

# Registered pharmacy inspection report

**Pharmacy Name:** Jhoots Pharmacy, Abbey View Medical Centre,  
Hawkesdene Lane, SHAFTESBURY, Dorset, SP7 8DH

**Pharmacy reference:** 1090954

**Type of pharmacy:** Community

**Date of inspection:** 28/05/2024

## Pharmacy context

This is a community pharmacy located next door to a medical centre in Shaftesbury, Dorset. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines, and provides health advice. The pharmacy also provides the Pharmacy First 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
<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 appropriately identifies and manages the risks associated with its services. It has up-to-date written procedures that the pharmacy team follows. It also completes all the records it needs to by law, and it has suitable insurance to cover its services. The pharmacy team keeps people's private information safe. And it knows how to protect the safety of vulnerable people.

### Inspector's evidence

A near miss record was available in the dispensary and was seen to be used by the pharmacy team. The pharmacy team explained that most of their near misses came from medicines which looked alike and had similar sounding names. The team would report all errors on an electronic reporting system, and they explained that they would inform all team members of any errors and they would discuss them to ensure any learning was identified. Electronic Standard Operating Procedures (SOPs) were in place for the dispensing tasks and had been updated recently. Staff in the pharmacy had signed to say they had read, understood and agreed to adopt the SOPs. The SOPs included procedures for all the pharmacy dispensing. There was a workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. There was a complaints procedure in place within the SOPs and the team explained they would refer complaints to the superintendent pharmacist. A valid certificate of public liability and professional indemnity insurance was displayed in the pharmacy.

The controlled drug register was maintained electronically, and a balance check was carried out when an item was dispensed. The responsible pharmacist record was held electronically and the correct responsible pharmacist notice was on display for people to see. The maximum and minimum fridge temperatures were recorded electronically daily and were within the correct temperature range. On testing the fridges, the temperatures were within the correct range. The electronic private prescription records were completed appropriately. The unlicensed 'specials' records were complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to people using the pharmacy. There were cordless telephones available for use. The pharmacy had a shredder in place, and confidential wastepaper was destroyed appropriately.

The pharmacists had completed the Centre for Post-graduate Pharmacy Education (CPPE) Level 2 training programme on safeguarding vulnerable adults and children and had also completed a company safeguarding module as part of their training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy doesn't have a full team of people at present, but there are just enough to manage. Those team members who are available do work well together, helping each other as necessary. The pharmacy uses suitably accredited training courses to train its staff members. The pharmacy team manages its workload safely and effectively. And team members support one another well.

### Inspector's evidence

During the inspection, there were two pharmacists, one of whom was the responsible pharmacist. The pharmacists explained that with the recent acquisition, the previous dispensing team had all left. As a result, the pharmacy was left in a state of disorder and the two pharmacists working at the time had been asked to come and help assist with dispensing and recruiting of a new team.

The pharmacists alternated the responsible pharmacist role between them every day and while one concentrated on dispensing, the other focused on checking and managing the queue of people in the pharmacy. They explained that who ever was the RP, the other referred to them where necessary.

The pharmacists explained that the superintendent kept them updated with any information they needed to know. There were no targets in place and the team explained that they would never compromise their professional judgement for commercial gain.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean, organised and appropriate for the services delivered. The pharmacy has enough workspace for the team to work effectively. The pharmacy has a suitable consultation room for private conversations.

### Inspector's evidence

The pharmacy was located next door to a health centre with plenty of free parking available. The pharmacy had a bright modern appearance and customer areas were generally clean and tidy. It had a spacious shop floor and a consultation room for private consultations. The pharmacy had a staffroom and toilet which were accessed from the shop floor. Staff toilet facilities had a sink available for hand washing. The pharmacy had an elongated layout. The dispensary was situated at the back of the pharmacy and was well screened from public view to allow for privacy.

The medicines counter was located in the retail area of the pharmacy. Due to the lack of staff, the pharmacists had screened the area to make it impossible for the public to access it and over-the-counter medicines were stored out of sight from the public to ensure they were only sold when suitable. The pharmacy had a spacious dispensary with an island in the middle for checking. There was plenty of shelving for the storage of medicines. There was a clear workflow with clearly defined areas for dispensing and accuracy checking.

The dispensary was generally clean and well maintained. Lighting was suitable for the delivery of pharmacy services. The pharmacy was well-ventilated with temperature control systems in place. It had a professional appearance and stocked a range of items for health and personal care.

The consultation room, was of a good size and included a computer, sink and storage. The consultation room provided a suitable professional environment for consultations to take place.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services to support the health needs of the local community which they suitably adapt due to their short-term staffing constraints. People can easily access these services. Team members make suitable checks to ensure people taking higher-risk medicines do so safely. They store and manage medicines appropriately. And they take the right action in response to safety alerts, so people get medicines and medical devices that are safe to use.

### Inspector's evidence

There was step-free access suitable for wheelchair users to enter the pharmacy. The shop floor area was uncluttered and wide enough for wheelchair users to move around. The pharmacy had a prescription ordering service for a small number of people who needed help with managing their prescriptions. Services were advertised at the front window for people to see. However, due to the lack of staffing, the pharmacy team had reduced the services to just the essential services and the Pharmacy First service. There was a variety of information leaflets available for customer selection. Information leaflets were placed in a rack near the waiting area and in the consultation room.

The pharmacy provided the Pharmacy First service and pharmacists were trained to provide this. They had both been trained on the requirements of the service and how to carry it out. They explained that the local GPs were sometimes unsure of the full scope and did not always refer patients appropriately through the required channels.

When asked about the recent strengthened warnings for people who could become pregnant that were taking valproates and isotretinoin, the pharmacists were aware of the requirements for people in the at-risk group to be counselled on their use and for appropriate information to be provided to patients. They were aware of the requirement to ensure valproates were dispensed in their original packs and for the warning information to not be obscured. The pharmacy had a procedure for targeting and counselling everyone in the at-risk group taking sodium valproate or isotretinoin. The pharmacy had a process for dealing with MHRA alerts and explained that they received the alerts electronically and they then printed them out and annotated them to record any action they had taken.

Medicines and medical equipment were obtained from licensed wholesalers. Invoices were seen to verify this. Stock was stored in an organised fashion. Two CD cabinets and two fridges were available for storing medicines for safe custody, or cold chain storage as required. The team completed date checking on a three-month rolling basis and records were available to show they had completed the date checking and had taken off any medicines close to expiry.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has appropriate equipment for the services it provides. And it keeps its equipment clean and well maintained to make sure it is safe to use.

### Inspector's evidence

The pharmacy team had access to paper-based reference materials such as the BNF but also knew how to access them online if needed. Computers were in good working order and screens were suitably located and access to computers containing patient data was protected using individual password and password protected. Staff had their own NHS smart cards to access medication records.

The pharmacy had several conical measures available, all of which were clean and bore a crown stamp. Counting triangles were available and there was a separate one available which was clearly marked for cytotoxic medicines. Medicines awaiting collection were not accessible to people. Patient information was not visible from the counter. There were suitable pharmacy facilities including CD cupboards and fridges used for medicines storage. Designated bins for the disposal of waste medicines were available for use and the team also had separate bins for the disposal of hazardous 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.