

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, 1 Robin Hood Walk, NEWARK-ON-TRENT, Nottinghamshire, NG24 1XH

Pharmacy reference: 1109566

Type of pharmacy: Community

Date of inspection: 23/05/2019

Pharmacy context

The pharmacy is in a medical centre close to the centre of a busy market town. It sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartmental compliance packs, designed to help people to take their medicines. And it delivers medicines to people's homes.

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 met	N/A	N/A	N/A
2. Staff	Standards not all met	2.2	Standard not met	Not all pharmacy team members are enrolled on a GPhC accredited training course to support them in achieving the knowledge and skills required for their roles.
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 met

Summary findings

The pharmacy has procedures in place to help ensure its working practices are safe and effective. The pharmacy responds appropriately to people who raise concerns and provide feedback about its services. It generally keeps the records it must by law up to date. But it needs to ensure that all these records are clear and complete. The pharmacy manages people's private information securely. The pharmacy team members discuss mistakes made during the dispensing process. They are clear about their roles and responsibilities. Pharmacy team members have the necessary skills to recognise and report concerns to protect the welfare of vulnerable people. But not all team members are qualified for all the roles they undertake. And training records are not held in the pharmacy. This will help provide assurance that they have read and understood the procedures in place.

Inspector's evidence

The pharmacy had up to date standard operating procedures (SOPs) in place. SOPs had last been reviewed in January 2018 by the superintendent pharmacist. Roles and responsibilities of the pharmacy team were set out within SOPs. Training records confirmed that most members of the team had completed training associated with SOPs relevant to their role. A training record for one team member was missing at the time of inspection. The manager explained that she had personally overseen training associated with the SOPs. Apprentices were provided with induction training books which they worked through alongside the training associated with SOPs. An apprentice explained details of her role. And discussed the tasks which could not take place if the responsible pharmacist (RP) took absence from the premises.

The dispensary was organised. Workflow was efficient. Pharmacy team members used separate areas of the dispensary for labelling, assembly and accuracy checking. The team assembled and checked multi-compartmental compliance packs on a workbench at the back of the dispensary. The RP acted to manage high-risk activities such as dispensing controlled drugs (CDs). Assembly of substance misuse medicines took place against the prescription in advance of people attending the pharmacy. This helped to reduce workload pressure. The pharmacy stored assembled doses in a secure CD cabinet. The RP was observed checking details on the prescription with the medicine prior to supervising consumption of these medicines.

The pharmacy had a near-miss reporting record. The pharmacist generally recorded near-misses. Some entries contained details of learning points following a near-miss. But recent records did not always include these learning points. A discussion took place about advantages to shared learning practices which could be achieved through continually recording in this section of the record. Pharmacy team members demonstrated actions taken to reduce the risk of mistakes during the dispensing process. For example, by applying thorough checks of their work between the medicine label, medicine packaging and prescription prior to the final accuracy check.

The pharmacy had a dispensing incident reporting process in place. The RP explained how she would investigate, correct and report a dispensing incident. The pharmacy submitted incident reports to the superintendent pharmacist's team for review. Evidence of reporting was available. And the team

demonstrated actions taken to reduce risk following shared learning from these types of mistakes. For example, the team had reviewed how they marked split packs of medicines on the dispensary shelves following a quantity error.

Pharmacy team members shared learning at the time a mistake occurred through verbal discussions. But they did not engage in structured reviews relating to near-misses or dispensing incidents. A discussion took place about the advantages of carrying out regular safety reviews. These reviews would help the team to identify trends, share learning and demonstrate risk reduction actions taken.

The pharmacy had a complaints procedure in place. But there was no practice leaflet advertising how people could provide feedback to the pharmacy team. A member of the team explained how the pharmacy would manage feedback and seek to resolve it locally. She was aware of how to escalate concerns to the pharmacy's head office if required. Concerns had risen during 2018 following a change of ownership to the pharmacy and reduced staffing levels. Pharmacy team members explained that the concerns escalated from prescriptions not being ready on time. They explained how they had re-structured workflow and worked with surgeries to chase queries prior to people attending to collect their medicines. This had effectively reduced the amount of concerns the pharmacy received.

The pharmacy had up to date indemnity insurance arrangements in place.

The RP notice displayed the correct details of the RP on duty. Entries in the responsible pharmacist record generally complied with legal requirements. The record was maintained electronically and was also used by all pharmacy team members to record their working hours. This had resulted in the 'Responsible Pharmacist' box being ticked by non-pharmacist staff on occasion.

A sample of the CD register found that it generally met legal requirements. The RP explained that a folder holding some sections of the register had recently broken. This meant that some sections required securing to prevent any risk of misplacement. The pharmacy had not recorded details of the supplier in 1 entry in the methadone section of the register. Some other entries were missing the address of the wholesaler when a CD was received. The pharmacy maintained running balances in the register. Balance checks of the register against physical stock took place regularly. A physical balance check of Longtec 30mg tablets complied with the balance in the register. The pharmacy did not have a CD destruction register for patient returned medicines. Only one schedule 3 CD was waiting for destruction at the time of inspection. This was held securely inside a CD cabinet. The RP confirmed that she made a request for a register with the pharmacy's senior management team as a register could not be ordered locally.

The pharmacy held the Prescription Only Medicine (POM) register electronically. Records for private prescriptions occasionally contained inaccurate prescribing dates. This was due to the pharmacy's computer system defaulting to the date of dispensing if not manually changed at the point of labelling. The pharmacy recorded emergency supplies in the POM register. And included the nature of the emergency when making a supply at the request of a patient.

The team held records containing personal identifiable information in staff only areas of the pharmacy. Assembled medicines waiting for collection were located to the side of the dispensary and to the side of the medicine counter. High shelving in front of the counter prevented details on bag labels from being read from the public area of the pharmacy. The team had completed learning related to the General Data Protection Regulation (GDPR). The pharmacy transferred confidential waste to designated holding bags. Bags were secured and collected for secure destruction periodically.

The pharmacy had procedures relating to safeguarding vulnerable adults and children. The team had

access to contact details for local safeguarding teams. A self-help group guide for Nottinghamshire was available and the dispenser explained how this was used to signpost people to support groups when necessary. The RP had completed level 2 training on the subject. The dispenser had completed safeguarding training in a previous role. And other members of the team had engaged in some learning and discussions on the subject. A member of the team explained how she would recognise and escalate a concern to the pharmacist. The team provided several examples of how they had discussed some concerns with GPs.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has enough staff to provide its services. The pharmacy has some systems to support its team members with ongoing learning associated with their roles. But not all pharmacy team members are enrolled on a GPhC accredited training programme to support them in achieving the knowledge and skills required for their roles. This means the minimum training requirements set by the GPhC are not met. Pharmacy team members engage in informal shared learning following mistakes during the dispensing process. And they know how to raise concerns about the pharmacy or its services if they need to. But the pharmacy doesn't always make changes in a timely manner, following feedback from staff.

Inspector's evidence

On duty at the time of the inspection was the RP (pharmacy manager), a qualified dispenser and two trainees. One trainee was enrolled on a customer service apprenticeship at a local college. Another apprentice also worked at the pharmacy. A regular driver provided the prescription delivery service. The pharmacy had a part-time dispenser vacancy at the time of inspection. Workload was up to date. And the pharmacy manager explained that the part-time vacancy was to support some expansion plans to the multi-compartmental compliance pack service.

The trainee dispenser was not on any accredited training. This was despite the pharmacy owners providing assurance to the GPhC that enrolment on a course would commence by 1 March 2019. Neither apprentice was on an accredited pharmacy training course. Follow up information received after the inspection provided further details of plans to enrol staff on accredited training by mid-June 2019. But evidence of actual enrolment onto the required courses was not provided. There was some evidence of learning relating to the pharmacy's services. For example, staff had completed some e-learning on children's oral health. Some pharmacy team members had also completed healthy living training. Pharmacy team members did receive an appraisal. But staff on duty explained that they were yet to receive contracts relating to their roles and terms of employment.

Pharmacy team members worked well together. The RP had recently taken the managers post after providing support to the pharmacy for around six months. The team demonstrated positive changes to their workflow and organisation in the pharmacy since the last inspection in October 2018.

The RP had been asked to complete 100 MURs per month in April and May 2019. The rationale for a high target was not clear. She explained how she applied her professional judgement when delivering services and had not met the target as not enough eligible people required the service. The RP did not feel undue pressure to meet the target.

Pharmacy team members generally communicated informally through conversation and verbally passing on information. They discussed mistakes as they occurred. But they did not record any details of these discussions. This meant that there was the potential for staff not on duty to miss some learning opportunities.

Pharmacy team members were aware of the company's whistleblowing policy. They could explain how to raise and escalate a safety concern about the pharmacy or its services. They were confident in providing feedback. But feedback was not always acted on by the pharmacy's senior management

team. For example, staff explained they had fed back concerns about training on several occasions. Staff provided assurance that feedback relating to safety concerns in the pharmacy would be acted upon immediately by the senior management team.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure and adequately maintained. The pharmacy team reports maintenance concerns. But the pharmacy does not always act to rectify these concerns straight away. The pharmacy has private consultation facilities in place. These help to protect the confidentiality of people accessing its services.

Inspector's evidence

The pharmacy was modern and secure. Pharmacy team members reported maintenance issues to their head office. There was 1 outstanding maintenance issue requiring attention at the time of inspection. Pharmacy team members had reported the issue. The premises were clean and tidy. Air conditioning was in place. Lighting throughout the premises was bright. Antibacterial soap and paper towels were available at designated hand washing sinks.

A door leading off the public area provided access to a stock room. Another door provided access to staff facilities and a designated area for holding medical waste. The dispensary was a sufficient size for providing the pharmacy's services. Pharmacy team members utilised space in the dispensary well. There were no slip or trip hazards evident.

The consultation room was sound proof and clearly signposted. It was professional in appearance and allowed for confidential conversations to take place. A small screened off area to the side of the dispensary provided protected space for people accessing the supervised consumption service.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. The pharmacy promotes its services and it provides information to support people in leading healthy lifestyles. And it takes extra care when supplying high-risk medicines to people. The pharmacy obtains its medicines from reputable suppliers. It stores medicines safely and securely. And it generally manages its medicines, so they are safe and fit to supply. It has suitable systems in place to deal with concerns about the safety of medicines. Pharmacy team members generally work in accordance with the pharmacy's procedures. But they do not always maintain full dispensing audit trails when dispensing medicines in packs designed to help people remember to take their medicines. This means it may be difficult to provide feedback to the person involved should a query arise.

Inspector's evidence

The pharmacy was accessed through a door at street level or from the ground-floor foyer of the adjoining medical centre. A wheelchair accessible stair-lift was in place alongside a couple of steps which led up from the medical centre entrance. Opening times and details of the pharmacy's services were advertised. It had a range of service and health information leaflets available to people. Health promotion displays in both the public area and pharmacy window were bright and engaging. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if they were unable to provide a service. Designated seating was available for people waiting for a prescription or service.

The public area of the pharmacy was a good size. The pharmacy stored pharmacy (P) medicines behind the medicine counter. This protected them from self-selection. The pharmacy had some processes in place to identify people on high-risk medicines. Stickers were applied to bags of assembled medicines to ensure pharmacy team members referred these prescriptions to the pharmacist. The RP explained how she would counsel people and discuss monitoring requirements of medicines such as warfarin and methotrexate. The team were familiar with the requirements of the Valproate Pregnancy Prevention Programme. Warning cards and monitoring cards relating to high-risk medicines were available.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and informed workload priority. Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. The prescription was used throughout the dispensing process when the medicine was later supplied. An audit trail was in place for the prescription collection and delivery service. The delivery driver asked people to sign for receipt of their medicines through the delivery service. A small number of people were signed up to the repeat dispensing service. The RP demonstrated improved audit trails in place for the service. And explained the checks made with people to ensure no changes to medicine regimens had occurred between prescriptions.

The pharmacy used a clinical software programme to manage the multi-compartmental compliance pack service. Pharmacy team members used a 'counselling notes' function on people's medication

records to record details of changes and communication with surgeries. A sample of assembled trays contained audit trails from the pharmacist accuracy check. But dispensary team members did not always sign to confirm who had assembled the pack. The pharmacy did provide descriptions on the pack, of the medicines inside so people could identify them. It provided patient information leaflets at the beginning of each 4-week cycle of packs.

The pharmacy sourced medicines from licensed wholesalers and special manufacturers. The team were aware of the Falsified Medicines Directive (FMD). The RP had attended a training event relating to FMD. But the wider team had not received training to date. Hardware to support FMD compliance was not installed.

The pharmacy stored medicines in an orderly manner and in their original packaging. Pharmacy team members explained that they used a date checking matrix to support regular checks. But this could not be found during the inspection. The team annotated details of opening dates on bottles of liquid medicines. No out of date medicines were found during random checks of dispensary stock. But short-dated medicines were not always identified.

The pharmacy held CDs in secure cabinets. Medicines storage inside the cabinets was orderly. CD prescriptions were highlighted to prompt additional checks. For example, a check of the 28-day validity period of the prescription. The pharmacy's fridge was clean and a sufficient size for the amount of stock held. Temperature records confirmed that it was operating between two and eight degrees centigrade. But there were some gaps in daily recording records. Records either side of these gaps were within two to eight degrees.

The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

The pharmacy received drug alerts by email. The team checked these and maintained details of alerts for reference purposes.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has suitable equipment and facilities for providing its services. It monitors its equipment to make sure that it is safe to use and remains fit for purpose.

Inspector's evidence

Pharmacy team members had access to up to date written reference resources. These included the British National Formulary (BNF) and BNF for Children. Internet access provided further reference resources. Computers were password protected and faced into the dispensary. This prevented unauthorised access to the contents on screen. Only the RP had a working NHS smart card. This was not ideal and had caused some issues with completing tasks efficiently.

Clean, crown stamped measuring cylinders were in place. The pharmacy stored cylinders for use with methadone separately. Counting equipment for tablets and capsules was available. This included a separate triangle for use with cytotoxic medicines. Equipment for the multi-compartmental compliance pack service was single use. Pharmacy team members wore protective gloves when assembling trays. Electrical equipment contained details of portable appliance testing checks carried out in May 2019.

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.