

# 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:** 28/09/2021

## 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. It dispenses NHS prescriptions and provides a substance misuse service. The pharmacy also acts as a 'hub' and dispenses medicines in multi-compartment compliance packs for other Jhoots pharmacies. And it provides some other NHS funded services such as seasonal 'flu vaccinations and a minor ailment scheme. The pharmacy is also participating the COVID-19 vaccination service. The inspection was completed during the COVID-19 pandemic.

## Overall inspection outcome

**Standards not all met**

**Required Action:** Improvement Action Plan

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## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards not all met	1.1	Standard not met	The pharmacy does not adequately identify and manage the risks associated with some of its services. It lacks effective contingency plans to manage unexpected disruptions. And it cannot always demonstrate that team members work within their competence, which may increase the risk of mistakes.
		1.5	Standard not met	The pharmacy cannot demonstrate that appropriate insurance arrangements are in place to cover the services provided.
		1.6	Standard not met	Some of the pharmacy's records are inaccurate or incomplete. This means that team members may not always be able to show what has happened.
		1.7	Standard not met	The pharmacy does not display signs with information about its surveillance camera system which includes audio recording, so people may not be aware that they are being monitored.
<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 not all met	4.2	Standard not met	Pharmacy services are not always effectively managed, which may increase risk. There is a lack of reliable audit trails and governance systems which means it may not always operate safely.
		4.3	Standard not met	The pharmacy cannot always demonstrate that it takes appropriate steps to store and manage its medicines appropriately.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy does not adequately identify and manage the risks associated with its services. It lacks effective contingency plans to manage unexpected disruptions. And it cannot always show that team members work within their competence, which may increase the risk of mistakes happening. The pharmacy keeps some of the records required by law, but information is missing or inaccurate, so team members may not be able to demonstrate what has happened. Team members understand the need to keep people's private information safe and they know how to raise concerns to protect the wellbeing of vulnerable people. But surveillance systems within the pharmacy may breach people's privacy. And the pharmacy cannot demonstrate that it holds appropriate insurance to cover the services it provides.

### Inspector's evidence

The pharmacy was part of Jhoots group which included Jhoots Pharmacy Ltd, Jhoots Chemist Ltd, Jhoots Healthcare Ltd, Jhoots Mediapharm Ltd, Pasab Ltd, and Billingham Health Ltd. The superintendent (SI) pharmacist did not work at the pharmacy regularly. The regular pharmacy manager and responsible pharmacist (RP), who was also the Business Development Director, was not present on the day. The RP was a provisional registrant, who usually worked at another branch.

A range of standard operating procedures (SOPs) were available which covered some of the operational activities of the pharmacy and the services provided. Pharmacy team members understood how to access the procedures, but some team members had not read all of them. Team members said that they had generally read procedures that were relevant to the main tasks that they carried out, such as assembly of multi-compartment compliance packs, but most training and instruction had been provided on-the-job. Through discussion, team members demonstrated a clear understanding of the tasks that they were completing during the inspection, but they were unsure of some of the pharmacy's other procedures so they may not always be aware of what is expected of them or work effectively. As the regular pharmacist was not present, there appeared to be a general lack of leadership within the pharmacy, particularly relating to the operation of the COVID-19 vaccination service, which was being supervised by the provisional registrant. This was not permitted according to GPhC guidance and the situation was rectified when it was pointed out to the company's management team.

A certificate of professional indemnity and public liability was not seen during the inspection. Despite attempts to seek confirmation following the inspection, an in-date insurance policy was not provided by the pharmacy.

Near miss and incident reporting was discussed with the pharmacy team members, but some of them were not always confident in explaining the recording process. A near miss log was maintained through the patient medication record (PMR) system and team members said that the regular RP would discuss any near misses or incidents with them. Dispensing incidents were also recorded using the PMR system, but records did not always fully explain the circumstances of the incident or what measures were taken to prevent the same mistake from happening again. So the team may be missing additional opportunities to learn and improve.

Following the previous inspection and subsequent enforcement action, the pharmacy had initiated a regular audit to help ensure adherence to pharmacy procedures. The audits were discussed with the operations manager, but completed examples were not provided.

The complaints, comments and feedback process was explained in the SOPs. People could give feedback to the pharmacy team verbally and access to a feedback survey was available through a digital screen positioned at the medicines counter.

The RP notice was not conspicuously displayed. The operations manager explained that the details of the RP were displayed at the till point at the medicine counter, but this was not easily seen, and it showed the incorrect details. The RP on the day used a fingerprint scan to update this information electronically, but the notice did not display the additional information required about provisional registration. The RP log was maintained electronically through the PMR system. The details of the RP at the time of the inspection and the day prior to the inspection were incorrect and the pharmacy team members were unable to account for this. The RP amended the log when this was identified.

Controlled drugs (CD) registers were generally in order and recorded a running balance. A sample of registers reviewed indicated that balance checks were completed regularly. A patient returns CD register was also in use and previous destructions had been signed and witnessed. Private prescription records did not always record the details of the prescriber, so they were not technically compliant. Team members were unable to locate records for the procurement of unlicensed specials.

The pharmacy had some information governance (IG) procedures and the team members demonstrated a general understanding of confidentiality. Team members held their own NHS smartcards, but NHS smartcards of individuals who were not present at the inspection were left next to computers in the pharmacy, so team members could not always demonstrate smartcards were stored securely when not in use. Confidential waste was segregated and shredded on the premises. The pharmacy had CCTV cameras in operation which also recorded audio, but this was not made clear to people using the pharmacy. There was nothing displayed within the pharmacy informing members of the public that audio recording was in place. This may breach people's privacy.

The RP had completed level two safeguarding training. A trainee dispensing assistant had completed safeguarding training as part of the apprenticeship programme she was completing. The trainee provided examples of when she had spoken to the pharmacist about concerns she had identified when speaking to people on the telephone.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its dispensing workload, but the level of supervision and the skill mix may not always be appropriate which puts unnecessary pressure on the team. Team members can raise concerns and provide feedback on the pharmacy's services.

### Inspector's evidence

The RP was a provisional registrant. He confirmed that he had a named senior pharmacist who he could contact if he had any questions. He explained that he would speak to the senior pharmacist, or head office if he had any concerns about the safe running of a pharmacy that he was working at. The RP explained that he spent his time working between busy and quieter pharmacies and he could spend time studying for his registration assessment whilst working in the quieter pharmacies. He was registered with an external training company to support his revision for the assessment and he had registered for the November sitting of the registration assessment. At the time of the inspection the provisional registrant was the only pharmacist present. Another vaccinator was expected to assist with the vaccination service, and another pharmacist was due to arrive later in the day to work until closing. The second vaccinator had not arrived by the time the inspection concluded. This meant that the provisional registrant was supervising the dispensing operation and also in charge of the COVID-19 vaccination service.

The rest of the pharmacy team comprised of nine dispensary assistants, most of whom were trainees, so they were inexperienced. The pharmacy manager worked as the regular morning pharmacist and another pharmacist worked in the afternoons and evenings. Several team members had recently started working at the pharmacy, and were due to begin a pharmacy assistant training course with a local college. The pharmacy was busy and appeared disorganised. The inspectors contacted the company operations manager, who attended at the premises and agreed to arrange further support.

There was limited structured ongoing learning and development available from the pharmacy. Two dispensary assistants explained how they received feedback from the regular pharmacists throughout the working day and that they had previously received one-to-one feedback on their development. Records confirming this were not seen. Team members who were enrolled on apprenticeship programmes also received support and feedback from college tutors.

Sales of over-the-counter medicine were discussed with a dispenser, who outlined the questions he would ask to help ensure sales were safe and appropriate. The dispenser identified some of the types of medicines which may be particularly susceptible to abuse and misuse, and he explained how inappropriate or frequent requests were managed. Any concerns were directed to the pharmacist in charge. The pharmacy stored some medicines such as codeine linctus and Phenergan elixir out of sight and the price had been adjusted on the till to remind the member of staff that there were additional checks that should be made before selling these products.

Pharmacy team members had regular discussions in the dispensary to communicate messages and

updates. Team members were happy to discuss any concerns with the regular pharmacists, and they could contact head office if needed. A dispenser confirmed that a company whistleblowing policy was included with the SOPs.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is spacious and suitably maintained for the provision of healthcare services. It has a number of consultations rooms to enable services to take place in private.

### Inspector's evidence

The pharmacy was generally well maintained. Pharmacy team members completed general housekeeping duties and suitable cleaning materials were available, along with hot and cold running water. There was adequate lighting throughout, and the pharmacy had air conditioning to help maintain a temperature suitable for the storage of medicines.

The dispensary was an adequate size for the services provided. There were segregated work areas for team members to complete dispensing activities and checking took place on separate areas of the worktops. There was ample storage space for prescriptions waiting to be assembled. The pharmacy displayed a poster at both entrances to say that due to the pandemic, access was limited to three people at a time, but this rule was not enforced, due to the COVID-19 vaccination waiting area. The pharmacy was currently only permitting card payments during the pandemic.

The waiting area within the pharmacy was suitably maintained. Around the edge of the room, there were nine designated waiting areas for people undergoing observation after receiving their COVID-19 vaccination. Each of these spaces had chairs available for use. There were several consultation rooms located off the waiting area. The rooms were clearly signposted, and each had a designated purpose. Three of the rooms were reserved for use in the COVID-19 vaccination service. There were two vaccination rooms and a room used specifically for vaccination preparation. The smaller room was used for single person vaccination and the larger room was used for couples. The RP confirmed that he cleaned the points that had been touched, such as, the chairs, between patients. The vaccination preparation room contained a medical fridge used to store COVID-19 vaccinations and 'flu vaccinations.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy's services are readily accessible. It has made some improvements to the way it manages multi-compartment compliance packs. But some of the pharmacy's services are less well managed. And the lack of organisation and governance systems increases the risk that something may go wrong. The pharmacy sources its medicines from reputable sources, but it cannot always demonstrate that it stores them securely or that it manages them appropriately, so they are safe to use.

### 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 directly from the medical centre. A home delivery service was available for people that could not access the pharmacy. The pharmacy was open longer hours than most other local pharmacies which included late nights, Saturday and Sunday.

The pharmacy supplied approximately 30 other pharmacies ('spokes') with multi-compartment compliance packs. The pharmacy maintained a master list of all Jhoots pharmacies that they dispensed compliance aid packs for. Each pharmacy was assigned a week on which prescriptions were requested. A dispenser was responsible for generating repeat prescription requests to send to GP surgeries. Contact was not always made with patients prior to requests being made, so it was not always verified when extra medicines such as 'when required' pain relief was needed. This may increase the risk of unnecessary waste. The dispenser kept an audit trail for each pharmacy, which recorded when prescriptions for each patient had been received back. Any discrepancies were recorded on the audit trail and were followed up by the dispenser. Prescriptions were labelled and stock was picked and then checked by the RP. Prescriptions, backing sheets and medications were stored in individual colour coded baskets to keep them separate and reduce the risk of medicines being mixed up. Another dispenser then assembled the multi-compartment compliance pack. A dispenser explained that they checked the information on the backing sheet matched the prescription form, and that the stock that had been picked was correct. Amendments to the descriptions of medicines on the backing sheet were made by hand if necessary.

Dispensing labels were not routinely signed by team members who were responsible for dispensing and checking. Instead the pharmacy had introduced a barcode tracking system which logged who was responsible for each part of the dispensing process, and this included a record of which box the compliance aid pack was being stored in, ready for delivery. Examples seen indicated that the system was not always being consistently utilised. An audit trail to identify those involved in the dispensing process was therefore not always available, and so learning opportunities may be missed.

Completed compliance packs were packaged into cardboard boxes which were labelled with the delivery destination. These were being stored on the floor of the dispensary and there were some checked and bagged medicines awaiting delivery being stored in tote boxes in the bathroom due to a lack of space. This was unsuitable and may pose a hygiene risk. If a 'spoke' pharmacy was part of the same legal entity as the pharmacy, delivery of the compliance aid packs was made to the individual pharmacy for onward delivery to the patient or collection from the pharmacy. For these supplies,

additional items such as CD and fridge medicines were requested on separate prescriptions and these were fulfilled by the 'spoke' pharmacy. For pharmacies which fell under a separate legal entity, all supplies made from the 'hub' were delivered directly to the patient. The pharmacy did not always identify prescriptions for CDs and three bags of prescriptions which were awaiting delivery were found to contain CDs items, and all of the relevant prescription forms had expired.

For walk-in and general repeat prescriptions, the pharmacy used stickers to identify prescriptions for CDs. Stickers were also available to identify fridge medicines and prescriptions which may require additional counselling. The supply of valproate-based medicines to people who may become pregnant was discussed with the RP but he was not confident in the requirements of the guidance issued by the Medicines and Healthcare products Regulatory Agency (MHRA). But he agreed to review the relevant guidance and literature.

The pharmacy was operating a COVID-19 vaccination service from the registered premises. The operations manager reported that from the week of the inspection an appointment-based system should have been in operation to help manage the workload. But walk-in patients were still being accepted, despite the clinic being busy and there being only one vaccinator. And pharmacy team members were heard informing patients over the phone that no appointment was necessary. The clinic was running behind, placing additional pressure on the RP, and affecting the overall patient experience. The RP had completed vaccination training and confirmed that he had reviewed the SOP and risk assessment materials with the regular pharmacist, prior to working in the clinic. But these materials were not available for review on the day. The vaccinations were stored within the preparation room in a medical grade fridge. The fridge temperature was within the recommended range for storage, but team members were unable to demonstrate that temperature records were maintained. The vaccine administration room had equipment used for the administration of vaccinations. This included gloves and sharps bins. Two adrenaline auto-pens kept in case of anaphylaxis were found to be expired. The RP had access to supplies of adrenaline ampoules in case these were needed.

Medicines were stored on large shelving units within the dispensary, and they were generally well organised. There were several medicines which were not being stored in the original packaging provided by the manufacturer. These medicines, which had been packed down into brown medicine bottles, were not labelled with the details of the batch number or expiry date, so they could not be adequately date checked or quarantined in the event of a medicines recall. These were removed from the shelves on the day. The team completed ad hoc date checks but records of this were not kept as an audit trail. So, there was no clear system to help make sure that all medicines were checked periodically. Stickers were used to identify short dated medicines and one expired medicine was located during random checks of the dispensary shelves. Out of date medicines were stored on the shelves in the staff bathroom due to a lack of medicines waste bins. The company operations manager had requested further supplies of medicines waste bins from the relevant authority.

The pharmacy CD cabinets were secured, and random balance checks were found to be correct. The dispensary fridge was fitted with a maximum and minimum thermometer and the actual temperature was within the recommended range. It was identified that the temperature records held on the PMR system did not match the maximum and minimum levels showing on the thermometer. A dispensary assistant reported that, in accordance with her training, she reviewed the current temperature of the fridge each morning and if found to be within the appropriate 2-8 degrees Celsius range, a standard reading of 2.1-7.9 degrees Celsius was entered onto the temperature log. This was discussed with the trainee who agreed to review and amend this approach moving forward.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities needed to deliver its services. And team members use the equipment in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had a range of up-to-date reference sources, including the BNF and the children's BNF. Internet access was also available to facilitate further research. A range of approved glass measures were available for measuring liquids. The measures were clean and suitably maintained. Pharmacy team members had access to items of personal protective equipment (PPE) including face masks and gloves. These were used throughout the inspection.

Pharmacy computer systems were in working order and access to patient records which were stored electronically was restricted by password access. Screen all faced away from public view to help maintain privacy. And cordless phones were available to enable conversations to take place in private.

### 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.