

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: 10/07/2023

Pharmacy context

This community pharmacy is in a residential area. The dispenses NHS and private prescriptions and sells over the counter medicines. 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. It also provides the new medicines service.

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 generally identifies risks to patient safety and reviews mistakes made and identified during the dispensing process. The team members engage in shared learning when these happen. 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 services. 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. There were also procedures for reporting adverse safety events. And there was recent evidence of reporting mistakes made and identified during the dispensing process, known as near misses. The team 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, and they had conversations to share learning following these types of events.

The pharmacy held confidential information in staff-only areas of the premises. Confidential waste was shredded 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 responsible pharmacist (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. The pharmacy had opened a new controlled drug (CD) register on 10 November 2022 as all pharmacies within the company had ceased using an electronic register. The pharmacy kept running balances for all CDs, 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.

Inspector's evidence

The RP on duty at the time of the inspection worked at the pharmacy regularly and was working with an apprentice, a trainee dispenser and a qualified dispenser. The trainee dispenser had nearly completed their course. 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 a part-time driver. 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. 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.

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 relatively clean and there was a refit planned which was being prepared for by removing a lot of shelving from the shop floor. This meant that the pharmacy looked partially closed, which had been commented on by customers. 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 to eight weeks which would see the size of the dispensary increased and additional private consultation spaces created. But as the refit had been postponed until December 2023, how to make the shopfloor more presentable was discussed during the inspection.

Pharmacy team members had access to handwashing facilities and hand sanitiser. Air conditioning helped maintain an appropriate ambient temperature year-round and lighting was sufficient.

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 used a storage area under a bench to hold baskets of assembled items waiting to be checked. The refit aimed to enlarge the dispensary space.

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 pharmacy-only (P) medicines from self-selection as it displayed them behind the medicine counter. This meant the RP could supervise sales taking place. A member of the team 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). 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. 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. A random check of dispensary stock found no out-of-date medicines. The pharmacy stored CDs in a locked cabinet as required. 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. 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.

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.