

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: 19/02/2020

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. The pharmacy team supplies some medicines in weekly packs for people that can sometimes forget to take their medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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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 manage all of its risks. Some team members have not read and understood the pharmacy's written procedures and they do not follow them. This increases the likelihood of things going wrong.
2. Staff	Standards not all met	2.2	Standard not met	Pharmacy staff do not receive appropriate training for the roles they undertake as they are not enrolled on accredited training courses within three months of starting in their role.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy does not manage the multi-compartment compliance pack service effectively, so mistakes are more likely to happen.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy takes some action to improve patient safety and it keeps people's information safe. But it does not manage some of the risks associated with its services. The pharmacy team have written instructions to help make sure it works safely. But the team members do not always follow the written procedures, particularly in relation to the compliance pack service. This increases the likelihood of things going wrong.

Inspector's evidence

A range of standard operating procedures (SOPs) were available on the company intranet and these 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 available for inspection and an apprentice who had been working at the pharmacy since November 2019 and had not read any of the SOPs. So, team members might not always complete tasks in the right way. 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 different pharmacies, had not been followed despite there being a previous incident regarding this issue.

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 undertaken a near miss review as part of the NHS Quality Payment Scheme (QPS) submission in October 2019. The RP had completed Centre for Pharmacy Postgraduate Training (CPPE) on risk management and LASA (look alike, sound alike) medicines and had separated some similar medicines. The SOP for near misses stated that the Jhoots near miss log or the electronic function on the intranet (JMIS) should be used to record near misses and there should be a monthly review, recorded on the PMR system. This process was not being followed which meant that learning opportunities may be missed. Dispensing incidents were recorded using a form on the PMR and the team said that they reported errors to one of the company directors.

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 responsible pharmacist (RP) notice was clearly displayed. The responsible pharmacist (RP) notice was clearly displayed. The RP log did not comply with legal requirements as the electronic report listed all members of staff that were present as being signed in as RP. This created multiple RP's at the same time, some of which were non-pharmacists and could cause confusion in the event of a query. This was because the RP log was used to record staff attendance.

The pharmacy had up-to-date professional indemnity insurance arrangements in place. The entries in the controlled drug (CD) registers were in order. A random balance check matched the balance recorded in the register. Private prescriptions were recorded electronically, and records were in order. Specials records were being maintained with an audit trail from source to supply.

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 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 the 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 not all met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. But some of the pharmacy's staff are not appropriately trained, so they do not have the knowledge and skills necessary for their job role. The team members try to plan absences, so they always have sufficient cover to provide the services. They work well together in an environment where they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacy manager (RP at the time of inspection), dispensing assistant, two apprentices, a medicine counter assistant and a delivery driver. The team explained that the dispensing assistant training course for the apprenticeship was provided by an external company and neither of the apprentices had received any training material to complete. The pharmacy manager said that she had contacted head office on more than one occasion to request that the apprentice who had worked at the pharmacy since November 2019 be enrolled on the dispensing assistant course, but they had not received any training material as yet. The same apprentice had not read any of the SOPs and demonstrated a lack of understanding of the company procedures by repeatedly forgetting to initial the bag label on dispensing boxes to provide an audit trail.

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 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 a company director if they had any concerns. Appraisals for pharmacy staff had taken place in January 2020.

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 refit to the pharmacy which had made the dispensary bigger and the consultation room had been upgraded. 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. A secure shipping style container unit was in the garden and used as a stock room for consumables. Prepared medicines were held securely within the dispensary and pharmacy medicines were stored behind the medicines counter.

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, and hand towels and hand soap were available. The pharmacy had plinth heaters and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy usually sources, manages and supplies medicines safely. People receive advice from the pharmacist about their medicines when collecting their prescriptions. But the compliance pack service is not effectively managed, so mistakes are more likely to happen.

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 easily 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 and Arabic.

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 complaints procedure or explaining how the pharmacy stored confidential information.

A dispensing audit trail was in place for prescriptions through the practice of staff signing their initials on the dispensed and checked by boxes provided on medicine labels. But some medicine labels only contained initials in the checked by box. Dispensing baskets were used to keep medication separate. Different coloured baskets were used to prioritise the workload.

Stickers were attached to completed prescriptions to assist counselling and hand-out messages, such as eligibility for a service, specific counselling or inclusion of a fridge item. The RP was aware of the MHRA and GPhC alerts about valproate and had suitable counselling materials available. Audits on sodium valproate, diabetes and NSAIDs had been carried out for the NHS QPS submission.

The pharmacy had recently started to dispense additional multi-compartment compliance packs. The RP had experienced issues with the 'hub and collection point' model that had been set-up with another Jhoots pharmacy and felt it would be easier to dispense their own compliance packs at the pharmacy. The pharmacy had also started to dispense compliance packs for another two Jhoots pharmacies. There was an SOP for MDS transfer and a checklist for the transferring pharmacy to complete before the new pharmacy started to dispense. This was to ensure that the pharmacy had up-to-date information about the patient, any supporting notes and that the patient had given their written consent for the transfer. Consent was important as the transferring branches were a separate legal entity. The SOPs were not being followed and the transfer checklists had not been completed for any of the new packs, and consent had not been provided to the pharmacy.

The RP explained that there was some confusion over which pharmacy was dispensing compliance packs as she had been asked by the director to dispense prescriptions for more pharmacies, and this plan had been changed without the other pharmacies being made aware. As the other pharmacies had not been informed that the prescriptions would continue to be dispensed at the original 'hub' branch, the pharmacy team were getting various queries about the packs.

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. The CD keys were in the possession of the RP and secured safely overnight. 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. The pharmacy team uses the equipment in a way that keeps people's information safe.

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. Electrical testing had last occurred in May 2019. 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.