

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, Coleman Street Health Centre,
Coleman Street, DERBY, Derbyshire, DE24 8NL

Pharmacy reference: 1092417

Type of pharmacy: Community

Date of inspection: 12/01/2023

Pharmacy context

This pharmacy is situated within Coleman Street Health Centre which is in the Alveston area of Derby. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides some other NHS funded services. The pharmacy team supplies some medicines in multi-compartment compliance packs for people to help make sure they remember to take them.

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 manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely and they complete tasks in the right way. They discuss their mistakes so that they can learn from them, and they make changes within the pharmacy to help prevent mistakes happening. The team members understand their role in protecting vulnerable people and they keep people's personal information safe.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. The SOPs were held electronically on the company intranet and the team knew how to access them using their own log in details. The pharmacist was aware of which members of the team had completed SOP training and had a plan in place to train the newer members of the team. Roles and responsibilities were highlighted within the SOPs. There was an alternative arrangement in place for a member of the team who had requested paper SOPs so that they could be read at home due to a different learning style.

A near miss log was available and each near miss was marked with the date that it had been reviewed by the pharmacist. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake. The stock layout had been reviewed when the pharmacist had started working at the pharmacy. He had separated some look alike, sound alike (LASA) medicines that had been positioned close to each other, to reduce the risk of selecting the incorrect medicine when dispensing. For example, the LASA medicines gabapentin and pregabalin had previously been stored into a drawer together, but they had been moved into separate drawers at opposite ends of the shelving unit. Dispensing errors were recorded, reviewed, and submitted to head office. An example of a dispensing error was seen, the team had discussed the error and had made some changes as a result.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales and discussed how she managed requests for higher-risk medicines such as codeine linctus and promethazine.

People could give feedback to the pharmacy team in several different ways; verbal, written and they could contact the pharmacy's head office. The pharmacy team tried to resolve issues that were within their control and would involve the head office if they could not reach a solution. Feedback given directly to head office was passed to the pharmacy team so that they were aware of it.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were generally in order and four random balance checks matched the balances recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements. Specials records were kept, but these were sent to head office so they were not

accessible. Audit trails for prescription deliveries were maintained.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team had their own NHS Smartcards. The pharmacist had completed level three training on safeguarding. The pharmacy team understood what safeguarding meant. A trainee dispensing assistant gave examples of the types of concerns that she may come across, and what action that she would take. And a referral had been made when the team had been concerned about a vulnerable adult.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the regular locum pharmacist, a dispensing assistant, two trainee dispensing assistants, an apprentice, and a home delivery driver. Holidays were discussed with other team members to ensure no-one else had already booked the same week and then sent to head office for approval. Cover was provided by other staff members as required and the pharmacy team were managing the workload during the inspection.

Pharmacy team members completed ongoing training and certificates were retained as evidence. The trainee team members were enrolled on accredited training courses and the pharmacist was their tutor. The team explained that the pharmacist answered any questions that they identified during their course and that he explained things in a way that was easy to understand. Additional training was aligned with new services and the NHS Pharmacy Quality Scheme (PQS). Recent training modules included cancer awareness, weight management and using inhalers. The team had quarterly appraisals with a manager from head office.

The pharmacy team worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. The pharmacy staff said that they could raise any concerns or suggestions with the supervisor or pharmacist and felt that they were responsive to feedback. Team members said that they would contact head office or the GPhC if they ever felt unable to raise an issue internally and the owner's personal assistant was usually their first point of contact. The pharmacist was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions, or with people on the telephone.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare services. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Maintenance issues were reported to head office. The dispensary was an adequate size, and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops and a separate area was used to assemble multi-compartment compliance packs.

There was a private soundproof consultation room which was used by the team members during the inspection, so they could telephone people in private. The consultation room was professional in appearance. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind glass doors with 'please ask for assistance' notices on them.

The pharmacy had portable heaters, plinth heaters and air conditioning. The dispensary was clean and tidy with no slip or trip hazards. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap available. There was a large stock room, back office and staff room which were also clean and tidy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It generally manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and it stores them securely.

Inspector's evidence

The pharmacy was located next to the health centre and there was step free access. A home delivery service was offered to people who could not easily access the pharmacy. There was a push-button assisted front door, but this was not working and had been reported to head office. The pharmacy staff referred people to local services when necessary. They used local knowledge and the internet to support signposting. The pharmacy stocked a range of over-the-counter medicines and shop items which met the needs of the people that visited the pharmacy. Retails stock was arranged neatly and medicines were date checked regularly. A dispensing assistant ordered stock based on what items were selling well and were requested most often.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to manage and prioritise the workload. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Stickers were attached to medication when there was additional counselling required or extra items to be added to the bag. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available.

A tracking system called PTS was used to track the progress of prescriptions through the different stages of the dispensing process and to record deliveries. A barcode was generated for each prescription, and this was scanned at each stage to record progress. This enabled the pharmacy team to locate prescriptions easily.

Multi-compartment compliance packs were dispensed at the pharmacy for people that had their packs supplied weekly, or for people that had monthly trays and there was a chance that there would be a mid-cycle or regular changes. The rest of the multi-compartment compliance packs were dispensed by another Jhoots pharmacy in Darlaston, West Midlands and returned to the pharmacy for onward supply to patients. The company should consider the legal implications of this arrangement and take legal advice.

Date checking took place every three months and no out of date stock medication was seen during the inspection. Short-dated medicines were clearly marked and removed prior to expiration. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in a designated area. Medicines were obtained from a range of licenced wholesalers and the pharmacy was alerted to drug recalls via emails from head office.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines that were stored in an organised manner in the stock CD cabinet. There was a fridge used to hold stock and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained. Records showed the pharmacy fridge was at the required temperature when it was checked during the inspection but there were several instances where the temperature was above the required temperature on the max/min thermometer.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. And the team uses it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the BNF and the children's BNF.

Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Counting triangles were available. Computer screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.