

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: 27/11/2023

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, blood pressure testing and flu' vaccinations. A substance misuse service is also available.

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 cannot demonstrate that it suitably maintains records for the supply of unlicensed specials. |
| 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 identifies and manages risks adequately. It keeps people's private information safe, and keeps most of the records that are needed by law, but it does not have records of unlicensed specials it supplies. So, the pharmacy may not always be able to explain what has happened in the event of a query. Pharmacy team members record their mistakes to help them learn and improve and understand how to raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) which were accessible through an electronic platform. Most of the procedures appeared to have been recently reviewed. Team members clicked to confirm their acknowledgement and understanding, and a record of this date was entered onto their electronic profile. Pharmacy team members demonstrated an understanding of their roles and responsibilities. Upon the inspector's arrival, the responsible pharmacist (RP) was not yet present. Team members did not undertake any activities that were not permissible in the absence of an RP. The pharmacy had professional indemnity insurance and a certificate valid until January 2024 was displayed in the dispensary.

Near misses were recorded through the patient medication record (PMR) system. Once identified the pharmacist placed any prescriptions containing near misses in a designated area in the pharmacy, for team members to retrieve and rectify. The near miss record was reviewed every couple of weeks, so that the pharmacist could be satisfied that team members were recording near misses in line with procedures. Incidents were discussed with team members to identify learning points. Dispensing errors were also recorded using the PMR system. The pharmacist was able to show a record of a recent incident and the report listed the actions taken in response. Records of any dispensing incidents were also escalated to the operations manager.

People using pharmacy services could provide feedback verbally to team members. If a complaint could not be resolved in the pharmacy, then the contact details for the pharmacy's head office were provided.

The correct RP notice was displayed near to the medicines counter. The RP log was in order but was also used to record the details of team members shifts, which may create some confusion. Records for private prescriptions did not always include the details of the prescriber. The pharmacist agreed to review this with the team. CD registers contained a running balance and some recent balance checks had been completed. The pharmacy regularly supplied unlicensed medicines on prescription. The team members explained that records for unlicensed specials supplies were apparently stored at the company head office. Copies of the records were requested following the inspection, but they were not provided.

Pharmacy team members had an understanding of confidentiality and data protection. A team member explained that she had previously received some training and discussed how people's information was kept secure. Confidential waste was shredded on the premises. There was one NHS smartcard for a team member who was not present on the day, which was unsecured in the dispensary. This may

increase the risk that cards are subject to unauthorised access.

The pharmacy had a safeguarding procedure and the pharmacist had completed training. The contact details of local safeguarding agencies were accessible.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the current dispensing workload. And its team members feel comfortable raising concerns and providing feedback. But there is a lack of structured learning and development, so team members do not progress on training courses as expected and the pharmacy cannot always show how team members keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team comprised of the regular pharmacist and four dispensers. Team members were seen to manage the workload effectively and the staffing level was staggered to ensure that most team members were present during the pharmacy's busiest hours. The team were up to date with the dispensing workload. Leave was planned in advance to help manage staffing levels.

Team members training was initially unclear, with three dispensers reporting that they had completed documentation to enrol on a training course, but that they had not yet started completing any work. This was clarified with the operations manager, who confirmed that enrolment had been completed.

There was no additional structured ongoing learning in the pharmacy. The pharmacist discussed near misses as learning points with the team and provided verbal updates on any other changes or developments. There were no formal development reviews completed. The pharmacist reported that if he identified any concerns with team members development or performance, he would discuss this with them on an informal ongoing basis.

Sales of medicines were discussed with a pharmacy team member. The team member was aware of the questions to ask to help to make sure that sales were safe and appropriate. She also had an understanding of higher risk medicines, which may be subject to abuse and misuse. Concerns regarding frequent requests were referred to the pharmacist. The team member was also observed to refer additional queries to the pharmacist throughout the inspection.

Team members were happy to approach the regular pharmacist with any concerns or queries. They also had the contact details of the pharmacy's head office to support the escalation of any concerns.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable space for the provision of healthcare services. There is enough room for the dispensing workload. And several consultation rooms are available to allow people to speak to members of the pharmacy team in private.

Inspector's evidence

The pharmacy was well presented and provided adequate space for the dispensing workload. The lighting throughout the premises was sufficient and the temperature was suitably controlled with air conditioning. There were staff WC facilities available, which were fitted with appropriate handwashing materials.

There was a large waiting area, which had several chairs available for use by people waiting for their medicines. Off the waiting area were four consultation rooms, not all of which were in use. The rooms utilised the most were equipped with seating. They were generally well maintained but cluttered in some areas which detracted from the overall appearance.

The dispensary was large and fitted with several large work benches, which were used to organise the workflow. Medicines were stored on large storage units. Pharmacy and a small number of general sales list medicines were secured behind the medicine counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible and suitably managed so that people receive appropriate care. But it does not routinely identify prescriptions for high-risk medicines, so team members may miss some opportunities to provide additional counselling. The pharmacy gets its medicines from licensed wholesalers. Team members complete some checks to help make sure that medicines are fit for supply. But they do not always record these checks, so the pharmacy may not always be able to show that it stores and manages its medicines appropriately.

Inspector's evidence

The pharmacy had a step free entrance from the main street, and it could also be accessed from inside the health and social care centre. There was a television which displayed a range of health promotion campaigns and services. As well as other health promotion literature available in the waiting area.

Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. Baskets were colour coded to prioritise the workload. An audit trail for dispensing was maintained using 'dispensed by' and 'checked by' boxes on dispensing labels. The pharmacist was aware of recent changes regarding the dispensing of valproate-based medicines and confirmed that pharmacy team members had also been briefed on the changes. The pharmacy did not routinely identify prescriptions for high-risk medicines and some prescription forms were not kept with dispensed medicines awaiting collection. This meant that team members may not always know when they are handing out high-risk medicines so could miss some opportunities to provide people with additional counselling and advice.

The pharmacy offered a flu' vaccination service. However, this was not running on the day, as the team member who administered vaccinations was not present and the pharmacy was awaiting a further supply of adrenaline. The pharmacist confirmed that suitable training had been completed and other equipment to aid the administration of vaccinations, including sharps bins and other protective equipment were available.

A pharmacy team member discussed the minor ailments service available from the pharmacy. People who met the requirements of the service had a consultation with the pharmacist. If appropriate, a supply of an over-the-counter medicine was made from a list of formulary medicines permitted as part of the service. Records of any supplies made were appropriately recorded.

The pharmacist was trained to complete blood pressure checks and the equipment was in order. Training had also been completed for the supply of emergency contraception, the pharmacist had access to the patient group directive (PGD) and records of supplies were recorded appropriately.

The pharmacy obtained stock medicines from licensed wholesalers and specials from a specials manufacturer. Stock medicines were stored in an organised manner and in the original packaging provided by the manufacturer. Team members had completed some recent date checking, but no records of this had been kept, so it may not always be clear how regularly checks are completed. Examples were seen where short-dated medicines had been highlighted. One expired medicine was

identified during random checks of the dispensary shelves. This was removed and placed in a medicine waste bin. Alerts for the recall of faulty medicines and medical devices were received via email. Once read and actioned, alerts were segregated in a separate email folder as an audit trail.

The pharmacy had three refrigerators which were all equipped with maximum and minimum thermometers. All were within the recommended temperature range, but records were only be maintained for two refrigerators, despite the third holding some excess stock medicines. A record was immediately added to the system to ensure an audit trail for the third refrigerator was maintained moving forward. CDs were stored appropriately, and two random balance checks were found to be correct.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. Team members use the equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to reference materials including the British national Formulary (BNF) and internet access was also available. There was a range of British standard approved glass liquid measures. The measures were clean, suitably maintained and marked to indicate their use with different liquids. Counting triangles for tablets were also available.

Electrical equipment was in working order. Computer screens were all positioned out of the view of the public. Systems were password protected and a cordless phone was 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. |