

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, Somerset Bridge Medical Centre, Stockmore Park, Taunton Road, BRIDGWATER, Somerset, TA6 6LD

Pharmacy reference: 1090802

Type of pharmacy: Community

Date of inspection: 09/12/2019

Pharmacy context

This is a community pharmacy located inside a Medical Centre on a busy main road in Bridgwater, Somerset. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter (OTC) medicines, delivers medicines, offers Medicines Use Reviews (MURs) and the New Medicine Service (NMS). And it supplies multi-compartment compliance aids to people if they find it difficult to take their medicines on time.

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 generally operates in a satisfactory manner. Members of the pharmacy team understand the need to protect the welfare of vulnerable people. They deal with their mistakes responsibly. And, the pharmacy adequately maintains its records in accordance with the law. But the pharmacy does not formally review its internal mistakes or always record enough detail for all its records. This makes it harder for team members to spot patterns and help prevent the same things happening again. And, they may not have enough information available if problems or queries arise in the future.

Inspector's evidence

The pharmacy was relatively well organised, and its workspaces were generally kept clear of clutter. There were very few staff present (see Principle 2) but the workload appeared manageable during the inspection. This involved prescriptions for people who were waiting, calling back and repeat prescriptions being dispensed from the main dispensary and multi-compartment compliance aids were prepared from a segregated space in the staff room. As this area was not visible to the public, this helped to reduce errors from distractions. One member of staff was responsible for this activity, another managed the front walk-in trade and processed as well as assembled repeat prescriptions alongside the responsible pharmacist (RP).

Staff had been asked to record their own near misses and the log for this was seen for the previous month. The RP described holding a discussion with them about their mistakes and stock was highlighted in response. Medicines involved were separated with caution notes placed in front of them as a visual alert. However, only a few near misses were seen recorded and details about the learning or activity taken in response were missing. Staff stated that they recorded details on the system although this could not be verified. There was also no formal review of near misses taking place. This meant that information about the root cause of errors or trends and patterns may not have been routinely identified or analysed to help staff to fully learn from mistakes.

The RP handled incidents and his procedure involved apologising, checking details and whether anything had been taken incorrectly, informing the person's GP, and recording details. There was information on display about the pharmacy's complaints procedure although this was not fully visible to people standing in the retail area. Staff were advised to make this more accessible.

There was no confidential information left within areas that were accessible to people. Staff segregated confidential waste before it was shredded, they described using the consultation room if privacy was required and the pharmacy informed people about how their private information was stored and protected. Staff could readily safeguard the welfare of vulnerable people. In the event of a concern, they informed the RP. They were aware of the pharmacy's policy, described being trained through their previous employment and stated that they knew where they could access details about the local safeguarding agencies. However, this information was not kept at the pharmacy which could lead to a delay in the appropriate action being taken. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE).

The pharmacy held a range of electronic standard operating procedures (SOPs) to cover the services it provided. Staff could access them easily and their sign-off sheets to indicate that they had been read

were seen. Some of the review dates on the SOPs were recent (from 2019) although it was unclear when they had all been fully reviewed as a notice on display indicated that they were due for review in March 2019. The RP described being in the process of reading through them as he had only started working at the pharmacy recently. Team members understood their responsibilities. They knew when to refer to the pharmacist and the activities that were permissible in the absence of the RP. The correct RP notice was on display and this provided details of the pharmacist in charge on the day.

A sample of registers seen for controlled drugs (CDs) were routinely maintained in line with statutory requirements. Balances for CDs were checked and documented every week or every month and on selecting a random selection of CDs, the quantities held corresponded to the running balance stated in the registers. The maximum and minimum temperatures for the fridge were monitored with a probe centrally and records were sent to the branch by email. This verified that medicines had been stored appropriately here. Staff kept a record of CDs that had been returned by people and destroyed by them although there were some gaps seen in the details about the destruction. The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association (NPA) and this was due for renewal after 30 April 2020. Some records of unlicensed medicines were fully completed although some had missing details, but copies of prescriptions were attached. There were occasional records of emergency supplies where the nature of the emergency had not been fully recorded and some just stated 'patient request' without a reason documented to justify the supply. Some records of private prescriptions contained incorrect or incomplete details of prescribers and there were some gaps in the RP record where pharmacists had failed to record the time that their responsibility ceased.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate numbers of staff to ensure its workload is managed appropriately. Pharmacy team members understand their roles and responsibilities. They are suitably qualified. But, the pharmacy provides them with few resources to help keep their knowledge and skills up to date once they have completed their basic training. And it does not give them regular performance reviews. This could mean that gaps in their skills and knowledge are not identified.

Inspector's evidence

Staff present during the inspection included the locum RP and two trained dispensing assistants, one of whom was based at the rear, preparing compliance aids. There was also one other trainee dispensing assistant and all three members of staff worked part-time with some overlap between them. In line with the pharmacy's low volume of dispensing, this was adequate, but staff explained that they sometimes struggled to manage the workload. Team members wore name badges. Their certificates of qualifications obtained were not seen. Staff used established sales of medicines protocols before they sold medicines over the counter, they referred to the RP appropriately and held a suitable amount of knowledge to enable medicines to be sold safely. The inspector was told by some staff that they had not received any formal appraisals in the last few years, they had access to the SOPs, or they read updates from the company through emails. They communicated verbally as they were a small team and used noticeboards. The pharmacist stated that there were no formal targets in place to complete services, but he tried to complete a minimum of two MURs per day.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for delivering healthcare services. The pharmacy is clean and well maintained.

Inspector's evidence

The pharmacy premises were inside a medical practice. The retail area was of a medium size and spacious, there was a similar sized dispensary behind this, and staff areas were at the very rear. The staff room was also used to prepare and store compliance aids. The pharmacy was well presented, it was clean, bright and appropriately ventilated. This included staff facilities. There was plenty of space for the pharmacy's processes to take place safely. Pharmacy (P) medicines were stored inside locked glass cabinets and Perspex units that were marked to ask staff for assistance. Staff stated that people did try to help themselves, but they intervened when this happened. A signposted consultation room was available where services and private conversations could take place. The door to the room was locked with key coded entry. The size of the room was adequate and there was no confidential information present.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services in a safe manner. Its team members are helpful so that everyone can access the pharmacy's services. The pharmacy obtains its medicines from reputable sources. It manages and stores most of them appropriately. Team members identify prescriptions that require extra advice. But they don't always record any information. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

People could enter the pharmacy through the surgery which had two entrances, from the rear and front. There were automatic doors at both and clear, open space inside the pharmacy and surgery. This helped people with wheelchairs to easily use the pharmacy's services. A hearing aid loop was available for people who were partially deaf, staff physically assisted people who were visually impaired, explained details or provided medicines with braille. Representatives, phones or the GP surgery were used for people whose first language was not English. Four seats were available for people waiting for prescriptions inside the pharmacy with additional seating in the doctors waiting area. There were some car parking spaces at the rear of the building and the pharmacy's opening hours were on display.

Compliance aids were supplied after being initiated by the person's GP. The pharmacy ordered prescriptions on behalf of people and staff cross-referenced details on prescriptions against individual records. This helped them to identify any changes and records were maintained to verify this. All medicines were de-blistered into the compliance aids with none supplied within their outer packaging. They were not left unsealed overnight when assembled. Descriptions of medicines were provided and patient information leaflets (PILs) were routinely supplied. New compliance aids were supplied when mid-cycle changes were required.

The pharmacy provided a delivery service and it maintained audit trails to verify when and where medicines were delivered. This included highlighting CDs and fridge items. Staff called people before medicines were delivered. The company's drivers obtained signatures from people when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy with notes left to inform people of the attempt made. Medicines were not left unattended.

Staff were aware of the risks associated with valproates. An audit about this and for people prescribed methotrexate was currently being undertaken to help identify people at risk and provide relevant information. Educational material was available to provide upon supply. The RP counselled people prescribed higher-risk medicines and asked about blood test results. This included the International Normalised Ratio (INR) levels for people prescribed warfarin. However, there were no details recorded to verify that this had taken place.

During the dispensing process, staff used baskets to hold prescriptions and items, and this helped prevent their inadvertent transfer. They were colour co-ordinated to help highlight priority. A dispensing audit trail from a facility on generated labels helped identify staff involved. Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system. Dispensed CDs and fridge items were stored within clear bags which helped verify their contents upon hand-out. The team used stickers to highlight fridge items and higher-risk medicines. Uncollected prescriptions were

removed every three months. Not all prescriptions for CDs were routinely highlighted. This was discussed at the time.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare, AAH, Lexon and Phoenix. Unlicensed medicines were received from Quantum Specials. Staff held some knowledge about the processes involved for the European Falsified Medicines Directive (FMD). There was no guidance information present for the team and the pharmacy was not yet complying with FMD at the point of inspection. Medicines were stored in an organised manner and they were date-checked for expiry every three months. a date-checking schedule was present to verify this. Short-dated medicines were identified with stickers. There were no date-expired medicines or mixed batches. CDs were stored under safe custody and the key to the cabinet was maintained in a manner that prevented unauthorised access during the day as well as overnight. Drug alerts were received by email, the team checked for affected stock and acted as necessary. There was an audit trail to help verify this process.

Unwanted medicines returned to the pharmacy for disposal, were accepted by staff and stored within designated containers. However, there was no list available for the team to identify hazardous and cytotoxic medicines. In addition, unsealed containers were stored in the staff WC. This could increase the risk of diversion or theft and staff were advised to store these elsewhere. There was also a note on display from the company about ensuring stock was kept out of the toilet. People returning sharps for disposal were referred to the local council. Returned CDs were brought to the attention of the RP and segregated in the CD cabinet before their destruction. Relevant details were entered a CD returns register.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy held current versions of reference sources and clean equipment. The CD cabinet was secured in line with legal requirements and the medical fridge was operating at appropriate temperatures. There were clean, crown stamped, conical measures available for liquid medicines, designated ones for methadone and counting triangles. The sink in the dispensary used to reconstitute medicines had lime scale but was relatively clean. Hand wash and hot and cold running water was available here. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Staff held their own NHS smart cards to access electronic prescriptions and they took them home overnight. There were cordless phones available to take conversations in private and a shredder to dispose of confidential waste.

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.