing levels were maintained.

A member of the pharmacy team explained the questions she would ask to help make sure sales of medicines were safe and appropriate. The team were aware that medicines such as codeine-based products could be abused and misused, and any concerns were referred to the pharmacist. The team felt comfortable to raise concerns and to exercise their professional judgement to refuse sales, where appropriate.

Pharmacy team members were trained for the roles in which they were working or enrolled on suitable training programmes. They read training magazines which were received through the post to help to keep their knowledge up to date, but there was no other structured ongoing training in place. Feedback had previously been provided through development reviews, but team members had not had a recent review.

The pharmacy team members worked well together, and they were comfortable to raise concerns and provide feedback within the pharmacy and to the management team. The locum pharmacist had the contact details of members of the pharmacy management team and was happy to contact them if he felt there was an issue to address.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is suitably maintained and has adequate space for the current workload. It has a small consultation room so team members can have conversations with people in private, but the room is not accessible to everyone, and other consultation spaces are not fully enclosed, which could impact on people's privacy.

Inspector's evidence

The pharmacy was generally clean, tidy and suitably maintained. The lighting and ambient temperature were appropriate. There was a staff WC which was equipped with handwashing facilities.

There was a retail space which stocked a range of goods suitable for a healthcare-based business and pharmacy restricted medicines were secured behind the medicine counter. Chairs were available for use by people waiting for their medicines. The dispensary provided adequate space for the workload and there were defined areas for dispensing and checking.

The pharmacy had a small consultation room which was accessed from behind the medicine counter. The room was very small so not accessible to everyone. The pharmacy had installed curtain rails to the area immediately outside of the consultation room. This surrounded an additional desk and seating to provide further consultation space. However, there was a risk that conversations in this area may be overheard by people waiting in the retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, and it generally supplies medicines safely. But prescriptions for higher risk medicines are not always identified, so people may not always receive additional counselling about their medicines. The pharmacy sources and stores its medicines appropriately and pharmacy team members complete some checks to make sure that medicines are fit for supply.

Inspector's evidence

The pharmacy had step free access from the car park. There were some leaflets advertising services and general health promotion materials displayed near to the medicine counter.

Prescriptions were dispensed using baskets to help keep them separate and reduce the risk of medicines being mixed up. Team members signed dispensed by and checked by boxes as an audit trail for dispensing. Owing slips were provided when the pharmacy was unable to supply the full quantity of prescription medication. The pharmacy did not always identify prescriptions for controlled drugs, to help ensure that supplies were made within the valid expiry date of the prescription. And prescriptions for high-risk medicines were not routinely identified for additional counselling. The pharmacy team members were aware of the risks of supplying valproate-based medicines to people who may become pregnant. Copies of the valproate patient guide were available, but the pharmacy was unable to locate spare alert cards and warning stickers for use when packing down valproate out of its original packaging. The team agreed to source further materials through the relevant channels.

The pharmacy ordered repeat prescriptions for people who received their medicines in multi compartment compliance aid packs. People using compliance aid packs were generally stable on their medicines and 12 weeks of prescriptions were issued at a time. Master records of medicines were not maintained for each patient, so an audit trail of changes may not always be available. Completed compliance aid packs had a patient identifying label to the front, descriptions of individual medicines were recorded, and patient leaflets were supplied periodically. The delivery driver obtained signatures as a record of delivery and unsuccessful deliveries were returned to the pharmacy.

Pharmacy team members were trained to monitor blood pressure. Readings were repeated if high initially, to ensure their accuracy and if needed people were referred to the GP surgery for review. A flow chart detailing the monitoring and referral process was displayed in the blood pressure testing area.

The pharmacy obtained its medicines from licensed wholesalers and specials were sourced from a licensed specials manufacturer. Stock medicines were stored in a generally organised manner and in the original packaging provided by the manufacturer. Pharmacy team members completed date checking, but records of this could not be located. Examples were seen where short-dated medicines had been highlighted and no expired medicines were identified during random checks of the dispensary. Returned and obsolete medicines were stored in suitable medicines waste bins. Alerts for the recall of faulty medicines and medical devices were received via email and an audit trail was maintained.

The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was

checked and recorded each day. CDs were stored appropriately, and two random balance checks were completed. A discrepancy was identified with one, but this was swiftly resolved by the pharmacist after the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the services it provides. Pharmacy team members suitably maintain the equipment and use it in a way that protects people's privacy.

Inspector's evidence

The locum pharmacist explained that he would access reference sources such as the British National Formulary (BNF) using his phone. The pharmacy also had general internet access to help with additional research. There was a range of clean glass Crown stamped and British standard liquid measures available, with a separate measure marked for use with methadone. The pharmacy also had two plastic measures, which team members confirmed were not routinely used. A blood pressure testing machine appeared to be suitably maintained.

Electrical equipment was in working order. The layout of the pharmacy enabled computer screens to be positioned out of view and the computer systems were password protected. A cordless phone was available to enable conversations to take place in private.

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.