

Registered pharmacy inspection report

Pharmacy name: Jhoots Pharmacy

Address: Oldham Integrated Care Centre, New Radcliffe Street, OLDHAM, Lancashire, OL1 1NL

Pharmacy reference: 1100086

Type of pharmacy: Community

Date of inspection: 17/03/2025

Pharmacy context and inspection background

This community pharmacy is located on the ground floor of a busy Integrated Care Centre in the centre of town. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. It provides a seasonal flu vaccination service and some other NHS funded services including the Pharmacy First Service. The pharmacy supplies some medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. The pharmacy changed ownership in August 2023.

This was a full inspection of the pharmacy following information received by the GPhC.

Overall outcome: Standards not all met

Required Action: Statutory Enforcement

Follow this link to [find out what the inspections possible outcomes mean](#)

Standards not met

Standard 1.1

- The pharmacy does not have appropriate contingency plans if the responsible pharmacist is absent. This means people may have difficulty accessing services and their medicines in a timely

manner. Members of the pharmacy team do not have a clear understanding of the pharmacy's operating procedures or know what activities must not take place when the responsible pharmacist is absent. This means they do not always work within the limitations of their roles and the pharmacy is not always operating safely.

Standard 1.2

- The pharmacy cannot demonstrate that records are made when things go wrong and there is no evidence of learning. This could make it harder for the team to review mistakes and identify any patterns or trends, so there is a risk that errors might be repeated.

Standard 1.4

- The pharmacy is not receptive to feedback about its services. And there is no easily accessible information available to people explaining how to make a complaint.

Standard 1.6

- The pharmacy's controlled drug (CD) and responsible pharmacist records do not meet legal requirements. CD records are not maintained in appropriately bound registers, some 'headers' are missing from pages, and certain entries are incomplete. In addition, running balances of CDs are not regularly audited so missing entries might go undetected. The responsible pharmacist log is also inaccurate. It does not always record the time when a responsible pharmacist is working in the pharmacy, and non-pharmacist team members use the log to record their attendance which could be confusing.

Standard 1.7

- The pharmacy does not have a suitable system in place to destroy confidential waste. This increases the risk of it accumulating and being disposed of inappropriately.

Standard 2.1

- The pharmacy does not always have a responsible pharmacist working across the duration of its advertised opening hours. For several weeks the pharmacy has not had a responsible pharmacist on Fridays which compromises its safe operation and the proper supervision of staff.

Standard 2.2

- Some members of the pharmacy team have not received any formal training and team members are working without adequate supervision at times. This does not meet GPhC minimum training requirements and means the pharmacy is unable to demonstrate that staff have the necessary skills to carry out their roles safely and effectively. For members of the team who are qualified, there is no regular or structured ongoing training, which could make it harder for them to keep their knowledge and skills up to date.

Standard 2.5

- The pharmacy's management fails to support its team members when they raise legitimate requests and concerns. This includes repeated requests for a pharmacist to provide cover, and for

the equipment needed to provide the pharmacy's service safely, such as a printer and CD registers. Team members have not been provided with the superintendent pharmacist's details and they are not able to contact them independently to seek advice or raise professional matters or concerns.

Standard 4.1

- The pharmacy does not open on Sundays, as advertised on the nhs.uk website. And on other days, such as Fridays, there isn't always a pharmacist present. This means people cannot always access pharmacy services as expected.

Standard 4.2

- There is evidence that pharmacy services are provided in a way that puts patient safety at risk. The pharmacy team continues to dispense prescriptions when there is no responsible pharmacist or pharmacist working. Pharmacy medicines, prescription only medicines and CDs are sometimes being supplied unlawfully when there is no pharmacist present.
- The pharmacy's compliance aid pack service is not adequately managed. There isn't a robust audit trail of changes to medication and communications with GPs. The packs are not adequately labelled with cautionary and advisory labels, so people do not have all of the information they need to take their medicines safely.

Standard 4.3

- The pharmacy does not always store CDs securely and in line with safe custody regulations, and there is a large accumulation of expired CDs awaiting destruction.

Standard 5.1

- The pharmacy does not have a working printer so they can not print off prescription tokens to support the dispensing and supply process. This may increase the risk of mistakes happening and means the dispensing process is inefficient.

Principle 1: The governance arrangements safeguard the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 1: Inspection outcomes for standards under principle 1

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
1.1 - The risks associated with providing pharmacy services are identified and managed	Not met	
1.2 - The safety and quality of pharmacy services are regularly reviewed and monitored	Not met	
1.3 - Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability	Met	
1.4 - Feedback and concerns about the pharmacy, services and staff can be raised by individuals and organisations, and these are taken into account and action taken where appropriate	Not met	
1.5 - Appropriate indemnity or insurance arrangements are in place for the pharmacy services provided	Met	
1.6 - All necessary records for the safe provision of pharmacy services are kept and maintained	Not met	
1.7 - Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Not met	
1.8 - Children and vulnerable adults are safeguarded	Met	

Principle 2: Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 2: Inspection outcomes for standards under principle 2

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
2.1 - There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided	Not met	
2.2 - Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training	Not met	
2.3 - Staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the best interests of patients and the public	Met	
2.4 - There is a culture of openness, honesty and learning	Met	
2.5 - Staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services	Not met	
2.6 - Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff	Met	

Principle 3: The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public

Summary outcome: **Standards met**

Table 3: Inspection outcomes for standards under principle 3

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
3.1 - Premises are safe, clean, properly maintained and suitable for the pharmacy services provided	Met	
3.2 - Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Met	
3.3 - Premises are maintained to a level of hygiene appropriate to the pharmacy services provided	Met	
3.4 - Premises are secure and safeguarded from unauthorized access	Met	
3.5 - Pharmacy services are provided in an environment that is appropriate for the provision of healthcare	Met	

Principle 4: The way in which pharmacy services, including management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 4: Inspection outcomes for standards under principle 4

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
4.1 - The pharmacy services provided are accessible to patients and the public	Not met	
4.2 - Pharmacy services are managed and delivered safely and effectively	Not met	
4.3 - Medicines and medical devices are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; supplied to the patient safely; and disposed of safely and securely	Not met	
4.4 - Concerns are raised when medicines or medical devices are not fit for purpose	Met	

Principle 5: The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 5: Inspection outcomes for standards under principle 5

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
5.1 - Equipment and facilities needed to provide pharmacy services are readily available	Not met	
5.2 - Equipment and facilities are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; and appropriately maintained	Met	
5.3 - Equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services	Met	

What do the summary outcomes 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.