

# Registered pharmacy inspection report

**Pharmacy Name:** Jhoots Pharmacy, 1-2 Abbotswood Centre,  
Brockworth, GLOUCESTER, Gloucestershire, GL3 4NY

**Pharmacy reference:** 1086793

**Type of pharmacy:** Community

**Date of inspection:** 09/09/2024

## Pharmacy context

This is a community pharmacy in a small residential shopping area, in the village of Brockworth, Gloucestershire. The pharmacy dispenses NHS and private prescriptions. It's team members sell over-the-counter medicines and provide advice. And the pharmacy offers the New Medicine Service (NMS) as well as Pharmacy First.

## Overall inspection outcome

✓ **Standards 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages the risks associated with its services in a satisfactory way. Members of the pharmacy team deal with their mistakes responsibly. But they are not always documenting and formally reviewing the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. The pharmacy protects people's confidential information appropriately. Team members understand their role in protecting the welfare of vulnerable people. And the pharmacy keeps the records it needs to by law.

### Inspector's evidence

The pharmacy's ownership had changed over the past year. The pharmacy had continued to operate in an ordered way and mostly in accordance with the standards set by the GPhC. This was due to some of the more experienced staff. At the point of inspection however, the pharmacy did not have any standard operating procedures (SOPs) to provide guidance on how to complete tasks appropriately. The regular, locum responsible pharmacist (RP) confirmed that she had requested SOPs recently so that they could be available for staff in training, but they were not present in the pharmacy. Aside from new members of the team, the rest of the team had not seen, read nor signed them. Following the inspection, this was implemented and team members were in the process of reading and signing them.

Staff ensured people's confidential information was kept secure. They used their own individual NHS smart cards to access electronic prescriptions. No sensitive information could be seen from the retail area and the company's confidentiality statement was on display. This outlined how the pharmacy protected people's sensitive information. There were several bags of confidential waste seen stored in one area of the pharmacy premises, which could only be accessed by staff. They had not been collected or disposed of since the new owners took over. However, following the inspection, this was arranged and a shredder had been ordered.

The pharmacy was clean, tidy, and organised. The team had maintained some processes to safely dispense prescriptions and learn from mistakes. Team members were observed using prescriptions to select medicines against and generate dispensing labels. The dispensary was kept clear of clutter. People's prescriptions were prepared, assembled and accuracy-checked in separate areas of the dispensary. Dispensing staff were handed back assembled prescriptions and asked to identify near miss mistakes. The relevant details were recorded and informally reviewed by the RP. Look-alike and sound-alike medicines as well as medicines that were commonly mistaken were highlighted and kept separate. The RP's process to manage incidents was largely suitable with additional advice provided. However, details about dispensing incidents were recorded on individual people's medication records. This information was not directly accessible unless the name of the person involved was known. This could make it harder to spot patterns and trends.

The RP was trained to level two to safeguard the welfare of vulnerable people and the team understood their responsibilities. They had access to contact details for the local safeguarding agencies.

The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. This provided details of the pharmacist in charge of the pharmacy's operational activities. The pharmacy's records were compliant with statutory and best practice requirements. This included a

sample of registers seen for controlled drugs (CDs), the RP record, records of supplies made against private prescriptions, emergency supplies and records verifying that the temperature of the fridges had remained within the correct range. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's services are delivered by team members who have a range of skills and experience. They understand their roles well. And they now have access to resources so they can complete ongoing training. This can help keep their skills and knowledge up to date.

### Inspector's evidence

Staff at the inspection included a trained dispensing assistant, a locum pharmacist, and an apprentice. The dispenser was a very experienced and long-standing member of staff, she was observed to be efficient in her role. Other staff seen also had the necessary knowledge to underpin their activities, the pharmacy was currently advertising to fulfil a vacancy and the pharmacy was mostly up to date with the workload. The apprentice was enrolled onto accredited training in accordance with their role.

The team knew which activities could take place in the absence of the RP and referred appropriately. Relevant questions were asked before selling medicines and medicines which could be abused were monitored. However, staff appeared to have limited contact with the company's head office with minimal information, guidance or updates given. Members of the pharmacy team communicated amongst themselves. At the point of inspection, they had no access to resources for ongoing training and there was no process in place to formally, or informally monitor the team's progress. The inspector signposted them to some free resources for ongoing training during the inspection and the company rectified this situation, following the inspection.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are a suitable environment to deliver healthcare services from. The pharmacy is kept clean. And it has a separate space where confidential conversations or services can take place.

### Inspector's evidence

The pharmacy premises were largely professional in appearance and kept clean. The premises were sufficiently bright and appropriately ventilated. The pharmacy consisted of a larger retail area, an adequately sized dispensary, and staff areas to one side. The dispensary had limited bench space, with an adequate amount of space to safely prepare, process and store prescriptions as well as medicines. There was also a consultation room in the retail area for private conversations and services. This room was suitable for its intended purpose. However, at the point of inspection, the sign indicating that such a room was available had been removed and only a faint outline or remnants of this remained. This risked people not realising that this space was available. This was rectified following the inspection. Some of the ceiling tiles also showed signs of rain damage; one was exhibiting signs of mould and needed replacing. In addition, there were empty shelves in the retail area. Staff explained that they had removed significant amounts of shelving already as the company provided reduced stock to sell. These points detracted from the overall professional look and feel of the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy operates in a safe way. The pharmacy sources its medicines from reputable suppliers, it stores and manages its medicines well. People with different needs can easily access the pharmacy's services. But they are not making any checks to help people with higher-risk medicines take their medicines safely.

### Inspector's evidence

The pharmacy's opening times were clearly advertised, and the pharmacy had a few posters on display about services offered. There were two seats available for people who wanted to wait for their prescriptions. People could enter the pharmacy from the automatic front door which had sloped access outside. The retail area consisted of clear, open space. This meant that people with wheelchairs or restricted mobility could easily access the pharmacy's services. Staff provided people with different needs written details, they communicated verbally to people who were visually impaired, spoke slowly and could speak some different languages if English was not the first language.

The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. Some of the baskets used were also colour coded to help identify priority. Once staff generated the dispensing labels, there was a facility on them to help identify who had been involved in the dispensing process. Team members routinely used these as an audit trail. Staff were aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them, and only provided full packs. They had also previously identified people in the at-risk group who had been supplied this medicine, ensured people were counselled appropriately and supplied relevant educational material. However, at the point of inspection, the team did not routinely identify people with other higher-risk medicines, they did not ask relevant questions about blood test results, nor did they record any information. Following the inspection, evidence was received that the team had changed their processes and now identified prescriptions with these medicines.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were stored in a very organised way. CDs were stored securely and the keys to the cabinet were maintained in a way which prevented unauthorised access. The team date-checked medicines for expiry regularly, they kept suitable records to verify this and routinely identified short-dated medicines. There were no date-expired medicines or mixed batches present. Dispensed CDs and temperature-sensitive medicines were stored within clear bags. This helped to easily identify the contents upon hand-out. Medicines which were returned to the pharmacy by people for disposal, were accepted by staff, and stored within designated containers. This included sharps provided they were within appropriate containers. area. A list identifying hazardous and cytotoxic medicines was also on display which helped staff to clearly separate these medicines. Drug alerts were received through wholesalers and electronically. Staff explained the action the pharmacy took in response and relevant records were kept verifying this.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And its equipment is kept clean.

### Inspector's evidence

The pharmacy had access to the necessary equipment and resources in line with its activity. This included internet access, standardised conical measures for liquids, tablet counting triangles and capsule counters, a clean dispensary sink, which had hot and cold running water as well as hand wash. There were also legally compliant CD cabinets. Computer terminals were password protected and their screens faced away from people using the pharmacy. Portable telephones helped conversations to take place in private if required.

### 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.