

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, 3 Lloyds Court, 63 Russet Drive, ST. ALBANS, Hertfordshire, AL4 0AZ

Pharmacy reference: 1090713

Type of pharmacy: Community

Date of inspection: 18/05/2021

Pharmacy context

The pharmacy is in a small shopping precinct on the outskirts of St Albans in Hertfordshire. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy supplies medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription delivery, discharge medicines service (DMS), Pharmacy Collect Service (supply of lateral flow tests), substance misuse, NHS health checks, emergency hormonal contraception (EHC), Stop smoking and seasonal flu vaccination service. The inspection took place during the COVID-19 pandemic. All aspects of the pharmacy were not inspected.

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's working practices are generally safe and effective. Its team members have introduced new ways of working to protect people against COVID-19 infection. They keep adequate records of mistakes they make when dispensing medicines. And they review these to learn and help prevent the same errors happening again. The pharmacy keeps up-to-date records to show it supplies its medicines safely and legally. The pharmacy's team members know what to do to protect people's welfare. And they keep people's private information safe. The pharmacy has written procedures which tell staff how to work safely.

Inspector's evidence

The pharmacy team recorded their near misses on the pharmacy computer. The pharmacy's head office could access those near miss records. The responsible pharmacist (RP) reviewed those near misses to identify trends and discussed them with the other team members. This formed the basis of the monthly patient safety review. The pharmacy completed a dispensing incident report form if a dispensing incident occurred. A copy of the report was submitted to the superintendent pharmacist's office. Dispensary stock was stored neatly on the shelves. The RP explained that the medicines were now all stored alphabetically but had been arranged in groups so 'lookalike and soundalike' (LASA) medicines had been separated.

The pharmacy team members had personal protective equipment (PPE). The pharmacy displayed posters to remind members of the public about social distancing. A maximum of two people at a time could enter the pharmacy and wait to be served at the medicines counter to protect people from COVID infection. The floor had been marked so people knew where to stand and there was hand sanitiser for people to apply. The pharmacy had installed a small screen at one section of the medicines counter where payment was taken. All transactions were by card. The lack of a screen at another longer section of the medicines counter was discussed. Two chairs covered with PPE aprons were positioned at a distance from each other in the retail area. The RP explained that the chairs were used as a consultation area and the entrance door was locked to ensure the person had privacy. The aprons were discarded and the chairs were wiped down after the consultation. The pharmacy's surfaces were cleaned throughout the day. The consultation room was quite small which made it difficult for the occupants to socially distance, so it was not in use at the time of the visit. The RP was aware of reporting COVID contracted in the workplace to the relevant authorities.

The pharmacy had up-to-date standard operating procedures (SOPs) on the pharmacy computer system for the team to refer to. The pharmacy team member's SOP training records were available. Some SOPs were relevant to all team members and other SOPs were specific to the team member's roles. The pharmacy team explained how they dealt with repeat requests for medicines liable to abuse. They followed a sales protocol before refusing the sale and referring the person to their doctor or to ring NHS 111. These interventions were sometimes documented. The most recent SOP dealt with COVID and working safely in the pandemic and there were measures put in place by the local council.

The pharmacy had valid professional indemnity insurance to protect people who received services at the pharmacy. The RP notice was on display and the RP log was completed. Private prescription records were electronic and generally complete. The controlled drug (CD) registers were mostly complete with evidence of regular audits to check the balance of CDs. Headers were completed. Invoice numbers and the name of the supplier were recorded but not the supplier's address. Patient-returned CDs were recorded in the destruction register for patient-returned CDs. Records of services were generally maintained on PharmOutcomes and included the discharge medicines service (DMS), NHS health check and patient group directions (PGDs) such as flu vaccination. Emergency hormonal contraception (EHC), smoking cessation and chlamydia treatment were available via patient group direction (PGD) on behalf of Hertfordshire County Council. The RP was due to train and be accredited to provide the community pharmacy consultation service (CPCS).

There was an up-to-date information governance (IG) policy on the pharmacy computer system. The pharmacy team members had read and signed a confidentiality SOP. They used a shredder to deal with confidential wastepaper and a cordless phone to enable a private conversation. Staff were using their own NHS cards. The need to display a privacy notice was discussed. Prescriptions awaiting collection were stored in tote boxes along a shelf behind the medicines counter. A team member turned the prescription bags around during the visit in case any private information was visible to people being served at the medicines counter. The consultation room was not in use due to COVID at the time of the visit. Multi-compartment compliance aids were prepared and stored on shelving in the consultation room. The team member transferred the compliance aids into a tote box to keep the medicines and private information safe and out of view of people in the consultation room. The RP had completed Centre for Pharmacist Postgraduate Education (CPPE) level 2 safeguarding training and there was a company safeguarding procedure to follow to identify and report concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team works well together and manages the workload in the pharmacy. The pharmacy has enough staff to provide safe services. Team members are adequately supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist.

Inspector's evidence

The pharmacy team comprised: one full-time pharmacist, one full-time pharmacy assistant enrolled on a combined accredited training course for medicines counter and dispensing assistant and one full-time trainee medicines counter assistant. There was a part-time delivery driver.

The pharmacy's head office provided training modules via the pharmacy computer on 'JMS'. Team members had their own log-in details and studied in their spare time. Training included asthma referral, data protection, SOPs and summary care records. The RP was due to train and be accredited to provide the community pharmacy consultation service (CPCS). The RP had completed CPPE training packs in EHC and DMS.

There were no formal team member appraisals to monitor performance and development. But the RP said she talked to staff members all the time and there were regular area manager visits. Staff could provide feedback via JMS and there was a whistleblowing policy. Targets and incentives were set but not in a way that affected patient safety.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are mostly safe, clean and suitable for the provision of its services. Team members have introduced new ways of working to help protect people from COVID-19 infection. The pharmacy prevents people accessing its premises when it is closed so that it keeps its medicines and people's information safe.

Inspector's evidence

The pharmacy's premises including the dispensary, and public-facing areas were clean and tidy. The dispensary was on a raised level behind the retail area which provided the pharmacy team with a view of the retail area. There were older fixtures and fittings. The dispensary sink, and the lavatory facilities were clean and handwashing equipment was provided. There was a hole in the ceiling over the medicines counter which required repair. The pharmacy team described a water leak which had now dried up and they had been promised a re-fit by the pharmacy's head office.

The consultation room was behind the medicines counter and was signposted. The pharmacy's chaperone policy was displayed. When in use the consultation room protected patient privacy. The consultation room was quite small making it difficult for the occupants to socially distance. It was not in use at the time of the visit. There was a quiet screened area of the medicines counter where CD instalments were consumed and supervised. There was sufficient lighting and fans to use in warmer weather.

The pharmacy team members had personal protective equipment (PPE). The pharmacy displayed posters to remind members of the public about social distancing. A maximum of two people at a time could enter the pharmacy and the floor had been marked so they knew where to stand. There was hand sanitiser for people to apply. The pharmacy had installed a small screen at one section of the medicines counter where contactless payments were taken. The lack of a screen at another longer section of the medicines counter was discussed. Two chairs covered with PPE aprons were positioned at a distance from each other in the retail area and used as a consultation area when the entrance door was locked to ensure the person had privacy. The pharmacy's surfaces were cleaned throughout the day.

Principle 4 - Services ✓ Standards met

Summary findings

People with a variety of needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources to protect people from harm. Team members know what to do if any medicines or devices need to be returned to the suppliers. The pharmacy team members make satisfactory records when checking that high-risk medicines are safe for people to take. So they can show they give appropriate advice to protect patient safety. They give helpful information to people about where they can get other support.

Inspector's evidence

There was wheelchair access through double door and wide aisles to assist people with mobility issues. The pharmacy could print large font labels to assist visually impaired people. The pharmacy team could converse in Polish, Lithuanian, Russian and Urdu or use Google translate to assist members of the public whose first language was not English. The pharmacy team could write notes on paper or a mobile phone to assist hearing impaired people. People were signposted to other local services such as the doctors next door and sexual health clinic.

The NHS health check was available to people aged 40 to 74 who had not seen a doctor in 5 years. Values such as blood glucose, cholesterol and blood pressure were measured and a referral to the doctor was recommended if appropriate. The number of referrals for the recently introduced discharge medicines service was increasing so more people were able to have their medicines reviewed after being discharged from hospital. Issues such as missing medicines were resolved and changes in medication were explained to the patient.

The RP was trained to supply Champix via PGD if appropriate and another team member was trained to supply nicotine replacement therapy to people who accessed the stop smoking service. The stop smoking equipment was not in use at the time of the visit due to the COVID pandemic. The RP was also trained to deliver the weight management service via Saxenda injection.

Workflow: baskets were used to separate prescriptions and medicines during the dispensing process. The pharmacist performed the clinical and final check of all prescriptions. The dispensing audit trail was completed to identify who dispensed and checked medicines. Prescriptions were downloaded and printed and labels including a barcode label were generated. Medicines were picked and dispensed. The barcode was scanned at each stage of dispensing and transfer or delivery to the patient. The team member could select an option from a list on the computer screen which tracked the prescription and updated the patient medication record (PMR). So, if the person came to collect the prescription, the team member could locate the prescription and scan the barcode to show the prescription had now been collected and was completed.

Interactions between two medicines for the same person were shown to the pharmacist and new medicines were highlighted. Interventions and counselling notes were recorded on the PMR. The pharmacy had a procedure for dealing with outstanding medicines. For 'manufacturer cannot supply' items, the pharmacy team asked the patient how urgently they required the medication and the doctor

was contacted to arrange an alternative if necessary.

Medicines were delivered outside the pharmacy by the delivery person who had PPE. A drop sheet was created with bag labels and the barcode label for each person. Scanning the barcode 'booked' the bagged medicines out for delivery and showed they had either been delivered or returned to the pharmacy.

Multi-compartment compliance aids (compliance aids) were prepared for a number of people in the consultation room. Changes in medicines were communicated via the DMS if the person had been in hospital. The RP checked all prescriptions for changes in medication. Counselling notes and contact with the patient were recorded on the PMR. The doctor generally identified new patients who would manage their medicines better if supplied in a compliance aid. The pharmacy managed prescription re-ordering on behalf of compliance aid patients. High-risk medicines such as sodium valproate and alendronate were supplied separately from the compliance aid. The date on CD prescriptions was managed to ensure supply of CDs within the 28-day period when the prescription was valid. Backing sheets included a description so the patient or carer could identify individual medicines. Patient information leaflets were supplied with each set of compliance aids so the patient had the most up-to-date information on their medicines. Backing sheets were re-printed to reflect any changes in medication.

People taking warfarin were asked for their INR which was recorded on the PMR in line with the SOP. Advice was given about diet and taking over-the-counter medicines which may affect INR. People who took methotrexate were reminded of the weekly dose and asked if they understood the dose and which day, they should take folic acid tablets. The pharmacist was aware of the procedure for supplying sodium valproate to people in the at-risk group and information on the pregnancy prevention programme (PPP) which would be explained. There was information to give to people in the at-risk group. The pharmacist explained the procedure for supply of isotretinoin to people in the at-risk group. The interventions would be added to the PMR. The prescriber would be contacted regarding prescriptions for more than 30 days' supply of a CD. The RP attached warning stickers to prescriptions containing items such as CD or fridge items to alert staff when giving out the prescription. The pharmacy team removed uncollected prescriptions from the retrieval system monthly. People were contacted regarding their uncollected medicines.

Medicines and medical devices were obtained from Alliance, Lexon and Phoenix. They were stored very neatly on the dispensary shelves. Stock was date checked and recorded. No date-expired medicines were found on the dispensary shelves. Floor areas were clear. Medicines were stored in original packaging and liquid medicines were marked with a date of opening. Cold chain items were stored in the medical fridge located in the stock room. Waste medicines were stored in the lavatory. Drug alerts were received from the pharmacy's head office and filed after stock was checked for affected batches which were quarantined.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately to keep people's private information safe.

Inspector's evidence

Current reference sources included BNF and Patient.co.uk. The dispensary sink was clean. There was a range of clean stamped measures to measure liquids including a separate measure for methadone. There was a cordless phone to enable a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly. The pharmacy fridge was monitored daily and the minimum and maximum temperatures were recorded via a data logger. Sharps bins for the flu vaccination service were in the lavatory awaiting collection by the contractor. The pharmacy team were unsure when the blood pressure monitor was obtained by the pharmacy so it may be due for re-calibration or replacement.

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.