

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, Hickings Lane Medical Centre,
120 Rycroft Street, Stapleford, NOTTINGHAM, Nottinghamshire,
NG9 8PN

Pharmacy reference: 1101943

Type of pharmacy: Community

Date of inspection: 05/05/2021

Pharmacy context

This pharmacy is co-located with a medical centre in the Nottinghamshire town of Stapleford. The pharmacy's main services include dispensing NHS prescriptions and selling over-the counter medicines. It also offers advice and treatment to help people manage minor ailments. And delivers some medicines to people's homes. The pharmacy was inspected during the COVID-19 pandemic following a potential safety concern being raised with the GPhC inspectorate.

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
1. Governance	Standards not all met	1.6	Standard not met	The pharmacy does not maintain all records accurately and in accordance with legal and regulatory requirements. This may compromise patient safety. Some records are not available for inspection as required.
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 not all met

Summary findings

The pharmacy does not manage all risks associated with providing its services. In particular, it does not maintain all records in accordance with legal and regulatory requirements. This means it has very limited assurance of the accuracy of these records, which could compromise patient safety. The pharmacy keeps people's private information secure. And it advertises and responds to feedback about its services appropriately. Pharmacy team members understand how to recognise and report concerns relating to vulnerable people. They act openly and honestly by discussing their mistakes. But they are not yet familiar with formal procedures designed to support them in their roles. This may cause inconsistencies in how tasks are completed and in how learning is shared.

Inspector's evidence

The pharmacy had addressed risks associated with providing pharmacy services during the pandemic. There was no written COVID-19 risk assessment seen. But team members provided examples of discussions that had taken place and confirmed they had engaged in individual risk assessments to help keep them safe at work. And a pharmacist had supported a new team member in seeking a COVID-19 vaccination appointment. The pharmacy limited the number of people allowed in the public area to one at any given time, unless accompanied by a carer or a dependent. It had plastic screening at the medicine counter and markings on the floor in the public area. This helped to maintain social distancing and reduced the risk of spreading coronavirus. Notices in window displays informed people of the pharmacy's access policy and the need to wear a face covering when visiting. Pharmacy team members could not socially distance well in the dispensary due to the size of the work area. But they had appropriate access to personal protective equipment (PPE) and wore face masks whilst working.

The dispensary was organised and clean, workflow was generally efficient. But the pharmacy held some baskets of part-assembled medicines waiting for additional stock at floor level below a work bench. A discussion took place about the risk of storing baskets of medicines in this way. And a team member explained the team had identified this and was in the process of creating some additional space for these baskets on shelving to the side of the RP's checking area.

The pharmacy had standard operating procedures (SOPs) in place to support the safe running of the pharmacy. It stored these electronically and they covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. A pharmacist from the company's management team had reviewed the SOPs in November 2020. But there was no indication that the Superintendent Pharmacist (SI) was involved in this review process. Training records associated with the SOPs were available. But most of these related to team members who no longer worked at the pharmacy. The longest serving member of the current team had been in place less than five weeks. And all current team members still needed to work through the SOPs as part of their induction process. During the inspection the company's Operational Lead (OL) was present supporting the pharmacy team. And the OL provided assurance that training related to the SOPs was ongoing during the induction period. All members of the dispensary team were knowledgeable about their roles, and they were observed working in accordance with dispensing SOPs. For example, by completing a dispensing audit trail on medicine labels. One team member explained clearly what tasks could and could not be completed if the RP took absence from the premises.

The pharmacy had an electronic near-miss error reporting record. The OL demonstrated how the record was designed to provide thorough trend analysis of near misses including times mistakes were made, whether 'look-alike and sound-alike' medicines were involved and whether the near miss involved a multi-compartment compliance pack. Monthly reports included details of actions taken to reduce risk. And these included double checking picked items and taking extra care when reading prescription forms. But not all team members were familiar with the record and there was some missed opportunities for recording near misses. For example, one team member provided details of verbal reflection with a pharmacist following a near miss, but the near miss had not been recorded. No near misses had been reported in April 2021 despite the team being newly established and unfamiliar with the pharmacy. This meant the team had missed out on an opportunity to use the trend analysis tool to support shared learning, and to help reduce the risk of similar mistakes being made. There was good evidence of incident reporting through a process which informed the National Pharmacy Association (NPA) and the pharmacy's management team. Following an incident report being submitted the SI or deputy SI reviewed the incident and provided actions for the team to implement. But it was not obvious if recent actions had been applied as records of these follow-up actions being completed were not seen.

The pharmacy had a complaints procedure in place which was prominently advertised. Team members were observed managing a concern relating to a prescription during the inspection. And confirmed there had been some recent concerns. These related to some informal arrangements related to prescription ordering which had been in place prior to the new team taking over. Team members were aware of how to escalate concerns to the pharmacy's head office if a person was not satisfied with the outcome of local resolution. The staff induction process included training associated with data protection and confidentiality. And team members were observed managing information securely throughout the inspection. The pharmacy held confidential waste in bags and these were collected periodically for secure disposal. But some confidential waste waiting to be collected was held in the pharmacy's consultation room. Patient data was not visible through the bags. But a discussion took place about appropriate storage arrangements and the OL provided assurance the waste would be removed and disposed of securely. The pharmacy had procedures relating to safeguarding vulnerable adults and children. The team had access to contact details for local safeguarding teams. And a team member provided examples of how she had previously managed and reported safeguarding concerns.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. Entries in the RP record complied with legal requirements. But other legal records associated with providing pharmacy services were not in order. The pharmacy was running both a handwritten and a manual CD register. The OL explained the electronic register was in a trial phase and pharmacies were asked to maintain both registers during this time. But there appeared to have been some confusion as the handwritten register was not fully maintained. And not all balance checks of physical stock complied with the balance recorded in the electronic register. The introduction of two registers also meant the pharmacy was not complying with legislation as multiple registers were only allowable through approval by the Home Office. One section of the handwritten CD register was not available for inspection, despite the pharmacy having stock of the medicine the section related to. And sections of the handwritten register viewed did not always include page headers or the address of the wholesaler when a CD was received. The most recent balance check recorded in the sections of both registers examined took place in April 2021. But balance checks in the handwritten register were not carried out regularly as per SOPs. The pharmacy's Prescription Only Medicine (POM) register was available electronically. But recent private prescriptions could not be found despite records showing dispensing had taken place. And certificates of conformity relating to unlicensed medicines were not available for inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload. It offers some support to its team through induction training. But monitoring processes and protected learning time would help team members work through mandatory training in a timely manner and have the opportunity to develop in their roles. Team members have the confidence to follow the pharmacy's feedback processes should they need to.

Inspector's evidence

The pharmacy employed a qualified dispenser and an apprentice, both were on duty during the inspection. A dispenser from another local pharmacy was providing the pharmacy's medicine delivery service. The RP was employed by the company and was providing some relief support as the regular pharmacist was on leave. It was the RP's first shift in the pharmacy since joining the GPhC as a registered pharmacist, following working as a provisional registrant during the pandemic. The RP confirmed that she felt well supported and could contact members of the pharmacy management team for additional support if required.

Some long serving team members had left the pharmacy over the course of the pandemic. This had led to a spike in turn-over of staff. All team members on duty were in the process of induction training. But had generally been learning on the job. Protected time to read SOPs had not been provided to date. They expressed that they did feel supported in their roles. And explained that very recently members of the pharmacy's management team, including the OL and the area manager, had been providing extra support. And a team member provided examples of how feedback had been taken onboard to help drive improvement. For example, the dispensing and checking work benches had been switched around in the dispensary. The change meant that the pharmacist was less likely to be disturbed when checking prescriptions, and team members were in view of the door to monitor access and to greet people.

The team had not implemented structured team meetings to date. But were observed sharing information openly and honestly during the inspection. And the OL was observed supporting tasks such as the completion of the end of month submissions. The pharmacy had a whistle blowing policy and team members confirmed their understanding of how they would raise a concern or provide feedback if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an appropriate environment for delivering healthcare services. And the facilities available give people the opportunity to speak with a member of the pharmacy team in a private.

Inspector's evidence

The pharmacy was appropriately clean and secure. It consisted of a small public area, a consultation room, a dispensary and staff facilities. The public area was clear of clutter and provided enough space for people to wait for their medicine or for a consultation. A low level gate divided the medicine counter from the public area, and provided access through to the dispensary. The carpet in the dispensary was worn in places and some areas of the pharmacy were cluttered. For example, boxes of COVID-19 lateral flow tests blocked clear access to staff kitchen facilities. The team explained that it was receiving regular allocated deliveries of the test kits as it provided the NHS COVID-19 test distribution service. But it was not issuing as many kits as it received. This had led to a large stock of unused kits, and a lack of appropriate space to store these. Space for completing dispensing activity was unaffected with enough work bench space available for completing tasks associated with dispensing prescriptions.

Lighting was bright and ventilation appropriate on the day of inspection. Antibacterial soap and paper towels were available at designated hand washing sinks, and antibacterial hand gel was readily available for team members and members of the public to use. Clutter in the consultation room did distract from the professional appearance of the room and meant less space was available to socially distance. But the room remained accessible to people. The pharmacy also had a current policy of one person in the public area at any given time which meant that some conversations could take place over the medicine counter without breaching the persons confidentiality.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. It has procedures to help provide its services safely and effectively. The pharmacy obtains its medicines from reputable sources. And it stores its medicines safely and securely. The pharmacy team provides people with relevant information about the medicines they are taking. But it doesn't routinely keep a record of these types of intervention. This may make it more difficult to provide continual support and to evidence the care provided if queries arise.

Inspector's evidence

The pharmacy was accessed through a push/pull door leading from the medical centre carpark. There was a range of health promotion posters displayed in the pharmacy window focussing on what people needed to do if they had symptoms of COVID-19, and promoting local community health and wellbeing services. The posters also advised people about current access arrangements into the pharmacy, including the need to wear a face covering. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if they were unable to provide a service.

The public area of the pharmacy was small, providing seating for people waiting for prescriptions of service. The pharmacy protected Pharmacy (P) medicines from self-selection as it displayed them behind the medicine counter. The RP explained how she would provide verbal counselling to people when handing out some prescriptions. For example, antibiotics. And was able to provide some examples of how she would counsel people taking higher risk medicines such as warfarin or those requiring a pregnancy prevention plan. This included ensuring warning cards for the Pregnancy Prevention Programme (PPP) were handed out. A discussion took place about the importance of providing a PPP warning card each time valproate was dispensed to a person in the high-risk group. The pharmacy did not keep formal records of these types of interventions.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and informed workload priority. The pharmacy team kept original prescriptions for medicines owing to people. It used the prescription throughout the dispensing process when the medicine was later supplied. The pharmacy provided medicines in multi-compartment compliance packs to a very small number of people. There were no assembled packs available to check on the day of inspection. But some information relating to a compliance pack waiting to be assembled included a backing sheet with clear descriptions of each medicine inside. There were patient information leaflets for the medicines included within the pack. The pharmacy had an audit trail in place for its medicine delivery service. It not currently require people to sign for their prescriptions due to infection control procedures introduced during the pandemic. The delivery driver discussed his roles and responsibilities, this included verbal identification checks made at the point of delivery.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. It stored medicines in an orderly manner, within their original packaging, on shelves throughout the dispensary and back storeroom. Team members could not locate the current date checking matrix. But explained they were currently mid-way through date checking the dispensary. A random check of dispensary stock found no out-of-date medicines. The team generally annotated details of opening dates on bottles of liquid medicines. But a bottle of Oramorph was found to be open without a date annotated on the box

or bottle. This was brought to the attention of the team and segregated from current stock.

The pharmacy held CDs in a secure cabinet. Medicines storage inside the cabinets was orderly. The pharmacy's fridge was clean and a good size for stock held. There was some gaps in temperature recording, and the current maximum was showing 10 degrees Celsius. But the team had not yet been shown how to reset the thermometer. The fridge was checked several times during the inspection and was operating within the required temperature range of two to eight degrees Celsius each time. And the OL showed a data logger which could also be run if there were concerns relating the temperature.

The pharmacy had appropriate medical waste bins available. It received medicine alerts through email and there was an appropriate process in place for checking these alerts against stock held by the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Pharmacy team members have access to the equipment they require to provide the pharmacy's services safely. And they manage and use this equipment appropriately.

Inspector's evidence

The pharmacy had up-to-date written reference resources available including the British National Formulary (BNF), BNF for children. And pharmacy team members could access the internet and intranet to help resolve queries and to obtain up-to-date information. Computers were password protected, and positioned so information on computer monitors was not visible from the public area. The pharmacy stored bags of assembled medicines in a protected area. This meant details on bag labels were not seen from the public area of the pharmacy. Members of the pharmacy team used cordless telephone handsets. This meant they could move out of earshot of the public area if the phone call required privacy.

The pharmacy had a range of clean equipment available to support the delivery of pharmacy services. Equipment included counting apparatus for tablets and capsules, and crown stamped measuring cylinders for measuring liquid medicines. Separate equipment was available for measuring and counting higher risk medicines to reduce any risk of cross contamination. And the pharmacy had single-use consumables for the substance misuse and compliance pack services.

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.