

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: 30/09/2020

Pharmacy context

This medical centre pharmacy is in the heart of a market town in Nottinghamshire. During the COVID-19 pandemic the pharmacy's main focus is on providing dispensing services, and providing healthcare advice. The pharmacy offers both the seasonal NHS and a private flu vaccination service. It supplies medicines in multi-compartment compliance packs to a small number of people. And it also acts as a collection point for people who have their medicines supplied in multi-compartment compliance packs dispensed by another pharmacy within the Jhoots group.

Overall inspection outcome

✓ Standards met

Required Action: None

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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 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 met

Summary findings

The pharmacy adequately identifies and manages the risks associated with its services. It keeps people's private information secure. And it generally maintains the records it must by law. Pharmacy team members share information in an open and honest way, when mistakes happen. And they act to help prevent similar mistakes occurring. Team members confidently manage feedback about the pharmacy and its services to improve the way they work. They support vulnerable people by acting on concerns to maintain their safety and wellbeing.

Inspector's evidence

The pharmacy had addressed risks associated with providing pharmacy services during the pandemic. There was no written COVID-19 risk assessment available on the day of the inspection. But team members provided examples of discussions that had taken place with their area manager during the pandemic. They also demonstrated actions they had taken in response to these discussions. The team had removed all non-essential retail items from the public area of the pharmacy. A team member explained this meant people could no longer browse and meant visits to the pharmacy were shorter. This reduced the risk of spreading the virus and it meant people did not have to queue for long outside. The pharmacy had limited the number of people allowed in the public area to two at any given time. It did not have any screens fitted at the medicine counter, but the team had created a barrier with chairs around the counter. Notices clearly explained to people to stand behind the chairs. This meant team members could safely social distance from people visiting the pharmacy. Notices at the door informed people of the need to wear a face covering when visiting the pharmacy. The responsible pharmacist (RP) also demonstrated how he used space in the consultation room when providing the flu vaccination service. And he wore appropriate personal protective equipment (PPE) when holding consultations in the room. Team members working in the dispensary did not generally wear face coverings, but the dispensary was large enough for them to social distance whilst working. The dispenser and trainee pharmacy assistant had received an individual COVID-19 risk assessment. But, the company had yet to complete a COVID-19 risk assessment with the RP. The pharmacy team also explained how it assessed risks associated with external visitors. For example, a risk assessment was completed prior to a mentor visiting the pharmacy to ensure appropriate safety arrangements were in place and social distancing could be maintained.

The pharmacy had standard operating procedures (SOPs) in place. SOPs relating to responsible pharmacist (RP) requirements, controlled drug (CD) management and dispensary processes had last been reviewed in February 2019 by a member of the senior management team. SOPs were stored electronically on the company's intranet. The RP had commenced his role in the pharmacy several weeks prior to the inspection, he demonstrated how to find the SOPs, and he was in the process of completing his training record associated with the SOPs. Training records for support staff were complete.

Some updated learning had taken place against SOPs for the dispensing service associated with multi-compartment compliance packs. The dispensing of the packs was completed at another Jhoots pharmacy. But the SOPs did not specifically include full details of this service, such as which pharmacy was responsible for prescription ordering and the process for managing exception items. Pharmacy

team members were knowledgeable about the process and could demonstrate how some risks associated with the service were managed. The hub pharmacy dispensed 10-12 compliance packs a month and sent these to the pharmacy for collection. A dispenser demonstrated an audit trail in place for the service, this included communication from the hub pharmacy if medicines were unavailable. If the hub was unable to complete a pack due to medicines availability, the prescription was returned to the pharmacy for local dispensing. This was also the case with external items not going into compliance packs. The pharmacy continued to dispense a small number of compliance packs locally due to either patient preference, or the need to manage risks associated with dispensing high-risk medicines.

The dispensary was organised and clean, workflow was efficient. Pharmacy team members used separate areas of the dispensary for labelling, assembly and accuracy checking. There was also separate work bench space available for managing tasks associated with CDs and compliance pack dispensing. The team used shelving underneath some workbenches to hold part-completed prescriptions and stock in baskets, a team member explained these prescriptions were waiting for stock to come in. Once completed the team moved the baskets to the RP's workstation for checking.

The pharmacy had a near miss error reporting record. And reporting took place regularly. The pharmacy had recently switched to an electronic reporting tool, and the RP provided evidence of the near misses he had recorded since he had taken over. The RP provided verbal feedback to the member of staff who had made the mistake. This member of staff then corrected their own mistake. There was no evidence of records being reviewed on a regular basis. But team members could demonstrate recent examples of actions taken to reduce risk following a near miss error. For example, separating different strengths of the same medicine on the dispensary shelves. Team members had very recently re-organised the entire dispensary. All stock was now stored on shelves above work benches. The pharmacy had a dispensing incident reporting process in place. The RP provided access to incident reports. And these were seen to be clearly recorded with follow-up action and learning applied following these types of mistakes. For example, a mistake at the hub pharmacy had been clearly recorded. The mistake had been caused due to lack of communication from the hub pharmacy. Team members had informed the hub pharmacy of the error and they explained communication and audit trails had improved considerably following the concern being raised.

The pharmacy had a complaints procedure in place, although this was not advertised prominently. Team members discussed how they managed feedback during the pandemic. A member of the team explained how the pharmacy would manage feedback and seek to resolve it locally. Some concerns relating to over-the-counter medicines had been fed back to the pharmacy owner during the early weeks of the pandemic. Pharmacy team members had completed learning associated with maintaining confidentiality and the General Data Protection regulation (GDPR). The pharmacy held personal identifiable information in staff only areas of the pharmacy, out-of-sight of the public area. Team members shredded confidential waste on site.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed the correct details of the RP on duty and it reflected the fact the RP was a provisional registrant. Entries in the RP record complied with legal requirements. The record was maintained electronically and was also used as a sign-in register by all pharmacy team members to record their working hours. The RP role was clearly identified within the record. A sample of the CD register found that it generally met legal requirements. Some entries were missing the address of the wholesaler when a CD was received. The pharmacy maintained running balances in the register. But the last recorded balance check of some medicines was July 2020, others had been completed in September 2020. A physical balance check of a CD complied with the balance in the register. A team member was aware that a CD destruction register for patient returned medicines had been put into place following the last inspection of the pharmacy,

but team members could not find this record during the inspection. There were no patient returned CDs in the CD cabinets and the team confirmed they had not received a request to take back CDs in some time. The pharmacy held the Prescription Only Medicine (POM) register electronically. Records for private prescriptions occasionally contained inaccurate prescriber details and prescribing dates. This was due to the pharmacy's computer system defaulting to the date of dispensing and regular prescriber if not manually changed at the point of labelling. The pharmacy held specials records in accordance with the requirements of the Medicine & Healthcare products Regulatory Agency (MHRA).

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 used by the team to signpost people to organisations offering support to individuals and families. The RP had completed level two training on the subject ahead of providing the flu vaccination service, and the dispenser had completed some historic learning relating to safeguarding. All team members demonstrated a good awareness of how they would manage concerns relating to vulnerable people, and they provided several examples of how they had intervened to ensure people were kept safe.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough people working to provide its services effectively. Pharmacy team members in training roles receive appropriate support for their learning. Members of the pharmacy team take part in regular team discussions. And they understand how to provide feedback about the pharmacy and how to raise a professional concern if needed.

Inspector's evidence

The team consisted of a regular pharmacist, a qualified dispenser and an apprentice. Team members had good knowledge of the pharmacy's business continuity arrangements. They knew how to seek support, and request additional help if a member of the team took unplanned absence. The RP was a provisional registrant, he had completed his pre-registration training with a different company. He confirmed he kept in touch with his tutor who he could turn to for support, he was assigned a named senior pharmacist within Jhoots. But, he was not sure if the company had completed a risk assessment to help support him in his role as a provisional registrant. He explained if any risk assessment had been completed, it had not been shared with him. The GPhC sent guidance to owners and superintendent pharmacists in July 2020 providing details about the need to complete a risk assessment before employing a provisional registrant. The RP confirmed a discussion had taken place about protected training time required ahead of the registration assessment, but specific information relating to this was not available as the RP was waiting for the announcement of the assessment date.

The pharmacy was inspected in May 2019 and January 2020. Both of these inspections had found an unmet standard relating to training arrangements for support staff. The company had provided written evidence of enrolment on a suitably accredited training programme to the GPhC following the last inspection in January 2020. The trainee confirmed she felt well supported in her role. College mentors associated with the apprenticeship programme also visited the pharmacy regularly to offer support and guidance.

Team members had not completed any formal learning during the pandemic, with the exception of the RP, who had completed flu vaccination training and the associated learning in order to complete a declaration of competence prior to providing the NHS service. But team members confirmed they had read information to support them in delivering services and had updated themselves with some changes to processes following the last inspection visit. The RP confirmed there were some targets associated with the completion of Medicine Use Reviews (MURs), and he confirmed there was no undue pressure on him to meet targets. The team explained checks made during the dispensing process which helped highlight eligible people for services such as MURs.

The pharmacy team communicated mainly through informal discussions. And team members provided some details of recent discussions around stock layout and management in the dispensary. The pharmacy had a whistleblowing policy. And pharmacy team members were aware of how they could raise a concern or provide feedback if required. There was also an appraisal process in place. A pharmacy team member provided details of how the company had acted swiftly in response to a concern raised at work. Team members felt support systems had improved recently, and they were able to contact the pharmacy's area manager with any issues.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure. It offers a professional environment for delivering healthcare services. People using the pharmacy can speak with a member of the pharmacy team in a private consultation room. And the team regularly clean this room to help prevent the spread of coronavirus.

Inspector's evidence

The pharmacy was modern and secure. Pharmacy team members reported maintenance issues to their head office. There were no outstanding maintenance issues on the day of the inspection, and team members commented on a marked improvement in the company responding to maintenance concerns in recent weeks. The premises were clean and tidy. They were air conditioned, and lighting throughout the pharmacy was bright. Antibacterial soap and paper towels were available at designated hand washing sinks, and antibacterial gel was readily available at workstations. Members of the pharmacy team each had their own hand towels and were responsible for taking this home to launder. A team member explained how this added to the social distancing and risk reduction actions the team were taking.

A door leading off the public area provided access to a stock room. This held paperwork and dispensary sundries. Another door provided access to staff facilities and a sluice room. The dispensary was a good size for providing the pharmacy's services. Work benches were free from clutter. And there were no slip or trip hazards evident. Additional shelving under work benches was available for holding baskets of part-assembled medicines waiting for further stock to be added. The consultation room was a sufficient size and it was clearly signposted. It was professional in appearance and allowed for confidential conversations to take place. Team members were observed cleaning the room between use throughout the inspection. A screened off area to the side of the dispensary provided private space for people accessing substance misuse services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible to people. It has procedures to help identify and manage the risks associated with providing its services, and it maintains audit trails to support the safe management of its services. The pharmacy provides people with relevant information about the medicines they are taking. It obtains its medicines from reputable sources. And it mostly stores and manages its medicines safely and securely.

Inspector's evidence

The pharmacy was accessed through a door at street level, the door was left open to promote access. A door leading from the onsite medical centre had remained locked during the pandemic due to the access arrangements the medical centre had in place. There was a range of health promotion posters displayed in the public area, and the flu vaccination service was advertised prominently on an A-board outside the pharmacy. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if they were unable to provide a service.

The public area of the pharmacy was a good size. The pharmacy stored pharmacy (P) medicines behind the medicine counter. This appropriately protected them from self-selection. It had some processes in place to identify people on high-risk medicines. The dispenser discussed the requirements of the valproate Pregnancy Prevention Programme (PPP). Team members attached 'Pharmacist' labels to bags of assembled medicines. They annotated the label with the reasons why the pharmacist needed to counsel the patient. For example, A prescription for penicillin would prompt 'penicillin' to be added to the label. This reminded the pharmacist to counsel the patient about taking the antibiotic and checking for penicillin allergy prior to handout. The RP did not generally keep formal records of these conversations if there was no significant outcome, but he stated he would record interventions of patient medication records when required.

The pharmacist demonstrated legally valid patient group directions for the flu vaccination service. The dispenser demonstrated electronic records associated with the local supply of multi-compartment compliance packs. The pharmacy supplied patient information leaflets alongside these packs. And packs waiting to be checked included clear details of the medicines inside and a dispensing audit trail. Pharmacy team members explained the pharmacy acted as a collection point only for packs dispensed at the hub and did not intervene with assembled packs received from the hub. Team members could contact the hub pharmacy on the person's behalf if required.

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. The pharmacy was not currently providing a medicine delivery service.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. The team were aware of the Falsified Medicines Directive (FMD). And the pharmacy had a clinical software system which could support FMD requirements. But no steps had been taken to move forward with

FMD requirements since the last inspection. The pharmacy received drug alerts by email, and it maintained an electronic audit trail associated with these alerts. Team members were knowledgeable about recent alerts relating to medicine recalls. The pharmacy had medical waste bins and bags available, along with CD denaturing kits and sharps bins. But team members explained the pharmacy had stopped receiving returned medicines during the pandemic due to the risks associated with handling these medicines during a pandemic. Team members advised they would signpost people to other pharmacies if they couldn't handle a returned medicine. A discussion took place about joint guidance available to pharmacies designed to help them manage returned medicines safely.

The pharmacy stored medicines in an orderly manner, most medicines were stored in their original packaging. But several loose blisters were observed on the dispensary shelves. And one unlabelled amber bottle of tablets was found on the shelf. The team was aware that medicines should be stored in their original packaging, and explained the tablets in the bottle had come from somebody decanting too many to fill a compliance pack. A team member acted immediately to remove the tablets and dispose of them in the medical waste. A team member reported that date checking tasks had recently been completed due to the change in layout of the dispensary. But the pharmacy did not keep date checking records to help support its medicine management processes. A check of dispensary stock found short-dated medicines clearly highlighted and no-out-of-date medicines were found. The team annotated details of opening dates on bottles of liquid medicines. The pharmacy held CDs in secure cabinets. Medicines storage inside the cabinets was orderly. CD prescriptions were highlighted to prompt additional checks. The pharmacy's fridge was clean and a sufficient size for the amount of stock held. The team did not complete temperature records every day. But records either side of gaps were within two to eight degrees Celsius as required. The fridge was operating within this required range throughout the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. And pharmacy team members manage and use equipment in a way which protects people's confidentiality.

Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF) and BNF for Children. The team could access the internet to help resolve queries and to obtain up-to-date information. Computers were password protected and the layout of the premises protected information on computer monitors from unauthorised view. The pharmacy stored bags of assembled medicines in a protected area behind the medicine counter. People's details on bag labels were not visible to members of the public. Members of the pharmacy team used cordless telephone handsets. This meant they could move out of earshot of the public area when having confidential conversations with people over the telephone.

The pharmacy had a range of clean equipment available to support the delivery of pharmacy services. Equipment included counting apparatus for tablets and capsules, and crown stamped measuring cylinders for measuring liquid medicines. It had single-use consumables for the substance misuse and compliance pack services. And it stored equipment to support the flu vaccination service, such as adrenaline autopens safely. Stickers on electrical equipment indicated it had been safety tested within the last two years.

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.