

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, Unit 4 Whitehorse Lane, Great Ashby, STEVENAGE, SG1 6NH

Pharmacy reference: 1090714

Type of pharmacy: Community

Date of inspection: 16/11/2022

Pharmacy context

This is a community pharmacy in a residential area of Stevenage, Hertfordshire. The pharmacy's main services include selling over-the-counter medicines and dispensing NHS prescriptions. It supplies some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. And it delivers medicines to people's homes.

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	1.2	Standard not met	The pharmacy does not make adequate records of the mistakes its team members make when dispensing medicines. And its team members cannot demonstrate learning from these types of events.
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 doesn't routinely manage identified risks to patient safety. It does not act appropriately to report and review mistakes made and identified during the dispensing process. And its team members do not engage in shared learning when these kind of mistakes happen. This increases the risk of a similar mistake occurring. The pharmacy generally keeps the records it needs to by law up to date. And it protects people's private information appropriately. Its team members understand how to manage feedback they receive about the pharmacy or its service. And they know how to recognise and report safeguarding concerns to help protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which had been reviewed by a member of the company's senior management team within the last two years. It held these electronically and they covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. The RP was a locum pharmacist, and they explained how the company's SOPs had been provided to them ahead of their first shift in one of its pharmacies. Team members on duty demonstrated their learning records, and these confirmed that they had read and understood the SOPs. But there was some indication that learning associated with some SOPs was not embedded. For example, a trainee dispenser was not aware of which tasks couldn't take place if the RP took absence from the premises. They explained they had not been in this situation to date and did not work alone in the pharmacy.

The pharmacy had procedures for reporting adverse safety events. But there was no recent evidence of reporting mistakes made and identified during the dispensing process, known as near misses. The last near miss to be recorded on a paper record held in the dispensary was in November 2021, prior to the current pharmacy team forming. And the pharmacy's operations manager was able to confirm that the team had not used the electronic near miss reporting tool to report these kind of events. Pharmacy team members explained they would correct their mistake after it was brought to their attention. But they were not aware of any reporting processes, and they did not engage in conversations to share learning following these types of events. The team were not aware of any changes made to help reduce risk following a mistake being made during the dispensing process. The pharmacy's operations manager was able to provide some evidence of reporting following a mistake made during the dispensing process and identified after the medicine was supplied to a person, known as dispensing incidents. The RP was aware of reporting requirements and explained how she would seek assistance from the company if there was a need to report a dispensing incident. A conversation with the team highlighted the importance of sharing learning following mistakes, and the team was signposted to the GPhC's duty of candour resources.

The pharmacy had a complaints procedure, but it did not advertise details of this to members of the public. It held confidential information in staff only areas of the premises. And team members identified how they treated documents containing personal identifiable information with care. This included shredding confidential waste onsite. The pharmacy had procedures to support its team members in identifying and reporting safeguarding concerns. And a team member identified the types of concerns that they would report to the RP. The RP on duty had completed level two safeguarding training

provided by the Centre for Pharmacy Postgraduate Education (CPPE). They were aware of reporting requirements and described how they would seek support from the senior management team if there was a need to report a concern.

The pharmacy had up-to-date indemnity insurance arrangements. The RP notice displayed reflected the correct details of the RP on duty. A sample of pharmacy records examined generally complied with legal and regulatory requirements, there were occasional sign-out times missing in the RP register. The pharmacy had opened a new CD register on 10 November 2022, there was no explanation in the register why this action had been taken. And team members were not sure. The pharmacy's operations manager explained that all pharmacies within the company had ceased using an electronic register recently. And signposted the RP to the archived version of this register to ensure it was available for inspection. This register was seen to include running balances. And a physical balance checked during the inspection complied with the balance recorded in the register.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small, dedicated team of people who work together efficiently to provide the pharmacy's services. It enrolls its team members on suitable learning, relevant to their roles. And its team members understand how they can raise a professional concern at work. But the pharmacy does not encourage team members to regularly reflect on their practice and share learning to help support continual improvement.

Inspector's evidence

The RP was a locum pharmacist and was working with a trainee dispenser and a qualified dispenser. The pharmacy's operations manager remained contactable through a video calling application to support team members with any queries during the inspection process. The pharmacy also employed another trainee dispenser, and a part-time driver. The pharmacist manager was on an extended period of annual leave, the company had arranged locum pharmacists to cover this period. One trainee dispenser was working their notice period, and the team confirmed this upcoming vacancy was being recruited to. Another trainee had very recently returned from an extended period of annual leave. The pharmacy had not received any additional staffing support during these periods of leave. Team members explained they worked flexibly to support each other.

Pharmacy team members had completed reading associated with the pharmacy's SOPs. Trainees were enrolled on GPhC accredited learning courses. They had agreed some learning time within working hours. But they did not regularly take this time. And they didn't take regular opportunities to share learning following mistakes made during the dispensing process. This increased the risk of team members making the same mistake or a similar mistake in the future. They understood how to raise a concern at work. And the pharmacy clearly advertised information within the dispensary to support its team members in raising and escalating concerns at work. Pharmacy team members were observed supporting each other and communicated well to complete dispensing tasks efficiently. The RP had not discussed specific targets with the company ahead of commencing their shift. The team worked towards common goals such as fulfilling the criteria for the NHS Pharmacy Quality Scheme.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and adequately maintained. People using the pharmacy can speak with a member of the pharmacy team in confidence in a private consultation room.

Inspector's evidence

The pharmacy was suitably secure against unauthorised access when it was closed. It was clean and floor spaces remained free of trip and fall hazards. Pharmacy team members had access to hand washing facilities and hand sanitiser. Air conditioning helped maintain an ambient temperature year round and lighting was sufficient. Many of the shelves in the public area of the pharmacy were empty. A team member reported that this was because the pharmacy was due to have a major refit within the next four-eight weeks which would see the size of the dispensary increased and additional private consultation spaces created.

The pharmacy currently had one consultation room, accessed to the side of the dispensary and beyond the medicine counter. The room was small but provided a suitable space for holding private consultations with people. A small staff kitchen and staff toilet also led off the space between the medicine counter and dispensary. The dispensary was accessed via a step at the back of the medicine counter. It was small with limited workbench space. But team members demonstrated how they managed workload in the space available to them. For example, they utilised a storage area under a bench to hold baskets of assembled items waiting to be checked.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. It has procedures to help provide its services safely and effectively. The pharmacy obtains its medicines from reputable sources. And it stores its medicines safely and securely. Pharmacy team members engage people in conversations about the medicines they are taking. But they do not always provide information leaflets when supplying medicines. This may limit the information people have available to support them in taking their medicines safely.

Inspector's evidence

The pharmacy was accessed through a door at street level. It advertised its opening hours and details of the services it provided. The public area of the pharmacy was accessible to people and was relatively open plan. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if they were unable to provide a service. The pharmacy protected P medicines from self-selection as it displayed them behind the medicine counter. This meant the RP could supervise sales taking place. A trainee dispenser explained how they would bring all requests for over-the-counter medicines to the direct attention of the RP.

The RP was familiar with the requirements of the valproate Pregnancy Prevention Programme (PPP), and provided an example of how they had managed the supply of valproate to a person in the at-risk group on the morning of inspection. But the RP confirmed they would not always record these kinds of interventions on people's medication records. A discussion took place about the benefits of recording to support continual care. The RP confirmed they would counsel people taking other higher-risk medicines. But there was some reliance on team members or pharmacists identifying these medicines during the handout process. This was because team members did not use the available 'pharmacist' stickers on prescriptions or bags of assembled medicines during the dispensing process to help prompt these type of interventions.

The pharmacy used baskets throughout the dispensing process. This kept medicines with the correct prescription form. It kept original prescriptions for medicines it owed to people. And team members used the prescription throughout the dispensing process when the medicine was later supplied. The pharmacy kept audit trails to support the delivery of medicines to people's homes. It did not require people to sign for receipt of their medicines through the delivery service.

Pharmacy team members generally took ownership of their work by signing their initials in the 'dispensed by' and 'checked by' boxes on medicine labels. But a sample of assembled multi-compartment compliance packs waiting to be delivered contained no dispensing audit trails. Work associated with the multi-compartment compliance pack service was managed through the patient medication record (PMR) system with changes to medicine regimens recorded. Pharmacy team members took care to ensure descriptions on backing sheets matched the brand of medicine they dispensed. But the pharmacy did not routinely issue patient information leaflets when issuing medicine in a compliance pack.

The pharmacy obtained its medicines from a number of licensed wholesalers and a licensed specials manufacturer. It stored its medicines in original packaging on the dispensary shelves. And team

members reported carrying out regular date checking tasks, no record of this activity was seen. A random check of dispensary stock found no out-of-date medicines. The pharmacy stored CDs in a locked cabinet as required. And it held medicines inside the cabinet in an orderly manner. The pharmacy held medicines requiring cold storage cold chain medicines in a medical fridge. The fridge was clean but it was nearing its storage capacity. The pharmacy monitored the temperature of the fridge and records confirmed it was operating within two and eight degrees Celsius as required. The pharmacy had appropriate medical waste receptacles available. It received medicine alerts through the NHS central alerting system, and its team members regularly checked emails to ensure they acted on these alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has a suitable range of equipment to support the delivery of its services. And its team members use the equipment in a way which protects people's privacy.

Inspector's evidence

The pharmacy had up-to-date reference resources available. These included the British National Formulary (BNF). Pharmacy team members could access the internet and company intranet to help resolve queries and to obtain up-to-date information. The pharmacy's computer was password protected. And information displayed on the computer monitor was not visible from the public area. The pharmacy stored bags of assembled medicines in totes behind the medicine counter. It held prescriptions in a retrieval system behind the medicine counter. And team members acted with care to ensure personal identifiable information could not be viewed from the public area. The pharmacy had a range of equipment available to support the delivery of its services. This included separate equipment for measuring and counting higher risk medicines. Its blood pressure machine was on the British and Irish Hypertension Society's approved list of monitors, suitable for use when providing the NHS hypertension case-finding service.

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.