

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, 6 Ermington Crescent, Hodge Hill, BIRMINGHAM, West Midlands, B36 8AP

Pharmacy reference: 1085517

Type of pharmacy: Community

Date of inspection: 22/07/2019

Pharmacy context

This is a community pharmacy located in a parade of local shops in the Shawsdale area of Birmingham. People using the pharmacy are from the local community. The pharmacy dispenses NHS prescriptions and provides some other NHS funded services. It is a collection point for multi-compartment compliance packs that have been dispensed at another branch of Jhoots.

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's team does not follow the pharmacy's written procedures for dispensing compliance packs and there is evidence that things have gone wrong as a result. The written procedures do not always contain all of the detail required to help the team understand their responsibilities for compliance pack dispensing.
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 not all met

Summary findings

The pharmacy generally identifies and manages the risks associated with its services. It keeps people's information secure. And the team understands its role in protecting and supporting vulnerable people. The pharmacy team have written instructions to help make sure it works safely. But team members do not always follow them, particularly in relation to their compliance pack service. This increases the likelihood of things going wrong and means they miss learning opportunities.

Inspector's evidence

A range of standard operating procedures (SOPs) were available on the company intranet and covered the operational activities of the pharmacy and the services that were provided. Roles and responsibilities of pharmacy staff were highlighted within the SOPs. A role-specific training log was used to record staff training on the SOPs and a copy was retained in branch as evidence of training. Not all members of staff had a training log and the training logs were incomplete as the last page of the log was signed rather than the box next to each of the SOPs. The SOP for 'MDS transfer' and 'MDS transfer checklist', which clearly described the process to follow when dispensing compliance packs and the information that should be supplied when transferring the responsibility for dispensing the packs between branches, had not been followed had contributed to a recent incident.

A near miss recording function was available on the patient medication record (PMR) on the pharmacy computer. Near misses were discussed with the dispenser at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. The responsible pharmacist (RP) had started working at the branch in April 2019 and had not reviewed the near miss report for patterns and trends during this time. The PMR system was able to produce a near miss report for analysis and the report showed that the same near miss had been made on more than one occasion and the team were unaware of this. The team had made the decision not to record the name of the dispenser that had made the near miss and they had noticed that the number of near misses recorded on the system had increased since they had been anonymised. This was discussed during the inspection as not recording the dispenser that had made the error could mean that individual performance needs are not addressed.

Dispensing incidents were recorded using a form on the PMR and the team said that they reported errors to one of the company directors. The pharmacy supplied multi-compartmental compliance packs that had been dispensed at another branch of Jhoots. The process for informing the other branch of any errors with the packs was not included in the SOPs. An error had been reported to the branch and they had amended the tray and given it back to the person. The details of the dispenser and accuracy checker had not been identified before giving the pack back to the person so learning opportunities had been missed.

Around 40 people were supplied with multi-compartment compliance packs from the pharmacy. The packs were originally dispensed in branch but earlier this year had transferred to another branch. The dispensing assistant had been asked by the area manager to write a letter to patients to explain the change and the reasons for this change, and to pass on any information they had about the patient to the other branch to ensure continuity. But, the pharmacy staff said that they had not seen the MDS transfer checklist or been asked to obtain written consent before transferring the patient to the other

branch as specified in the relevant SOPs.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant answered hypothetical questions related to responsible pharmacist (RP) absence correctly.

The complaints, comments and feedback process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written and the annual NHS CPPQ survey. The branch team tried to resolve issues as they occurred and would refer to a company director if they could not resolve the complaint.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice was clearly displayed and the RP log did not technically comply with requirements due to an IT issue when producing the report. The electronic report listed all members of staff as being signed in as RP, which created multiple RP's at the same time some of which were non-pharmacists. This could cause confusion in the event of a query. The entries in the controlled drug (CD) registers were in order. A random balance check matched the balance recorded in the register. The patient returned CD register was used. A balance check for methadone was done every few weeks and the manufacturer's overage added into the running balance. A sample of private prescription and emergency supply records were seen to comply with requirements. Specials records were being maintained with an audit trail from source to supply. MUR consent forms were seen to be signed by the person receiving the service. Confidential waste was stored separately to normal waste and sent offsite to be destroyed. No confidential information could be seen from the customer area and a physical barrier prevented the public from accessing the dispensary. The boxes used to store prescriptions had lids on them so that the name and address details could not be seen from the shop area. The pharmacy staff had NHS Smartcards and confirmed that their passcodes were not shared.

Pharmacy staff answered hypothetical safeguarding questions correctly. Staff gave examples of what would be a safeguarding concern and local safeguarding contacts were available. The RP had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding and would contact the superintendent or head office for advice before making a referral.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The team members try to plan absences, so they always have sufficient cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of a pharmacy manager (RP at the time of the inspection), a pre-registration trainee, a dispensing assistant, two apprentices and a delivery driver. Staffing levels were reviewed by head office and the pharmacy manager felt that the current staffing level met the workload. Pharmacy staff managed the workload well throughout the inspection and prioritised various tasks throughout the day.

Holidays were booked in advance and to ensure there was enough cover available. The team co-ordinated their holiday in branch and checked with the RP before submitting the request to head office. The RP checked the rotas in advance and asked staff to change their shifts or work overtime to manage any gaps in the schedule.

The pre-registration trainee had recently transferred from another branch to complete his placement and worked four longer days with his tutor and had Friday off as a study day. The pharmacy apprentices completed training in accordance with the plan provided by the college they were enrolled at. Staff were unsure of the company process for performance appraisals.

The team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. Pharmacy staff had regular discussions in the dispensary to communicate messages and updates. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the branch manager and would contact head office or GPhC if they had any concerns.

The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. Targets were in place for services; the RP explained that she would use her professional judgment to offer services. For example, offering MURs when she felt that they were appropriate for the person, but did sometimes feel under pressure to achieve the target set. However, she was not penalised if she did not achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The pharmacy was smart in appearance and well maintained. Any maintenance issues were reported to head office. There had been a recent refit to the pharmacy which had made the dispensary bigger and the consultation room had been upgraded. The shelves in the shop area had been cleared in preparation for glass fronted cabinets to be fitted. There was a private soundproof consultation room which was used by the dispenser during the inspection. The consultation room was professional in appearance.

The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops.

The pharmacy was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff. The sink in the dispensary and staff area had hot and cold running water, hand towels and hand soap available.

The pharmacy had plinth heaters and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided. Prepared medicines were held securely within the dispensary and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. The pharmacy gets its medicines from licensed suppliers, and the team members make sure that they store medicines securely and at the correct temperature, so that they are safe to use.

Inspector's evidence

The pharmacy was situated within a row of shops and there was free parking available outside. There was a push/pull door and step free access. A home delivery service was available for patients who could not access the pharmacy. Pharmacy staff spoke a range of different languages and used these to communicate with patients that did not speak English as their preferred language. The languages spoken were English, Somali, Urdu, Mirpuri and Pushtu.

A range of pharmacy leaflets explaining each of the services was available for customers. The pharmacy staff used local knowledge and the internet to refer people to other providers of services the pharmacy did not offer. The pharmacy did not have a practice leaflet containing information such as the services available, the complaints procedure or explaining how the pharmacy stores confidential information.

A dispensing audit trail was seen to be in place for prescriptions through the practice of staff signing their initials on the dispensed and checked by boxes provided on medicine labels. Dispensing baskets were used to keep medication separate. Different coloured baskets were used to prioritise workload. Prescriptions were being supplied in bags that had the name of another pharmacy company on which could be confusing to people.

Stickers were attached to completed prescriptions to assist counselling and hand-out messages such as, eligibility for a service, specific counselling or fridge item. The RP was aware of the MHRA and GPhC alerts about valproate. The folder containing materials to support counselling could not be located and the RP agreed to order a replacement.

The original prescription for any items owing and an owing docket was kept until hand out to allow for any counselling to be given.

The pharmacy took prescription requests for multi-compartment compliance packs to the local surgeries on behalf of the branch that dispensed them. The requests were sent to the pharmacy by email. If the prescription was not received by the other branch by a cut-off date, the pharmacy received an email to inform them to chase the missing items and dispense the pack locally. The PMR systems were not linked so the pharmacy did not have the most up-to-date information about the patient's medication and backing sheet which increased the risk of changes not being identified, medicines packed into the wrong compartment or items missed. Patient information leaflets were not routinely supplied with the packs dispensed in the pharmacy.

A date checking plan was in place and the dispensary was date checked every three months. All medicines were observed being stored in their original packaging. Split liquid medicines were clearly marked with their date of opening. Medicines were stored in an organised manner on the dispensary shelves. Medicines were obtained from a range of licenced wholesalers and specials manufactures.

SOPs had been updated to reflect the Falsified Medicines Directive (FMD) but the team could not recall any recent updates from head office and were not scanning barcodes. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts from head office and the MHRA. Each alert was printed and annotated to show it had been actioned and stored in a drug recall folder.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for CD key storage were in place. There was a fridge in place to hold stock medicines and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were kept and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including BNF and the children's BNF. 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. Separate measures were available for preparation of methadone. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines. 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.