

# Registered pharmacy inspection report

**Pharmacy Name:** Jhoots Pharmacy, 3 Conygre Road, Filton, BRISTOL, Avon, BS34 7DA

**Pharmacy reference:** 1091213

**Type of pharmacy:** Community

**Date of inspection:** 21/10/2020

## Pharmacy context

The pharmacy is located within a medical practice in Filton, Bristol. It sells over-the-counter (OTC) medicines and dispenses prescriptions. The pharmacy team gives advice to people about minor illnesses and long-term conditions. It prepares multi-compartment compliance packs to help people to remember to take their medicines. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicine Service (NMS) and flu vaccinations. The inspection was carried out during the Covid-19 pandemic.

## 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 has appropriate systems in place to identify and manage the risks associated with its services. This includes the risks from COVID-19. Team members usually record their errors and review them to identify the cause. The pharmacy team makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. But the procedures have not been reviewed since an internal change in ownership of the pharmacy. The pharmacy asks people for their views and acts appropriately on the feedback. The pharmacy has insurance to cover its services. And it keeps all of the records required by law. It keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

### Inspector's evidence

The pharmacy had an up to date business continuity plan. And it had amended it to reflect the current working restrictions due to COVID-19. The pharmacy restricted the number of people allowed in at one time to allow for social distancing. Access to the pharmacy was through the main entrance to the medical practice. A sign had been placed on the door asking only one person to enter the building at a time. The pharmacy had completed an individual COVID-19 risk assessment with each team member. Team members wore face masks and sanitised their hands regularly. Due to the small size of the pharmacy, team members were unable to remain two metres apart from one another.

The pharmacy had written procedures in place to show team members the safest way to carry out its services. The responsible pharmacist (RP) and one dispenser had read all of the written procedures. The second trainee dispenser had only joined the pharmacy in the last few days and was in the process of reading the procedures. The written procedures had been recently updated and reviewed. The team members were carrying out tasks, such as dispensing and handing out prescriptions, according to the written procedures available. They were clear on their job roles and responsibilities.

The pharmacy recorded details of when mistakes were made. Errors that were picked up in the pharmacy, known as near misses, were recorded on a paper log. Team members also recorded any mistakes that were handed out to people, known as dispensing errors, on the company intranet. These reports contained a more detailed analysis of the cause of the error. They could be viewed by the company head office to allow for further analysis. The pharmacy team discussed any errors that they identified and made changes to stop them from happening again. The RP completed a monthly review of all errors and created an action plan to prevent them from happening again. Recent actions had included to clearly mark medicines that looked or sounded similar with stickers on the shelves. Team members were also reminded to only sign the dispensing label when they had checked all aspects of the item for accuracy.

The pharmacy completed a yearly community pharmacy patient questionnaire (CPPQ) survey. They also asked people using the pharmacy for their feedback. A complaints procedure was in place and was displayed in the retail area.

The pharmacy had appropriate insurance policies in place to protect people if things went wrong. The pharmacy kept an electronic record of who was the RP, and therefore in charge of the pharmacy, at any

given time up to date. And it displayed a sign showing the name and registration number of the RP. Controlled drug (CD) registers were maintained appropriately. The pharmacy team completed a CD balance check regularly. And a random stock check matched the balance in the register. A separate register was used to record CDs returned to the pharmacy and these were destroyed promptly. Records of private prescriptions and emergency supplies were made on the patient medication record (PMR) system and were in order. The pharmacy retained records of unlicensed medicines and annotated them with all legally required details.

Team members had completed training on information governance and the General Data Protection Regulation. They had signed the associated policies. The pharmacy ensured that no personal information could be seen by people coming into the pharmacy. They stored completed prescriptions on shelves in the dispensary. Computer terminal screens were turned to face away from people using the pharmacy and the terminals were password protected. NHS smart cards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training, and the remaining staff completed yearly safeguarding training on their personal eLearning account. The pharmacy could easily access local contacts for the referral of concerns on the internet. The RP demonstrated that she had contacted the local safeguarding team to raise a concern about the wellbeing of a person using the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. Team members receive time in work to complete training for their roles. They are confident to suggest and make changes to the way they work to improve their services. They communicate well and give each other feedback on their performance.

### Inspector's evidence

The pharmacy had enough staff on the day of the inspection. In addition to the RP, there were two dispensers, both of whom had recently joined the company. Both were working through an accredited training course. There was also a trained dispenser who was not working at the time of the inspection. The team were managing the workload comfortably. Pharmacy team members had clearly defined roles and accountabilities. They knew what was expected of them each day. They worked regular days and hours.

The trainee dispensers were given time to learn during working hours. They were supported by the other team members to learn. The RP was seen to be coaching the trainee dispensers, encouraging them to learn. Each team member kept records of what training they had completed. Team members were seen to provide appropriate advice when selling medicines over the counter. And they referred to the RP for additional information as needed.

The pharmacy team had regular discussions about how they were performing. But neither of the dispensers had a formal development plan as they had only recently joined the company. They gave each other regular ad hoc feedback and were open and honest with each other. The team regularly discussed how things were going in the pharmacy. And they gave feedback to the RP, who they found to be receptive to ideas and suggestions. Each team member knew how to raise any concerns they had about the pharmacy. And they were aware of the company whistleblowing policy. The RP was not set specific targets. She used her own professional judgement to make decisions. She only provided services such as MURs that were clinically appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

Despite its small size, the pharmacy generally provides a suitable environment for people to receive healthcare. It has introduced measures to reduce the risk of the spread of COVID-19. The pharmacy has a private room where people can have conversations with members of the pharmacy team. But it is not soundproofed. The pharmacy is adequately secured to prevent unauthorised access.

### Inspector's evidence

The pharmacy was within a medical practice in Filton, Bristol. It was very small and there was currently no potential for expansion. There was a small retail area, large enough for one person only. The pharmacy displayed a very restricted number of retail products. A small range of over-the-counter medicines were stored in the dispensary. There was no dedicated healthcare counter. The dispensary was adequately screened to ensure no personal details could be seen by people waiting in the retail area.

There was a small consultation room. It was accessed by a folding wooden door. This meant that it could not be locked. And it was not soundproof. But the RP said that when people were in the consultation room, for instance if receiving a flu vaccination, no other people were allowed in the pharmacy.

The dispensary was small but generally well-organised. The pharmacy team had recently rearranged the stock and had reduced the amount of stock it held. They made efforts to keep the dispensing benches clear from clutter. Stock was put to shelf promptly after it was delivered. The pharmacy had severely limited the number of people it prepared multi-compartment compliance packs for due to the lack of space. As described in principle four, alternative arrangements were made for people requesting the service. Due to lack of space, there were baskets of prescriptions awaiting an accuracy check stored on the floor. The RP was trying to further reduce the amount of stock held to create shelving for the baskets. But until that was possible, the RP tried to work quickly through the accuracy checks to limit the risks of baskets being knocked over.

The pharmacy team regularly cleaned the pharmacy. On the day of the inspection, the carpet in the dispensary was dirty and required hoovering. Otherwise, the pharmacy was clean and tidy. The pharmacy was light and bright, and temperature was appropriate for the storage and assembly of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers some additional services, which the pharmacy team delivers safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had a step-free entrance and automatic doors. The consultation room small and was not wheelchair accessible. A box of empty crates awaiting collection obscured the entrance to the consultation room. A range of health-related posters and leaflets was displayed. They advertised details of services offered both in the pharmacy and locally. The RP described that if a patient requested a service not offered by the pharmacy at the time, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. The pharmacy accessed up-to-date signposting resources and details of local support agencies online.

The pharmacy had a clear and well-organised workflow. It used dispensing baskets to store prescriptions and medicines to prevent transfer between patients. Despite the small size of the dispensary, there were designated areas to dispense prescriptions and complete the accuracy check. The dispenser and the pharmacist initialled the labels of dispensed items to create an audit trail.

The pharmacy used stickers and highlighter pens to draw attention to prescriptions for fridge items and CDs in schedules 2 and 3. It also placed stickers on prescriptions containing high-risk medicines or medicines that may require additional advice from the pharmacist. When significant interventions were made, the RP recorded details on the patient medication record (PMR). The RP gave people additional advice about their medicines at every opportunity. The pharmacy provided a substance misuse service to a small number of people. The RP liaised with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service. The RP had a brief discussion with each person accessing the service to check on their wellbeing.

The pharmacy dispensed medicines into multi-compartment compliance packs to help people remember to take them. This service was only provided to a very small number of people due to the restricted space in the pharmacy. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. The pharmacy checked any queries with the prescriber and kept appropriate records. The dispensers added a description of the medicines inside the pack and supplied patient information leaflets (PILs). If the pharmacy received new requests for compliance aids, it could arrange for them to be dispensed off-site at another pharmacy and delivered to the person's home.

The pharmacy was currently offering NHS flu vaccinations. The RP had recently completed training on injection techniques and anaphylaxis and resuscitation. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. It had a health promotion zone displaying leaflets and information on both locally and nationally relevant topics.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). Appropriate conversations had been had with affected people and records were made on the PMR. The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. The pharmacy had the information booklets and cards to give to eligible women. Notes were placed on the PMR of women receiving valproate to confirm a discussion about PPP had taken place.

The dispensary shelves used to store stock were organised and tidy. The stock was mostly arranged alphabetically. High risk medicines, branded products and treatments for diabetes were kept separately. Team members checked the expiry dates of all medicines regularly and kept appropriate records. Spot checks revealed no date-expired medicines or mixed batches. The RP was aware of the Falsified Medicines Directive (FMD). But she had not received any further information about how the pharmacy intended to comply with FMD requirements. The pharmacy team could check the anti-tampering device on each medicine was intact during the dispensing process. But they were not verifying nor decommissioning stock at the time of the inspection.

The pharmacy retained prescriptions where the full supply could not be made. And they kept an 'owing slip' attached as outlined in the written procedure. Stock was obtained from reputable sources including Alliance, AAH and Phoenix. Invoices were seen to this effect. Records of recalls and alerts were received by email and on the intranet. When they were actioned by the pharmacy team, they were annotated with the outcome and the date.

The fridge in the dispensary was clean, tidy and well organised. A team member checked the maximum and minimum temperature of the fridge every day and made a record of it on the PMR system. CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded.

The pharmacy dealt with medicines returned to them by people appropriately. Personal details were removed from returned medicines to protect people's confidentiality.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It ensures its equipment is well-maintained. The pharmacy uses its equipment in a way that protects people's private information.

### Inspector's evidence

The pharmacy had installed Perspex screens on the medicines counter during the COVID-19 pandemic. They cleaned them regularly. The pharmacy had an adequate supply of personal protective equipment, including facemasks and gloves. Hand sanitiser was readily available.

The pharmacy had a range of crown-stamped measuring cylinders to allow them to accurately measure liquids. There was a range of clean tablet and capsule counters, with a separate tablet counter clearly marked for more high-risk medicines. The pharmacy kept all of its equipment, including the dispensary fridge and sink, in good working order.

The pharmacy had up to date reference sources. And team members could easily access information on the internet. They ensured they used reputable websites when looking for clinical information. Computer screens were positioned so that no information could be seen by members of the public. Phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system in the dispensary. No confidential information visible to people waiting.

### 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.