

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, 2 Stoney Stanton Road,
Coventry, CV1 4FS

Pharmacy reference: 1110368

Type of pharmacy: Community

Date of inspection: 23/10/2024

Pharmacy context

This health centre pharmacy has changed ownership since its last inspection. Its main activity is dispensing NHS prescriptions it receives from a large GP surgery on the same site. The pharmacy also sells a range of over-the-counter medicines and offers the NHS Pharmacy First Service.

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 manages the risks associated with its services adequately. It manages people's confidential information securely. And its team members understand how they can help protect vulnerable people. However, the pharmacy's written instructions are not readily accessible so it may be difficult for its team members to refer to these to be able to follow best practice. It generally keeps the records it needs to, to show that medicines are supplied safely. But some details are missing from some records which may make the records less useful in the event of a future query. Team members record the mistakes they have made which are spotted during the dispensing process. But they do not record learning points and so may be missing opportunities to help the team to improve from these events and minimise the chances of recurrence.

Inspector's evidence

The pharmacy's standard operating procedures (SOPs) that were present in the paper format had not been reviewed recently. However, team members said that the current SOPs were online and confirmed these had been read and signed. But at the time of the inspection, access to the online SOPs was not possible as none of team members had login IDs to access these.

Team members had made some records of mistakes that had been spotted during the dispensing process (near misses). Most records seen did not include any evidence of a review to identify any learning points or actions taken to mitigate similar events from happening again. The responsible pharmacist (RP) explained the process they would follow to record mistakes that had reached people (dispensing errors). And this included recording the details of the error on a person's medication records. The RP further commented that they hadn't come across any dispensing errors whilst covering the branch. Team members present on the day understood the tasks they could not undertake in the absence of a pharmacist.

A regular locum pharmacist was the RP on duty and the RP notice had been correctly displayed in the pharmacy. The pharmacy had current professional liability and public indemnity insurance. Records about the RP, controlled drugs (CDs), unlicensed medicines, and private prescriptions were largely complete. However, some CD records did not include the name of the drug, form, and strength at the head of each page. And some private prescription records did not include the date the prescription was dispensed or the correct prescriber's details. Running balances of all CDs were kept and had been audited weekly up to August 2024. However, the records since then showed that running balances were audited intermittently. The RP said that they verified running balances each time they supplied CDs. A random balance check of several CDs undertaken during the inspection were correct. A separate register was used to record patient-returned CDs.

All team members had completed mandatory training about managing people's confidential information under the previous ownership. Team members used their own NHS smartcards to access electronic prescriptions and patient medication records were password protected. Confidential waste was separated and collected by a contractor for secure disposal.

The RP had completed Level 3 safeguarding training and the other team members had completed safeguarding training relevant to their roles and responsibilities. A chaperone policy was available in the

pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's staffing levels are sufficient to manage its current workload. Its team members are supportive of each other and they can raise concerns or provide feedback to the RP or senior leadership to help improve pharmacy's services.

Inspector's evidence

At the time of the inspection, there were three members of staff and the RP on duty. Most of the team members present on the day had worked at the pharmacy under the previous ownership. The three team members had completed accredited dispenser's qualifications under the previous ownership and they demonstrated good awareness about how the pharmacy operated. The RP was a regular part-time locum pharmacist. The pharmacy manager was on long-term absence and the pharmacy had recently lost an accuracy checking technician. There was some evidence that some tasks previously completed on a regular basis, such as CD balance checks, were starting to be missed, possibly as a result of staffing changes.

Team members were supportive of each other, and they were managing the workload adequately. And they had all completed the mandatory training required to be eligible for Pharmacy Quality Scheme payments. Team members said they would raise any concerns with the RP or one of the company's directors and the pharmacy was visited by senior company representatives from time to time. There were no targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for the services it provides. They are kept secure and people visiting the pharmacy can have a private conversation with a team member if required.

Inspector's evidence

The pharmacy's front fascia and its public facing areas were in a good state of repair. Its entrance was step free and had power-assisted doors to assist people with mobility issues. The dispensary had enough space to store medicines safely, and it was kept tidy. The sink in the dispensary was clean and it had hot and cold running water. Ambient temperatures were controllable, and levels of ventilation and lighting were suitable for the activities undertaken. A private, signposted consultation room was available to enable people to have a conversation with a team member if required. The premises could be secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy's services are accessible to people with different needs. It gets its medicines from licensed wholesalers, and it stores its medicines appropriately. Team members try to overcome communication barriers to help people access healthcare services. And they understand how to respond to concerns about medicines and medical devices not fit for purpose. However, they do not keep records about these so it may be harder for the pharmacy to show that these have been dealt with appropriately.

Inspector's evidence

The pharmacy's opening hours were displayed at the entrance. There was a range of healthcare leaflets displayed by the pharmacy counter area. The pharmacy delivered medicines to people who could not visit in person to collect their medicines and team members kept delivery records to show that medicines were delivered safely. Team members used local knowledge to signpost people to other healthcare providers when service required was not offered at the pharmacy. The pharmacy's patient demographic meant that English wasn't the first language for a lot of people visiting the pharmacy. The pharmacy team tried to overcome this potential barrier to accessing healthcare including by using a translation app to assist people.

At the time of the inspection, the workflow in the dispensary was organised. Team members worked on designated workstations and used baskets during the dispensing process to minimise the chances of prescriptions getting mixed up. Dispensing labels were initialled at the dispensing and checking stages to create an audit trail to show team members involved in each task. The pharmacy was delivering the NHS Pharmacy First service and the RP confirmed that they had completed the relevant training to deliver the service safely. The RP said that treatments for urinary tract infections and sore throats were the most frequently requested. The pharmacy had halted its flu vaccination service due to non-availability of adrenaline injections needed to treat any incidences of allergic reactions (anaphylaxis). Team members were aware of the guidance for supplying valproate-containing medicines and the requirement to supply them in their original packs.

Stock medicines were obtained from licensed wholesalers and these were stored in an organised manner. Prescriptions for CDs not requiring secure storage were marked with CD stickers to ensure these were not handed out beyond their 28-day validity period. CDs requiring secure storage were stored in line with requirements and access to the cabinets was appropriately managed by the RP.

Temperature-sensitive medicines were stored in a medical fridge and temperatures were recorded daily. Records showed that temperatures had remained within the required range of 2 and 8 degrees Celsius. The pharmacy had date-checking procedures for stock medicines and short-dated medicines were marked for removal at an appropriate time. No date-expired medicines were found amongst in-date stock when checked. Waste medicines were stored in designated bins ahead of collection by a specialist waste contractor.

Team members could explain how they dealt with notices about safety alerts and medicine recalls. These were received electronically from the head office. However, team members did not keep a record of the action they took in response to this. This could make it difficult for the pharmacy to show

that it had responded to relevant alerts and recalls appropriately and in a timely manner.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services safely.

Inspector's evidence

Team members had access to reference sources. The pharmacy had calibrated glass measures available and equipment for counting loose tablets and capsules was clean. Medicine containers were capped to prevent cross-contamination. People's confidential information on the pharmacy's computer system was stored securely and team members had access to cordless phone so they could converse in private if necessary. All electrical equipment appeared to be in good working order.

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.