

# 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:** 17/07/2024

## 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 seasonal flu vaccinations.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<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 met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. Members of the team record things that go wrong, but they do not review the records, so they may miss some learning opportunities.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which were accessible on electronic software. Members of the team clicked a button after they had read the SOPs, which created a record to show they had read and acknowledged the SOPs. But the responsible pharmacist (RP) was unable to view the records, so they may not have sufficient assurances that team members understood their responsibilities.

Near misses were recorded through the patient medication record (PMR) system. The pharmacist discussed any mistakes with members of the team to identify potential learning points, before recording the details on the PMR. For example, discussing medicines which 'look a-like' and 'sound a-like'. But the pharmacist did not review the records to help identify underlying themes. So, some learning opportunities may be missed. Dispensing errors were also recorded using the PMR system. The errors were investigated and any learning which had been identified was recorded. Records of any dispensing incidents were also escalated to the operations manager.

A trainee dispenser was able to explain what their responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The correct RP notice was on display. The pharmacy had a complaints procedure. The team attempted to resolve any complaints in branch. If requested, details of how to report complaints to the head office were provided. But there was no information about this on display, which would help to encourage feedback about the pharmacy's services. A current certificate of professional indemnity insurance was on display.

Records for the RP and unlicensed specials appeared to be in order. Private prescriptions were recorded electronically on the PMR software, but they did not always contain the required details of the prescriber. Which would be a useful reference in the event of a query or concern. Controlled drugs (CDs) registers were maintained with running balances recorded and checked frequently. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

Members of the pharmacy team members had completed online training about confidentiality and data protection. Confidential waste was shredded on the premises. But there was no information on display to inform people about how the pharmacy handled and stored their information. So people may not be fully aware of how their data is processed and used. Members of the team had completed safeguarding training. The contact details of local safeguarding agencies were accessible. A trainee dispenser explained they would raise any safeguarding concerns with the pharmacist.



## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload. Members of the team are appropriately trained, or are completing the necessary training, for the jobs they do. They complete some additional training to help them keep their knowledge up to date. But this is not structured, so learning needs may not always be identified or addressed.

### Inspector's evidence

The pharmacy team included a pharmacist manager, six dispensers, two of whom were in training, and a delivery driver. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be well-managed. Staffing levels were maintained by a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack the new NHS contraception service. Electronic training records were kept showing what training had been completed. But further training was not provided in a structured or consistent manner. So, learning needs may not always be fully addressed.

A dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist felt able to exercise their professional judgement and this was respected by members of the team and the company. The dispenser felt a good level of support from the pharmacist and was able to ask for further help if they needed it. But appraisals had not been completed for all members of the team. So, development needs may not be addressed. Team members discussed their work, including when there were any errors or complaints. And they were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or head office. There were various targets in place for professional services. The pharmacist did not feel under pressure to achieve targets.

## 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 clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload and access to it was restricted by use of a gate. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric fans and heaters. Lighting was sufficient. Members of the team had access to a small kitchenette area and WC facilities.

Multiple consultation rooms were available and appeared professional in appearance. The availability of a consultation room was clearly displayed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access. And it manages and provides them effectively. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always provide additional advice to people taking higher-risk medicines. So they might not always be able to check that the medicines are still suitable or safe to use.

### 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. Other health promotion literature was also available in the waiting area.

The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Dispensed medicines awaiting collection were kept on a shelf using an electronic locations retrieval system on the PMR software. Prescription information was displayed as part of the collection process and identified when fridge or CD safe storage items needed to be added. Team members were seen to confirm the patient's name and address when medicines were handed out.

Prescriptions which had been present for longer than two weeks were referred to the pharmacist so they could review whether any additional checks were necessary. For example, the validity of schedule 3 and 4 CD prescriptions. The pharmacist provided ad hoc counselling to people when they identified a need as part of their clinical check. But there was no process to routinely check those taking higher-risk medicines (such as warfarin, lithium, and methotrexate) to ensure they were up to date with blood tests and to make sure they were being used as prescribed. Members of the team were aware of the risks associated with the use of valproate-containing medicines during pregnancy, and the need to supply the original pack. Educational material was supplied with the medicines. The pharmacist had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme, and this was recorded on their PMR.

The pharmacy had a delivery service. An electronic record was kept showing if deliveries had been successful.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry date of dispensary medicines was checked at least once every three months. Short-dated stock were highlighted using a sticker. The team recorded when they checked a defined section of the dispensary. But they did not review the records to make sure all areas of the dispensary had been checked in the past three months. So, some medicines might be overlooked. A spot check did not find any expired medicines.

Controlled drugs were stored appropriately in the CD cabinets, with clear separation between current stock, patient returns and out of date stock. There were two clean medicines fridges, each equipped with a thermometer. Only one of the fridges were in use. The minimum and maximum temperatures

were being recorded daily and records showed they had remained in the required range for the last three months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. The pharmacist actioned the alerts when they were received, but details of the action taken were not recorded. So the pharmacy might not be able to show they had responded appropriately.



## 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 seen to be 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.