

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, Elliott Chapel Health Centre, 215
Hessle Road, HULL, HU3 4BB

Pharmacy reference: 1117509

Type of pharmacy: Community

Date of inspection: 19/06/2019

Pharmacy context

The pharmacy is in a health centre on a busy road leading into the centre of the city. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. It offers advice on the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartmental compliance packs, designed to help people remember to take their medicine. 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 not all met	1.1	Standard not met	The pharmacy does not manage key risks relating to health and safety and staff training, including learning associated with the pharmacy's procedures.
		1.7	Standard not met	The pharmacy does not manage its confidential waste in a way which assures that people's private information is protected.
2. Staff	Standards not all met	2.2	Standard not met	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 that the minimum training requirements set by the GPhC are not met.
		2.5	Standard not met	The pharmacy does not act in a timely manner to support team members who raise genuine safety concerns.
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy does not have a working fire alarm. And people in the pharmacy can't hear the alarm in the adjoining health centre. This poses a health and safety risk to both staff and people visiting the pharmacy and adjoining health centre. The pharmacy does not have an appropriate waste management contract in place. This means that waste is accumulating and poses a risk to staff and the surrounding environment, where it is stored.
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

Not all of the pharmacy's working practices are safe and effective. Key risks relating to health and safety and staff training, including learning associated with the pharmacy's procedures are not managed effectively. And confidential waste is not managed in a way which assures that people's private information is protected. The pharmacy advertises how people can provide feedback about its services. And its team demonstrates how it takes this feedback onboard. The pharmacy generally keeps the records it must by law up to date. The pharmacy team members discuss mistakes made during the dispensing process. But they do not engage in structured reviews to help share learning from these mistakes. Pharmacy team members have the necessary skills to recognise and report concerns to protect the welfare of vulnerable people.

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. A new member of the team had yet to begin the SOP sign-off process. When asked about the sign-off process, pharmacy team members explained they were not given appropriate time to read and absorb the details within SOPs. They explained that this was expressed to a senior manager. But staff explained they were instructed to sign them despite this concern being raised.

The pharmacy team members explained details of their roles and responsibilities. And a member of the team discussed the tasks which could not take place if the responsible pharmacist (RP) took absence from the premises.

Workflow in the dispensary was efficient. The pharmacy team used different work benches for completing acute workload and managed workload. The team used a quiet space to the side of the dispensary to complete tasks associated with supplying medicines in multi-compartmental compliance trays. Pharmacy team members assembled doses of methadone for the supervised consumption service under the supervision of the pharmacist.

An up to date business contingency plan was not seen. The pharmacy had been left without power recently for several hours due to the electric company withdrawing the service. This had impacted on workload and meant that services were not accessible for a period of time. All utility services were available at the time of inspection and the pharmacy team were up to date with workload.

Either the RP or pharmacy team member involved recorded brief details of near-misses made during the dispensing process. Reporting was consistent. But entries did not always include details of contributory factors or learning outcomes. When details were provided they were repetitive. For example, 'distraction' was a recurring contributory factor. A trainee dispenser explained that learning was shared through feedback provided by the pharmacist at the time a near-miss occurred.

The pharmacy had an incident reporting procedure in place. And some evidence of reporting was seen.

Records included details of learning and risk reduction actions taken following an incident. For example, escitalopram and enalapril tablets were separated by the pharmacy team following an incident.

The pharmacy did not have a structured review process for managing near-misses or dispensing incidents. Learning and feedback was very much informal and 1-to-1. Engaging pharmacy team members in these types of reviews would help the team to identify trends, share learning and demonstrate risk reduction actions taken.

There was a complaints procedure in place. A practice leaflet advertised how people could leave feedback or raise a concern about the pharmacy or its services. Pharmacy team members explained how concerns had risen following the transfer of ownership of the pharmacy. This was due to changes to staffing levels and experience in the team. A pharmacy team member explained how she would manage and escalate details of a concern to the pharmacist or supervisor if required. She identified how the team had listened to minor concerns about waiting times by offering the prescription delivery service to people.

The pharmacy had up to date indemnity insurances in place.

The RP notice was updated at the beginning of the inspection process to reflect the correct details of the RP on duty, this was shortly after opening time. Entries in the responsible pharmacist record generally complied with legal requirements. There was 1 missed sign-out time in the sample of the record examined. The pharmacy kept the record electronically and it was also used by all pharmacy team members to record their working hours.

The pharmacy kept records relating to private prescriptions and unlicensed medicines in accordance with legal and regulatory requirements. But the pharmacy did not always record details of the nature of the emergency in the prescription only medicine (POM) register, when making an emergency supply of medicine at the request of a patient.

The pharmacy maintained running balances in its controlled drug (CD) register. And these were checked on average at monthly intervals. A physical balance of Sevredol 10mg tablets did not conform to the quantity recorded in the register at the time of inspection. The RP confirmed that he would investigate the discrepancy of 4 tablets following the inspection process. And he provided confirmation that the 4 tablets had fallen out of a split box into a CD cabinet. He explained that learning had followed about the need to only have 1 split box open at a time. Other balance checks of Zomorph preparations conformed to the balances in the register. A sample of the CD register examined found addresses of wholesalers were not recorded in the CD register when entering the receipt of a CD. A discussion took place about the legal requirement to include this information. The pharmacy kept a CD destruction register for patient returned medicines.

The pharmacy advertised how it worked to safeguard people's private information through a leaflet available in the consultation room. Pharmacy team members had completed some learning associated with the General Data Protection Regulation requirements. And the pharmacy had completed its annual NHS information governance submission. The pharmacy team was transferring confidential waste into black bin bags. These were stored with general waste bags. This meant that there was a risk of confidential waste being mixed up and not disposed of securely. The RP had made several requests for more designated confidential waste bags through contacting the pharmacy's head office.

The pharmacy had procedures relating to safeguarding vulnerable adults and children. The team had access to contact details for local safeguarding teams. Some members of the team had completed safeguarding training under the previous ownership. Some newer members of the team had not yet

completed training on the subject. Pharmacy team members could explain how to recognise and escalate a concern relating to a vulnerable person.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has enough staff to provide its services. And it 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. But they are not all aware of the company's whistleblowing policy. And the pharmacy does not support its team members in a timely manner, who raise genuine safety concerns.

Inspector's evidence

On duty at the time of the inspection was the RP, 2 qualified dispensers (1 of which was the pharmacy's supervisor), a trainee dispenser and 3 healthcare assistants. Another dispenser also worked at the pharmacy and a regular driver provided the prescription delivery service. There had been a high turnover of staff since the pharmacy had changed ownership. Staffing levels were reviewed in respect of prescription numbers falling. An increase in prescription numbers over the last few months had led to the recruitment of a qualified dispenser. Some pharmacy staff were in uniform, but this had the branding of their previous employer. This could potentially be confusing to people accessing the pharmacy.

There was no evidence available to support the trainee dispenser being enrolled on an accredited training course to support her role. She had raised feedback about this and had been informed that she was enrolled on a course. But had not completed any paperwork related to enrolment and had not received any details of the training to date. Training arrangements for some other members of the team which were enrolled on dispensary training at the time of transfer to the new company had not continued. These members of the team were working within healthcare assistant roles and had completed the relevant training for this role. New members of the team were not supported through a formal induction programme. But those who had started at the pharmacy since the transfer of ownership confirmed they felt supported by the team. There was some evidence of engagement in ongoing training relating to healthy living. For example, learning about children's oral health. Pharmacy team members had received several appraisals within the last year. But it was not evident how feedback relating to training needs was taken onboard by the pharmacy.

The RP confirmed that pharmacists were expected to contribute towards a target of 400 Medicine Use Reviews a year and engage in other services such as New Medicine Service consultations. He explained how he applied his professional judgement when undertaking services and felt there was a flexible approach to meeting these targets.

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.

Not all pharmacy team members were aware of the company's whistleblowing policy. And as such they were not all aware of where to look for details of how to escalate a concern. There was evidence of some concerns being raised relating to the fire alarm not working, storage arrangements for

confidential waste and training arrangements for trainees. Some pharmacy team members stated they did not feel supported when providing feedback. And no action was evident to support that the feedback provided by the pharmacy team was listened to.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy does not have a working fire alarm. And people in the pharmacy can't hear the alarm in the adjoining health centre. This poses a health and safety risk to both staff and people visiting the pharmacy and adjoining health centre. The pharmacy does not have an appropriate waste management contract in place. This means that waste is accumulating and poses a risk to staff and the surrounding environment, where it is stored.

Inspector's evidence

The pharmacy premises appeared well maintained and secure. A heavy-duty temporary sign hung above the entrance of the pharmacy. But a sign on the door indicated that the pharmacy was still trading under the previous ownership. Pharmacy team members could report maintenance concerns to their head office. But concerns reported by the pharmacy team relating to the fire alarm not working and refuse collections ceasing had not been managed appropriately by the pharmacy's owners. Staff reported that the fire alarm system had not worked for some months. Nor could the team hear the medical centre's alarm to respond. The waste management company had collected the pharmacy's external general waste bins several months ago. This meant that there had been no refuse collection for some time. General waste was stored in black bags in an external lock-up. The lock-up was full of bags stacked on top of each other and reaching above 6-foot high. These issues posed health and safety concerns to people visiting the pharmacy and to pharmacy staff.

The premises themselves were clean and tidy with no slip or trip hazards evident. Air conditioning was in place. But there was no evidence that this had been serviced within the last year. Lighting throughout the premises was bright. Antibacterial soap and paper towels were available at designated hand washing sinks.

The public area of the pharmacy was a good size. It was relatively open plan, some retail display units in the centre of the area were bare. Stock on other shelves in the public area was sparse in places. This did detract from the overall professional appearance of the pharmacy. The dispensary was a good size for providing the pharmacy's services. To the side of the dispensary was room for the shelving utilised for the storage of assembled medicines waiting for collection and staff facilities.

The consultation room was professional in appearance and could accommodate a wheelchair or pushchair. It was professional in appearance and provided a sound proof space for holding private consultations.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible to people. And the pharmacy team works well to provide healthy living advice and support to people. The pharmacy obtains its medicines from reputable suppliers. It generally stores medicines safely and securely. And it has some systems in place to help ensure its medicines are safe and fit to supply. It has suitable systems in place to deal with concerns raised about the ongoing safety of medicines. But the pharmacy has not identified some risks associated with the way it provides medicines in multi-compartmental compliance packs. And it doesn't supply all the information people may need, when dispensing these packs, to help them take their medicines safely.

Inspector's evidence

The pharmacy was accessed through a power-assisted door at street level. There was also an internal, open plan entrance leading from the health centre. This meant that people in wheelchairs and those with pushchairs could access the pharmacy with ease. Opening times were advertised. The pharmacy advertised its services through leaflets and notices in the public area. There was an eye-catching health promotion display on the door of the consultation room. The current topic was mental health and a member of the team provided examples of engagement with people about the subject. For example, the pharmacy team member had recognised a need to refer a person back to their GP after recognising their current medicine regimen was not working effectively. The same pharmacy team member explained how attending a chronic obstructive pulmonary disease training event had improved her confidence at recognising symptoms of the disease and understanding how the disease should be diagnosed. 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 pharmacy stored pharmacy (P) medicines behind the medicine counter. This protected them from self-selection. The pharmacy had some systems to identify people on high-risk medicines. Pharmacy team members referred these prescriptions to the pharmacist. And the RP explained how people would be verbally counselled about their medicine, monitoring requirements and side effects. Although the team were familiar with some details of the Valproate Pregnancy Prevention Programme (VPPP). Valproate warning cards were not available to issue to people in the target group.

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 maintained an audit trail for the prescription delivery service. But people did not always sign for receipt of their medicine through the service. This meant that it may be difficult for the pharmacy to manage queries associated with the service if they arose.

The pharmacy used a clinical software programme to manage the multi-compartmental compliance pack service. And the pharmacy team updated people's medication records after checking changes to

medicine regimens with surgeries. But a sample of assembled packs found they were not labelled in accordance with legal requirements as adverse warning labels were absent from the backing sheets attached to trays. The dispensing audit trail was only part complete on packs seen, as the person assembling the tray was not identifiable. The pharmacy didn't provide descriptions of the medicines or routinely supply patient information leaflets (PILs) for the medicines inside the packs. This meant it could be difficult for people to recognise medicines inside the pack or read more information about their medication.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. The team were aware of the Falsified Medicines Directive (FMD). But were not aware of any action the company had taken to date to comply with the regulation.

The pharmacy stored medicines in an orderly manner and generally in their original packaging. But an amber bottle labelled with 'Convulex 500' was found on the dispensary shelves with other packets of valproic acid tablets. And an amber bottle labelled with 'propranolol 40' was found during checks of dispensary stock. A discussion took place about the risks of storing medicine in this way. Particularly as no batch number, expiry date or assembly date was identifiable on the bottles. And the bottles were removed from the shelves. The pharmacy had a date checking record and a system for highlighting short-dated medicines. 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 an open bottle of Oramorph oral solution was found on the shelves with an opening date of 02 March 2019. This was brought to the direct attention of the RP.

The pharmacy held CDs in secure cabinets. Medicines storage inside the cabinets was orderly. CD prescriptions were clearly highlighted to prompt additional checks. For example, a check of the 28-day validity period of the prescription. The pharmacy's medical fridge was clean, and it was a sufficient size for the amount of stock held. Temperature records confirmed that fridges were operating between 2°C and 8°C. But there were some gaps within these records, temperatures either side of the gaps had remained within 2°C and 8°C.

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 has suitable equipment and facilities for providing its services. But it does not always use its equipment appropriately when providing substance misuse services.

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 and intranet access provided further reference resources.

Computers were password protected and faced into the dispensary. This prevented unauthorised access to the contents on screen. Some pharmacy team members had personal NHS smart cards. The pharmacy stored assembled bags of medicines waiting for collection and delivery on shelving to the side of the dispensary. It stored prescriptions associated with these bags in a retrieval system, out of sight of people accessing the medicine counter. The pharmacy had cordless telephone handsets in place. Pharmacy team members moved to the back of the dispensary, out of ear shot of the public, when speaking with people on the phone. This meant that the privacy of the caller was protected.

Clean, crown stamped measuring cylinders were in place. Separate cylinders for use with methadone were clearly marked. Counting equipment for tablets and capsules was available. There was some equipment in the consultation room which the team had used to complete health checks under the previous ownership. Pharmacy team members confirmed that the equipment was no longer in use. There was a need to clearly label or appropriately dispose of this equipment to prevent it from being used by locum pharmacists who may not be familiar with the pharmacy. Amber bottles used for the supervised consumption service were re-used for the same person multiple times without being cleaned. This may cause an infection control risk and meant that the person attending may not have received an accurate measured dose. Equipment used for dispensing medicines into multi-compartmental compliance packs was single use. Gloves were available if needed. Stickers on electrical equipment showed that safety testing was carried out in January 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.