

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: 11/05/2021

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. Footfall to the pharmacy has reduced over the past 12-months. 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. These packs are dispensed at another Jhoots pharmacy. The inspection was completed during the COVID-19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely and complete tasks in the right way. They discuss their mistakes so that they can learn from them.

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. A copy was usually retained in branch as evidence, this could not be located during the inspection. A dispensing apprentice demonstrated how to access the SOPs, explained their purpose correctly, how she had been trained on them and described the training log that she had filled in.

Adverse incidents, such as near misses and dispensing errors were recorded electronically using a function on the patient medication record (PMR) and a copy of dispensing errors was sent to the superintendent's office. A list of previous incidents was seen. The pharmacy manager reviewed these, shared them with the pharmacy team and made a record of the review. The team discussed adverse incidents and steps that could be put in place to prevent recurrence. The pharmacy manager had completed Centre for Pharmacy Postgraduate Training (CPPE) on risk management and LASA (look alike, sound alike) medicines and had shared some key learning points with the pharmacy team, so they used these during day-to-day dispensing.

Personal Protective Equipment (PPE) was available and was being worn by all members of the pharmacy team. The team completed regular lateral flow tests. Coronavirus information was displayed throughout the premises. COVID-19 workplace risk assessments had been carried out by members of the team and submitted to Human Resources.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing apprentice answered hypothetical questions related to high-risk medicine sales 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 or to head office. The branch team tried to resolve issues as they occurred and would refer to the area manager, or head office if they could not resolve the complaint. The pharmacy had made several improvements following feedback at the last inspection.

The responsible pharmacist (RP) notice was clearly displayed and the RP log complied with requirements. 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. Specials records were being maintained with an audit trail from source to supply.

Confidential waste was stored separately to normal waste and shredded for 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. The RP had completed the Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy team comprised of the pharmacy manager (absent at the time of inspection), dispensing assistant and two apprentices. A delivery driver was available and was shared with other Jhoots pharmacies. The pharmacy manager's extended absence was being covered by a locum pharmacist who expected to be working at the pharmacy until later in the year. The apprentices were enrolled on accredited dispenser training courses and received regular training time.

Staffing levels were reviewed by head office and the RP felt that the current staffing level was in keeping with 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 before submitting the request to head office. The team checked the rotas in advance and the team changed their shifts 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 required. 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 pharmacy manager, pharmacist or would contact head office or the area manager if they had any concerns.

The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. Targets were in place for services; the RP explained that she would use her professional judgement to offer services.

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 was a private soundproof consultation room which was used during the inspection. The consultation room was professional in appearance.

Various COVID-19 related signs had been produced to explain the social distancing measures and to restrict the number of people that could be in the pharmacy at any one time. Perspex screens had been installed between the shop area and the medicines counter. The pharmacy team had been asked by head office what measures they had in place as part of an ongoing risk assessment.

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 situated in the garden and used as a stock room for consumables. Prepared medicines were held securely within the dispensary. 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 met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and it generally stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions.

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, Mirpuri, Punjabi, 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.

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 so they might not always be able to identify which team members were involved in the assembly process. Dispensing baskets were used to keep medication separate. 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.

Multi-compartment compliance packs were dispensed at a hub pharmacy and delivered to the pharmacy for onward distribution. This was intended to help manage the workload at the pharmacy. The pharmacy had recently made some improvements to this process and there were counselling notes attached to each dispensing bag to remind the pharmacy team to explain the change to the person, and to gain their verbal consent. This was then recorded on the PMR as evidence.

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. There were various pharmacy medicines (P) available for self-selection in the shop area. These should have been behind stored behind the medicines counter; some were removed during the inspection and the RP agreed to make sure they removed the rest from self-selection. Medicines were obtained from a range of licenced wholesalers and specials manufactures. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received drug alerts from head office and the MHRA directly.

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 used to hold stock 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. Computer 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.