

# Registered pharmacy inspection report

**Pharmacy Name:** Jhoots Pharmacy, Rother House Medical Centre,  
Alcester Road, STRATFORD-UPON-AVON, Warwickshire, CV37 6PP

**Pharmacy reference:** 1091161

**Type of pharmacy:** Community

**Date of inspection:** 20/10/2021

## Pharmacy context

This is a community pharmacy situated within a busy medical centre in Stratford Upon Avon. It dispenses NHS prescriptions, sells a very small range of over-the-counter medicines, and offers seasonal influenza vaccination service. The pharmacy offers a prescription delivery service and supplies medicines in multi-compartment compliance packs to a handful of people who need assistance in managing their medication at home. This inspection was undertaken during the Covid-19 pandemic and not all aspects of the pharmacy were inspected during this visit.

## 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
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	The pharmacy does not adequately manage all of the risks associated with its services. Its current staffing arrangements do not provide robust assurances that its services will continue to be delivered safely and effectively.
<b>2. Staff</b>	Standards not all met	2.1	Standard not met	The pharmacy does not have enough suitably qualified and skilled staff to ensure its services can always be delivered safely and effectively.
<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 not all met

### Summary findings

The pharmacy does not effectively identify and manage the risks associated with its services, particularly in relation to its staffing levels. Its current staffing arrangements do not provide robust assurances that its services will continue to be delivered safely and effectively. And it does not keep all the records it needs to in line with requirements. The responsible pharmacist understands how they can help protect vulnerable people and keep people's information private. Mistakes made during the dispensing process are recorded. But the lack of detail and consistency in recording may limit the pharmacy's ability to review some of these incidents fully. And may mean it misses opportunities to learn and improve its processes.

### Inspector's evidence

A regular locum pharmacist was the responsible pharmacist (RP) on duty on the day of the inspection. The correct RP notice was displayed in the pharmacy. The RP was the only member of staff working at the time of the visit. The RP said that the pharmacy's standard operating procedures (SOPs) were kept on the company's intranet. But he was not quite sure how to access them. This could mean he was not able to refer to them easily. But the RP confirmed that he had read and accepted the SOPs prior to commencing his employment with the company.

Currently, the RP was dispensing and accuracy checking their own work in the absence of support staff. The RP kept some records of the mistakes he made during the dispensing process, but these records were not always analysed to identify contributory factors or actions to take to prevent similar events from happening again. This meant that there was little evidence of individual reflection by the person making the mistake. There were some 'caution' stickers seen on shelves in the dispensary highlighting that extra care should be taken when selecting certain medicines that looked and sounded alike.

The pharmacy kept a controlled drugs (CD) register. Running balances of CDs were kept and audited. But the RP had fallen behind with making sure the CD register was kept up to date. And the stock levels for some CDs hadn't been checked for some time. There were several CD prescriptions that had been dispensed in the previous week that had not been entered in the register.

The pharmacy had considered some risks to its staff and people using the pharmacy during the Covid-19 pandemic. A screen had been fitted along the counter to minimise the risk of Covid-19 transmission. There were some posters by the entrance of the pharmacy providing information about the pandemic. Hand sanitisers and face masks were kept in the public area of the pharmacy for people to use. The pharmacy had appropriate insurance in place.

A shredder was used to destroy confidential waste and the pharmacy's computers were password protected. The RP used his own NHS smartcard to access electronic prescriptions. Completed prescriptions were stored in the dispensary and people's personal details were not visible to the members of the public visiting the pharmacy. The RP confirmed that he had completed Level 2 safeguarding training. And he knew how to obtain contact details of relevant safeguarding agencies if he needed to escalate a safeguarding concern.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy does not have adequate contingency arrangements in place to make sure its services can be provided by appropriately trained staff in the event of staff absence. And the pharmacy's current staffing arrangements are not sufficient to keep up to date with routine tasks such as record keeping.

### Inspector's evidence

The RP was the only member of staff working at the time of the inspection. There were currently no other staff members employed in the pharmacy. The RP said that several team members had very recently terminated their employment at short notice. The RP commented that he was not unduly concerned as this was a short-term issue and the matter would be resolved soon. He also explained that head office had interviewed and recruited several staff members who were due to start their employment imminently. However, when checked, the superintendent pharmacist and the company's operations manager were unable to confirm exactly when the newly recruited staff members would begin working in the pharmacy.

At the time of the visit, the pharmacy was relatively quiet, and the RP was just about managing to dispense and check prescriptions themselves. The workflow was adequately organised. The lack of a second independent check during the dispensing process may increase the possibility of mistakes going undetected. The RP said that he was mindful of incorporating a mental break between labelling, dispensing, and checking prescriptions.

During a follow-up call to the pharmacy, the inspector was told that the RP was not present in the pharmacy and had had to leave the premises during the pharmacy's opening hours to go to the bank. This had left the pharmacy without adequate cover to continue to provide services safely.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are secure and are adequate for the provision of pharmacy services.

### Inspector's evidence

The pharmacy could be accessed via the medical centre or via its car park. The front fascia of the pharmacy was in a good state of repair. The retail area of the pharmacy was clear of slip or trip hazards. There was a very small range of over-the-counter medicines kept in the dispensary. A dispensary sink for medicines preparation was clean and it had a supply of hot and cold water. There were no goods for sale in the retail area of the pharmacy. The RP said that there were plans in place to refurbish the public area of the pharmacy. There was adequate lighting throughout the premises and the room temperature was suitable for storing medicines. The pharmacy's consultation room was of an adequate size and kept reasonably tidy. The premises were secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy obtains its medicines from reputable sources and it stores them appropriately. But it does not always record the action it takes in response to medicines recalls and alerts. So, it may not always be able to provide assurances that it supplies medicines that fit for purpose. And date-expired stock is not always removed in a timely manner which may increase the chances of mistakes occurring.

### Inspector's evidence

The pharmacy offered a small range of services and these were advertised by the entrance to the premises. The RP used his local knowledge to signpost people to other providers if a service wasn't available at the pharmacy. The pharmacy supplied Covid-19 lateral flow tests that people could use at home to test for Covid-19 infection. It also offered a delivery service three times a week to people who couldn't attend its premises in person. The pharmacy's delivery driver kept a record of prescription deliveries. Signatures from recipients were currently not obtained to minimise the risk of infection.

Baskets were used during the dispensing process to prioritise workload and help minimise the risk of prescriptions getting mixed up. The bench spaces were somewhat cluttered, and the baskets of dispensed medicines waiting for a final accuracy check were stacked up on each other. This created a risk of items falling into other baskets. At the time of the visit, it was not particularly busy and at any given time there was a maximum of two or three people in the pharmacy. And the RP was managing to locate, dispense and check people's prescriptions adequately. But the 'dispensed' and 'checked by' boxes were not routinely initialled to keep a dispensing audit trail. This could make it harder for the pharmacy to identify a team member staff involved in the dispensing and checking procedure if there was a query. 'Owing' notes were issued to people to keep an audit trail when prescriptions could not be fully supplied.

Dispensed multi-compartment compliance packs checked during the inspection had been labelled with a description of the medicines contained within the pack to help people or carers identify the medication. And patient information leaflets were supplied so that people had information available to help them take their medicines safely. The RP was aware of the valproate pregnancy prevention programme. And he knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy had the valproate educational materials it needed.

The pharmacy had begun offering seasonal influenza vaccinations in September and the RP said that he had delivered approximately 10 vaccinations to date. And these had mainly been undertaken when the pharmacy had some support staff. The RP said that he was mindful to deliver the service only when it was safe to do so.

The pharmacy ordered its stock medicines from recognised wholesalers. But these could have been better organised on the shelves to minimise picking errors. No extemporaneous dispensing was carried out. The RP said that he was currently experiencing some difficulties in obtaining certain lines as the process of setting up an account with the supplier was taking longer than anticipated. The RP confirmed that stock medicines had been date-checked recently. But date checking records were not available at the time of the inspection. A random check of medicines on the shelves found a box of Omeprazole 40mg that had expired in 02/2021. This was removed from in-date stock during the inspection.

Medicines requiring cold storage were kept in a refrigerator and these were stored between 2 and 8 degrees Celsius. The maximum and minimum temperatures were recorded daily. And the records showed that temperatures had been maintained within the required range. All CDs were stored in line with requirements. The RP knew that prescriptions for CDs not requiring secure storage such as diazepam and pregabalin had a 28-day validity period. The pharmacy had a process to deal with safety alerts and medicine recalls and these were received electronically. But an audit trail to show that the recalls had been dealt with was not always kept. This may increase the chances of supplying a medicine or a medical device that is not safe or fit for purpose.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services adequately.

### Inspector's evidence

Information on the pharmacy's computer terminals was not visible to people visiting the pharmacy and patient medication records were password protected. The pharmacy had access to the internet and various other reference sources such as the British National Formulary (BNF). All electrical equipment appeared to be in good working order. The pharmacy had crown-stamped measures available for measuring liquid medicines. Medicine containers were capped to prevent contamination. People's private information was stored securely. The RP had access to hand sanitisers and PPE.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.