

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: 27/03/2023

Pharmacy context

This community pharmacy is located inside a busy health and social care centre in Brierley Hill, West Midlands. The pharmacy is open extended hours over seven days. It dispenses prescriptions and sells over the counter medicines. The pharmacy also provides other services including a local minor ailments scheme and a substance misuse service.

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 does not suitably identify and manage the risks associated with its services. It cannot demonstrate that its team members fully understand their roles and responsibilities. And there is inadequate supervision of some sales of medication, which may put people at risk of harm.
		1.6	Standard not met	The pharmacy does not maintain all of the records it needs to by law. The records it does keep contain inaccurate or incomplete information.
2. Staff	Standards not all met	2.2	Standard not met	Pharmacy team members are not always trained for the roles in which they are working. So, the pharmacy cannot effectively demonstrate that its team members have the appropriate knowledge and skills for the jobs that they do.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy cannot always demonstrate that it stores medicines securely or that it manages them appropriately, so they are safe to use.
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 suitably identify and manage the risks associated with its services. It cannot demonstrate that its team members fully understand their roles and responsibilities or work within their competence, which may put people at risk of harm. The pharmacy does not maintain all the records it needs to by law and other records contain inaccurate or incomplete information, so team members may not always be able to show what has happened. Pharmacy team members understand how to keep people's private information safe, and they know how to raise concerns to protect vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which covered the services it provided. The procedures had been updated in January 2021 and team members verbally confirmed that they had read them, but there was no audit trail to confirm this. Pharmacy team members were unable to demonstrate a clear understanding of their roles and responsibilities. They did not know which activities were only permitted if the responsible pharmacist was present, and a sale of a pharmacy restricted medication took place without adequate supervision by a pharmacist.

The pharmacist segregated near misses for team members to review so they could identify their mistakes. Team members said that records of near misses were then documented on the patient medication record (PMR) system, but examples of records could not be produced. Team members did not routinely sign dispensing labels as an audit trail. This meant that it might be difficult to identify team members involved in the dispensing process and opportunities for learning may be missed. The pharmacist discussed the management of a previous dispensing incident. The action that had been taken was recorded on an incident report form and it had also been escalated to head office for review.

People provided feedback to the pharmacy verbally on an ongoing basis. Pharmacy team members explained that the consultation room would be used if people wanted to share their views in private. Comments and feedback could also be left via online reviews. The pharmacy had professional indemnity insurance arrangements in place.

The correct RP notice was displayed near to the medicine counter, but it was partially obscured by some dispensing baskets. This was highlighted to the pharmacist who agreed to move the baskets so that the notice was more visible to public areas. The pharmacy's electronic RP log and private prescription records were sometimes incomplete as they contained gaps or inaccurate information. The pharmacy did not have records for unlicensed specials. The pharmacist explained that the paperwork for these medicines was not usually retained, which meant the team could not easily demonstrate how these medicines were sourced or to whom they had been supplied. Controlled drug (CD) registers included running balances and a patient returns CD register was available, however some issues were noted with CD record keeping.

The pharmacy had an information governance procedure and a dispenser explained how the pharmacy

kept people's private information safe. Computer screens could not be viewed from the public area and confidential waste was segregated and shredded throughout the day. Team members held their own NHS Smartcards, but the cards of two individuals, one of whom was believed to no longer work for the pharmacy were left unsecured in the dispensary, potentially leaving them vulnerable to unauthorised access.

The pharmacist was completing safeguarding training and discussed some of the types of behaviour which he may find concerning. He was aware that any concerns should be reported to the relevant safeguarding agency and agreed to make sure relevant contact details were available in the pharmacy.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has enough staff to manage its dispensing workload, but team members are not always trained for the roles in which they are working. So, the pharmacy cannot always demonstrate they have the appropriate knowledge and skills for the jobs that they do. Team members can raise concerns and provide feedback on the pharmacy's services.

Inspector's evidence

The pharmacy team included the regular pharmacist and two dispensers. A third dispenser arrived midway through the inspection, and this was an average staffing level for the day. Team members felt that the workload in the pharmacy was usually manageable, and leave was planned to help maintain appropriate staffing levels.

Two of the pharmacy team members present had not completed a suitable training programme for the roles in which they were working. Both had been employed by the pharmacy for longer than three months and therefore should have been enrolled on an accredited course. This was therefore not compliant with GPhC requirements for education and training of pharmacy support staff. There was limited ongoing training in the pharmacy. The pharmacist updated team members on new products and new services on ad hoc basis at informal team meetings. Feedback was also informal with the pharmacist explaining that the consultation room was used to afford privacy to conversations, when required.

Team members were happy to approach the pharmacist with any concerns. The company had a whistleblowing policy. One of the team members said that employees could also raise concerns and provide feedback through the company human resources department.

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 well maintained and in a good state of repair. There was a large waiting area which had a seating area for use by people waiting for prescriptions. The dispensary was an appropriate size for the workload. Separate work benches were used for dispensing and checking and there was adequate storage space for prescriptions. The lighting and ambient room temperature were suitably maintained. Pharmacy team members had access to a WC with handwashing materials.

There was a consultation room near to the dispensary which was used to enable private and confidential discussions. The pharmacy also had several other consultation rooms, which were utilised for providing vaccination services, although these were not being offered at the time of the inspection.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy sources its medicines from reputable suppliers, but it does not always store its medicines securely or manage them appropriately, to make sure that they are suitable to use. The pharmacy's services are readily accessible and it generally supplies medicines safely. But it does not always identify people on high-risk medications so opportunities to provide further counselling may be missed.

Inspector's evidence

The pharmacy had step-free entrances from the main street and the health and social care centre. The retail space contained posters promoting health and advertising the services offered by the pharmacy. The pharmacy team members were aware of other local pharmacies and services. Team members signposted people to other services during the inspection, due to an unexpected issue which meant that they were unable to dispense prescriptions for a short period of time.

Prescriptions were dispensed using baskets to keep them separate and reduce the risk of medicines being mixed up. Prescriptions were scanned at each stage of the dispensing process as an audit trail. This required team members to ensure they were logged into the PMR system under their own account. But they did not always do this which meant the audit trail was not accurate. Dispensed by and checked by boxes on dispensing labels were not routinely signed as an additional audit trail. This meant the pharmacy may not always be able to identify who was involved in the dispensing process when investigating and managing mistakes. Prescriptions for high-risk medicines were not routinely identified, so the pharmacy may miss opportunities to provide people on these medicines with additional counselling. The pharmacist was aware of the risks of valproate-based medicines in people who may become pregnant. He did not believe that the pharmacy had any patients who fell within the at-risk criteria. The pharmacy also did not identify prescriptions for schedule 3 and 4 CDs, which may increase the risk that a supply could be made after the prescription has expired.

A dispenser discussed the local minor ailments service. A copy of the permitted formulary was available for reference and the dispenser clearly explained who was eligible to use the service. Supplies were recorded on the PMR system, and the team said that a signature was obtained from patients on an electronic pad at the medicine counter.

The pharmacy sourced its medicines from reputable wholesalers. Stock medicines were stored in an organised manner. Pharmacy team members completed some date checks, but they did not routinely keep records. Two expired medicines were identified during random checks of the dispensary shelves. Expired and returned medicines were stored in medicines waste bins. There were a large number of medicines waste bins awaiting removal from the premises. Some CDs were found amongst the medicines being stored in the waste bins. This meant there was an increased risk that these medicines were not suitably denatured prior to disposal.

The pharmacy had three CD cabinets which were suitably secured. The pharmacy fridge was fitted with

a maximum and minimum thermometer and was within the recommended temperature range.

Alerts for the recall of faulty medicines and medical devices were received via email and segregated into a separate folder as an audit trail once read and actioned.

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 copy of the British National Formulary and internet access was available for further research. There was a range of liquid measures, and separate measures were marked for use with CDs. Counting triangles were also available and equipment was clean and suitably maintained.

Electrical equipment was in working order. Pharmacy computer systems were password protected and screens were positioned out of public view. 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.