

# Registered pharmacy inspection report

**Pharmacy Name:** Jhoots Pharmacy, Unit 2 (Adjacent to 480 Bristol Road), Bristol Road, Selly Oak, BIRMINGHAM, West Midlands, B29 6BD

**Pharmacy reference:** 1099014

**Type of pharmacy:** Community

**Date of inspection:** 07/08/2024

## Pharmacy context

This community pharmacy has changed ownership since its last inspection. It is situated on a busy road in Selly Oak, Birmingham and it serves a large student population who live in the local area. The pharmacy dispenses prescriptions and it sells a range of over-the-counter medicines. It offers the NHS Pharmacy First Service, sexual health services, substance misuse service, seasonal flu vaccinations and Covid-19 booster service. And it also supplies medicines in multi-compartment compliance packs to some people who need assistance in taking their medicines safely at home.

## 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 written instructions to help its team members work safely and effectively. Team members record dispensing they make mistakes but they do not always identify learning points to enable them to learn and improve from these events. The pharmacy generally keeps the records it needs to by law. And it has procedures to protect people's private information and safeguard vulnerable people.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) which had been recently updated. The responsible pharmacist (RP) explained that team members were in the process of reading the SOPs and were due to complete this activity by the end of August. The correct RP notice was displayed and team members understood the tasks they could not undertake in the absence of a pharmacist.

The pharmacy had current professional liability and public indemnity insurance. Records about the RP, private prescriptions, and controlled drugs (CDs) were generally kept in line with requirements. CD running balances were kept but audited intermittently. Not all randomly selected CDs checked during the inspection reconciled with the recorded balances in the register. However, this was resolved during the inspection. A separate register was used to record patient-returned CDs.

The pharmacy had some systems to record mistakes made during the dispensing process. Both mistakes that were spotted before the medicine left the pharmacy (near misses) and mistakes that had reached people (dispensing errors) were recorded on the pharmacy's patient medication records (PMR). There was limited evidence of review to identify how a mistake had happened, any actions taken to mitigate reoccurrence or identifying any emerging trends in the dispensing process. For example, the pharmacy had a near miss involving an incorrectly selected inhaler, but there was no evidence to show that team members had identified actions to help make sure it didn't happen again.

The pharmacy had a complaints procedure which was advertised in the pharmacy. The RP said that team members always endeavoured to resolve complaints in the pharmacy. Any complaints that could not be resolved locally were escalated to the head office. At the time of the visit, the pharmacy was not displaying its privacy notice to let members of the public know how their confidential information was managed by the pharmacy. However, after the inspection, the RP confirmed that the matter had been addressed. Access to the pharmacy's PMR system was password protected and confidential waste was shredded in the pharmacy. Completed prescriptions awaiting collection were stored securely and no patient-identifiable information was visible to members of the public visiting the pharmacy.

There were SOPs about safeguarding vulnerable adults and children. The RP had completed Level 2 safeguarding training and other team members had completed safeguarding training relevant to their roles and responsibilities. A chaperone policy was displayed in the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's staffing levels are adequate to manage its current workload safely. Its team members have some resources to keep their knowledge and skills current and they can provide feedback and raise concerns with senior leadership to help improve the pharmacy's services.

### Inspector's evidence

At the time of the inspection, a regular pharmacist was on duty supported by a qualified dispenser and an apprentice. The pharmacy also employed another qualified dispenser who was not on duty at the time of the visit. The team was managing the workload efficiently during the inspection and people visiting the pharmacy were acknowledged promptly.

Team members were working well together and appeared to share a good rapport with people visiting the pharmacy. A whistleblowing policy was available, and the RP said that they were well supported by the head office team. And they felt confident to raise any concerns about the way the pharmacy operated.

Team members were supported by some on-going training via an on-line platform. But this was optional for team members to complete and keep their own records. The RP said that they often discussed various healthcare related topics to help keep their knowledge up to date. Team members had completed mandatory training such as safeguarding vulnerable people and data protection. There were no specific targets or incentives set for team members.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are safe and adequately maintained. And they are kept secure. People visiting the pharmacy can have a conversation with a team member in private if required.

### Inspector's evidence

The pharmacy's front fascia and its public facing areas were in an adequate state of repair. Its entrance had a ramp from the outside pavement to help assist people with mobility difficulties. The dispensary had enough space to store medicines safely, and it was kept tidy. The sinks in the dispensary and consultation room were clean and they had a supply of hot and cold running water. Room temperatures were controllable, and levels of ventilation and lighting were suitable for the activities undertaken. There were several consultation rooms available for services and to enable people to have a private conversation with a team member if required. The premises could be secured against unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy supplies medicines safely and people with different needs can access its services. It gets its medicines from licensed wholesalers, and it stores its medicines appropriately. Team members understand how to respond to concerns about medicines and medical devices not fit for purpose. However, they do not keep records about these so it may be harder for the pharmacy to show that these had been dealt with appropriately.

### Inspector's evidence

The pharmacy's opening hours and the services it offered were displayed at the entrance. A range of leaflets and posters were displayed providing information on various healthcare-related topics. Team members used local knowledge to signpost people to other providers when a service required was not offered at the pharmacy. A prescription delivery service was offered to people who couldn't come to collect their medicines from the pharmacy and delivery records were kept to ensure medicines were delivered safely.

The dispensing service was organised and team members used baskets during the dispensing process to minimise the chances of prescriptions getting mixed up. Dispensing labels were initialled at the dispensing and checking stages to create an audit trail to show the team members involved in each task. 'Owing slips' were issued to people when prescriptions could not be fully completed when first dispensed.

The pharmacy was delivering the NHS Pharmacy First service and team members had all completed relevant training to deliver the service safely. All relevant documentation and patient group directions were available in the pharmacy. The RP said that the service had been well received amongst the student population and uptake had been good so far.

The pharmacy supplied medicines in multi-compartment compliance packs to some people who needed assistance in managing their medicines safely at home. These packs were assembled in a separate room to minimise the chances of any distractions or interruptions. Records were kept for each person so that any changes in the medication regime could be documented, monitored, and queried where appropriate. Hygroscopic and higher-risk medicines such as CDs, sodium valproate, nicorandil, and methotrexate were not supplied in compliance packs. Team members labelled the compliance packs with a description of each medicine to help people or their carers identify medicines correctly. Patient information leaflets were only included when a new medication was supplied. This could mean that people or their carers do not have ready access to all the information about their medicines. This was discussed with the RP who gave an undertaking that leaflets would be supplied routinely from now on.

Stock medicines were obtained from licensed wholesalers and were stored in an organised manner. Prescriptions for CDs not requiring secure storage were marked with the prescription expiry date to ensure these were not handed out beyond their 28-day validity period. CDs were stored in the cabinet and access to the cabinet was appropriately managed.

Temperature-sensitive medicines were stored in a medical fridge and temperatures were recorded daily. Records showed that temperatures had remained within the required range of between 2 and 8

degrees Celsius. The pharmacy had date-checking procedures for stock medicines and short-dated medicines had been marked for removal at an appropriate time. No date-expired medicines were found amongst in-date stock when checked during the inspection. Waste medicines were stored in designated bins ahead of collection by a specialist waste contractor.

The pharmacy received information about safety alerts and medicine recalls via email. Team members could explain how these were dealt with. However, they did not keep records of previously actioned alerts to show what action they took in response of these. This could make it difficult for pharmacy to show that it had responded to relevant alerts and recalls appropriately and in a timely manner.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And its team members use its equipment and facilities in a way that protects people's privacy and dignity.

### Inspector's evidence

Team members had access to current reference sources. The pharmacy had calibrated measures available for measuring liquid medicines and some measures were reserved specifically for measuring certain liquids to minimise the chances of cross-contamination. Equipment for counting loose tablets and capsules was available and it was kept clean. Medicine containers were capped. All electrical equipment was in good working order. People's confidential information on the pharmacy's computer system was password protected. Team members had access to cordless telephone so they could have phonecalls in private if required.

### 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.