General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, Brierley Hill Health & Social Care Ctre, Off Little Cottage Street, BRIERLEY HILL, West Midlands, DY5 1RG

Pharmacy reference: 1102644

Type of pharmacy: Community

Date of inspection: 18/07/2019

Pharmacy context

This is a community pharmacy within a busy health and social care centre in Brierley Hill, West Midlands. The pharmacy is open extended hours over seven days. People using the pharmacy are from the local area and the pharmacy dispenses multi-compartment compliance packs for collection from other pharmacies. The pharmacy dispenses NHS prescriptions and provides some other NHS funded services such as Medicines Use Reviews (MURs) and the New Medicine Service (NMS).

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	1.1	Standard not met	The pharmacy's team does not follow the pharmacy's written procedures for dispensing compliance packs and there is evidence that things have gone wrong as a result. The written procedures do not always contain all of the detail required to help the teams in different branches understand their responsibilities for compliance pack dispensing. And there are some risks associated with the service that have not been adequately identified and addressed.
		1.7	Standard not met	The pharmacy does not always obtain people's consent to share their information when dispensing compliance packs for other Jhoots pharmacies.
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 always identify and manage risk well. The team have written instructions to help make sure it works safely. But team members do not always follow them. This may increase the likelihood of things going wrong, or mean they miss learning opportunities. The pharmacy does not always obtain people's consent to share their information when dispensing compliance packs for other Jhoots pharmacies.

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 stored on the company intranet. Roles and responsibilities of staff were highlighted within the SOPs. A role-specific training log was used to record staff training on the SOPs. The RP said the completed training logs had been sent to head office and they had not retained a copy in branch. So, it was difficult for pharmacists signing in as RP to be assured that staff had completed training on the pharmacy procedures.

The amount of multi-compartment compliance packs dispensed at the pharmacy had vastly increased over the past few months and about half of the items dispensed at the pharmacy were for people using multi-compartment compliance packs. The packs were dispensed at the pharmacy and delivered to other Jhoots pharmacies to be collected or delivered . There was an 'MDS transfer' SOP and 'MDS transfer checklist' which clearly described the process to follow when dispensing compliance packs and the information that should be supplied when transferring the responsibility for dispensing the packs between branches. The SOP clearly stated that written consent should be obtained from the patient, the checklist must be fully completed, and the form signed off by an area co-ordinator before the transfer was permitted. This process was rarely followed in the pharmacy and the responsible pharmacist (RP) had only seen one branch that supplied the checklists. The RP appeared unaware of the SOP for MDS transfer and could not provide assurances that the people they were dispensing multi-compartment compliance packs for had given their consent for them to do so. Consent was particularly important as some of the pharmacies that were being supplied were separate legal entities. There were no additional SOPs or procedures available that formalised the prescription ordering process, continuity plan, error reporting or complaints procedure for the compliance packs and the accountabilities of the different branches.

The pre-registration trainee was undertaking a near miss audit as she had identified that the online recording system was not being used consistently. Near misses had been recorded on a paper form since the start of the end of May 2019 and the log was reviewed for patterns and trends at the end of each month. The number of near misses recorded on the log was low despite the additional focus on reporting. This suggested that not all near misses were recorded and learning opportunities could be missed. Dispensing incidents were recorded electronically, and a company director was informed of any errors. A dispensing incident involving a compliance pack had been reported to another branch and the other branch had resolved the issue and reported the error using the online form. The incident had then been reviewed by the pharmacy as they had originally dispensed the packs. The review failed to identify that a contributing factor had been that not enough information had been provided about the patient to be able to dispense her trays to her preference. The incident may not have occurred if they

had been using the ‘MDS transfer checklist’.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispenser answered hypothetical questions related to medicine sales and Responsible Pharmacist (RP) absence correctly.

The complaints, comments and feedback process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written and the annual NHS CPPQ survey. The branch team tried to resolve issues as they occurred and would refer to a company director if they could not resolve the complaint. The pre-registration trainee had done a customer service survey and shared the areas for improvement with the team.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice was clearly displayed and the RP log did not technically comply with requirements due to an IT issue when producing the report. The electronic report listed all members of staff as being signed in as RP, which created multiple RP’s at the same time some of which were non-pharmacists and could cause confusion in the event of a query. The entries in the controlled drug (CD) registers were in order. A random balance check matched the balance recorded in the register. The patient returned CD register could not be located during the inspection. A balance check for methadone was done weekly and the manufacturer’s overage added into the running balance. A sample of private prescription and emergency supply records were seen to comply with requirements.
Specials records were not being maintained with an audit trail from source to supply. MUR consent forms were seen to be signed by the person receiving the service.

Confidential waste was stored separately to normal waste and sent offsite to be destroyed. No confidential information could be seen from the customer area. The pharmacy staff had NHS Smartcards. A smartcard belonging to a pharmacist that was not present was being used as the passcode had been written on it, but this was rectified during the inspection. Various information governance (IG) policies were in the SOPs. As the pharmacy did not have a copy of the consent form that was used for transferring compliance packs it was unclear whether people were aware that their information was being passed to a different company.

Pharmacy staff answered hypothetical safeguarding questions correctly. Staff gave examples of what would be a safeguarding concern and local safeguarding contacts were available. The RP had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding and would contact the superintendent or head office for advice before making a referral.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Pharmacy team members complete the training they need to do their jobs. But they do not have formal training plans or protected time to complete ongoing training, so they may not always keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team comprised of five regular pharmacists, a pre-registration trainee, a dispensing assistant, five pharmacy apprentices, two medicine counter assistants and a delivery driver. The staffing levels had been increased to manage the additional compliance packs that had transferred into the branch. The team explained that some of the administration tasks associated with the compliance packs, such as placing prescription orders with the surgeries and chasing missing prescriptions, had become the responsibility of the other branches due to the time it was taking.

Holidays were booked in advance and to ensure there was enough cover available. The team co-ordinated their holiday and checked with the RP before submitting the request to head office. The pharmacists checked the rotas in advance and asked staff to change their shifts or work overtime to manage any gaps in the schedule.

The pharmacy apprentices completed training in accordance with the plan provided by the college they were enrolled at. The pre-registration trainee was due to sit the autumn registration assessment and was up-to-date with the required progress reports. The company had provided weekly training days for the first 30-weeks, but the pre-registration trainee had not been allocated protected study time to prepare for the registration assessment after the 30-weeks had finished. The apprentices had reviews and observations from their college tutors and other members of staff had performance reviews with the branch manager.

The pharmacy team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. Pharmacy staff had regular discussions in the dispensary to communicate messages and updates. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the pharmacists. Staff said they would speak to the pharmacists or college tutors if they had any concerns and the contacts details for head office were available if required.

The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. Targets were in place for services; the RP explained that she would use her professional judgment to offer services e.g. MURs when she felt that they were appropriate for the person.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is generally clean, secure and suitable for the services currently provided.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. The dispensary was an adequate size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a large shop area and most of the shelving was empty.

There was a private soundproof consultation room which was used throughout the inspection. The consultation room was signposted and professional in appearance. Access was controlled as the door was behind a barrier. There was a second consultation room that could be accessed from the shop floor. It was being used to store pharmacy waste; such as black bin bags and cardboard boxes, in the short-term as the pharmacy bins had not been collected as the refuse collection lorry had not been able to gain access.

The pharmacy was generally clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff. The sink in the dispensary and staff area had hot and cold running water, hand towels and hand soap available. The three sinks and the staff toilet were dirty and would benefit from a deep clean.

The pharmacy had air conditioning and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided. Prepared medicines were held securely within the dispensary and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy opens early and stays open later than usual. It generally sources, manages and supplies medicines safely. But the pharmacy does not always label compliance packs properly or provide people with medicine leaflets. This means that people might not have all the information they need to take their medicines.

Inspector's evidence

The pharmacy was situated within a medical centre. It had an automatic door and step-free access from the street and a second entrance from the medical centre. A home delivery service was available for people that could not access the pharmacy. The pharmacy opened for longer hours than many other pharmacies which included late nights, Saturday and Sunday.

A range of pharmacy leaflets explaining each of the services was available for customers. The pharmacy staff used local knowledge and the internet to refer people to other providers for services the pharmacy did not offer. The pharmacy did not have a practice leaflet containing information such as the complaints procedure, how the pharmacy stores confidential information or the services available.

A dispensing audit trail was seen to be in place for prescriptions through the practice of staff signing their initials on the dispensed and checked by boxes provided on medicine labels. Dispensing baskets were used to keep medication separate. Different coloured baskets were used to prioritise workload. Prescriptions were being supplied in bags that had the name of another pharmacy company on which could be confusing to people.

Multi-compartment compliance packs were dispensed at the branch and delivered to other pharmacies for onward supply. A company director had developed a schedule for the branches to work to and the other pharmacies received a monthly delivery of compliance packs.
Prescription requests were generated two weeks before they were due to be delivered and they were emailed to the original branch. The original branch took the requests to the surgeries on their behalf. The pharmacy informed the original branch by email if they had not received prescriptions for the items requested by a cut-off point. The original branch was then required to chase the missing prescriptions and dispense the compliance pack.
The process for mid-cycle changes was described in the SOPs; however, this was not followed in practice. Mid-cycle changes were usually made by the original branch and followed-up with an email so that records could be annotated.
Descriptions of medicines were written onto the compliance pack inserts. The compliance pack inserts were not attached to the pack so, they did not technically meet labelling requirement. Patient information leaflets were not routinely supplied. This is a legal requirement and without the leaflets patients and carers may not have all the information they need to use the medicines safely.
Stickers were attached to prescription bags to assist counselling and hand-out messages for example, eligibility for a service, specific counselling or fridge item. The RP and pre-registration trainee were aware of the requirement to provide additional counselling to ladies prescribed valproate but could not locate the purple folder that contained the supporting leaflets and stickers and agreed to order more.

Other staff were not aware of the counselling requirements counselling requirements and the RP said she would arrange a briefing.

No out of date medicines were seen during the inspection. Date checking records were not retained in the branch and the RP said they were sent to head office. Medicines were obtained from a range of licenced wholesalers. Medicines were stored in an organised manner on the dispensary shelves. Medicines were stored in their original packaging. Split liquid medicines with limited stability once opened were marked with a date of opening. SOPs had been updated to reflect the Falsified Medicines Directive (FMD) but the team were unaware if any other changes that had taken place and were not scanning barcodes. Patient returned medicines were stored separately from stock medicines in designated bins.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. The CD keys were in the possession of the RP and secured safely overnight. There was a fridge in place to hold stock medicines and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were kept and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including 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. Separate measures were available for preparation of methadone. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines.

Screens were not visible to the public as members of the public were excluded from the pharmacy premises. 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.