General Pharmaceutical Council

# 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:** 13/02/2020

## Pharmacy context

The pharmacy is in a health centre on a busy road leading into the centre of the city. It 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 also supplies some people with their medicines in multi-compartment 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 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 not all met | 4.3 | Standard not met | The pharmacy delivers some medicines without identifying and managing the risks associated with providing this service. People have raised concerns relating to the posting of medication. And on at least one occasion the pharmacy has delivered medication on a date when the pharmacy was closed. |
| **5. Equipment and facilities** | Standards met | N/A | N/A | N/A |

## Principle 1 - Governance ✔ Standards met

### Summary findings

The pharmacy mostly identifies and manages the risks associated with its services. It keeps people's personal information secure. And it advertises how people can provide feedback about the pharmacy or its services. It has systems in place for managing this feedback. Pharmacy team members understand how to recognise, and report concerns to protect the wellbeing of vulnerable people. They act openly and honestly by sharing information when they make mistakes. There are some minor occasions when the pharmacy does not keep its records up to date. This may make it more difficult for the pharmacy to investigate a query should one arise.

### Inspector's evidence

The pharmacy had been inspected in June 2019. And this inspection had found some unmet standards. These related to risk management, confidentiality, staffing and health and safety of the premises. Following the inspection in June 2019, the pharmacy had completed an improvement action plan. And had provided evidence of the steps it had taken to improve and meet the standards.

The pharmacy had up-to-date standard operating procedures (SOPs) in place. SOPs had last been reviewed in February 2019 by a senior pharmacist within the Jhoots group. 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. And the training record for another team member could not be found on the date of inspection. The pharmacy's supervisor confirmed all staff had re-read and completed training associated with the SOPs following the last inspection. Pharmacy team members were confident when demonstrating the tasks they completed. And were observed working in accordance with dispensary and sales of medicines SOPs.

Workflow in the dispensary was efficient. The pharmacy team used different work benches for completing acute workload and managed workload. There was specific space for managing part-assembled prescriptions waiting for stock. The team used a quiet space to the side of the dispensary to complete tasks associated with supplying medicines in multi-compartment compliance packs. There was a back-log of baskets waiting to be checked on the day of inspection. Pharmacy team members explained this was caused by an acute situation following the loss of the pharmacy's internet connection for a brief period earlier in the week. The responsible pharmacist (RP) was confident workload would be back up to date within a day.

Pharmacy team members engaged in conversations with the RP when a mistake during the dispensing process was identified. And near misses were generally recorded. There was a gap in recording noted when the regular pharmacist had taken leave. The records demonstrated included brief details of mistakes. But they didn't regularly identify any contributing factors or learning outcomes. Pharmacy team members could demonstrate actions they took to reduce near misses. For example, the team were in the process of rearranging stock layout in the dispensary following some concerns about safety in the dispensary. And pharmacy team members were keen to answer questions and share learning with trainee members of the team to help their development.

The RP demonstrated the incident reporting facility which was built into the pharmacy's patient

medication record system. He explained there had been no reported dispensing incidents since the date of the last inspection. But could demonstrate how records were made and the follow-up action he would take to resolve an incident. Concerns relating to the delivery service had been reported by email to the pharmacy owners. But had not been documented on people's medication records.

There was a complaints procedure. This was advertised in a practice leaflet available in the pharmacy's consultation room. A member of the pharmacy team explained how she would manage a concern. And she expressed how she would seek to engage team members in identifying how the pharmacy could improve by sharing the concern with them. The team had changed ordering processes for its managed repeat prescription service in response to some feedback about staff availability. And the RP explained how this had meant the medicine counter assistants were available to support people at the medicine counter in a timely manner.

The pharmacy had up-to-date indemnity insurances in place through Numark. The RP notice on display contained the correct details of the RP on duty. The RP record was kept electronically. The sample examined identified the RP on duty at any given time. Staff also used the record as an attendance register. A sample of the pharmacy's controlled drug (CD) register generally complied with legal requirements. The address of the wholesaler was not always recorded when receipt of a CD was entered. On the date of inspection the RP explained he was two days behind with making entries into the methadone section of the register. And a discussion took place about the requirement to make these entries within a day of supply. The regular RP completed full balance checks of physical stock against the register most weeks. Physical balance checks of Oxypro 5mg modified release tablets and OxyContin 10mg prolonged release tablets complied with the balances recorded in the CD register. The pharmacy kept a CD destruction register for patient returned medicines. Some entries from 2019 had not been signed to confirm destruction had taken place. The RP explained the patient returns were not on the premises and could not provide further clarification if these had been destroyed, as the entries related to returned CDs prior to him starting at the pharmacy. The pharmacy generally kept records relating to private prescriptions and unlicensed medicines in accordance with legal and regulatory requirements. One incomplete certificate of conformity relating to an unlicensed medicine was found and was brought to the attention of the RP.

The pharmacy advertised how it worked to safeguard people's private information through a leaflet available in the consultation room. It kept personal identifiable information in staff only areas of the premises. And it had completed its annual NHS data security and protection toolkit. Pharmacy team members demonstrated a sound understanding of how to maintain confidentiality through their working practices. They transferred confidential waste into bags. These were segregated from general waste and were collected periodically for secure disposal.

The pharmacy had procedures relating to safeguarding vulnerable adults and children. The team had access to contact details for local safeguarding teams. The RP had completed level two safeguarding training through the Centre for Pharmacy postgraduate Education (CPPE). Other members of the team reported completing recent e-learning on the subject. And a pharmacy team member explained clearly how she would recognise and report a safeguarding concern.

## Principle 2 - Staffing ✔ Standards met

### Summary findings

The pharmacy has enough people working to provide its services effectively. And it has systems to support the learning needs of its team members. Pharmacy team members engage in regular conversations relating to risk management and safety. And they understand how to raise and escalate concerns at work.

### Inspector's evidence

On duty at the time of the inspection was the RP, a qualified dispenser, a trainee dispenser, a qualified medicine counter assistant and a new member of the team who was working through her induction period. Towards the end of the inspection another two trainee dispensers joined the team on duty. The pharmacy also employed another two qualified medicine counter assistants. Staffing levels had been reviewed and had increased since the last inspection. And the turnover of team members had stabilised. A self-employed delivery driver provided the pharmacy's medication delivery service.

The trainee dispenser on duty was the pharmacy's supervisor. She was progressing well through her training and confirmed she received support relating to her learning from the RP. The other two trainee dispensers were enrolled on accredited training. And the new inductee explained she felt well supported. The inductee had commenced her role in January 2020. She had yet to begin signing off SOPs. But was knowledgeable about her role and was learning questioning techniques associated with the sale of pharmacy (P) medicines with support from her colleagues. She explained clearly what tasks team members could not complete if the RP took absence from the premises. Other team members had access to continual learning to support their role. This included e-learning through Numark modules relating to minor ailments and healthy living. And reading pharmacy magazines and journals. Team members confirmed they had received an appraisal from their old area manager within the last year. The area manager had recently left the company.

The RP was a locum pharmacist, working regularly in the pharmacy. He explained there was a target for growing the number of items the pharmacy dispensed. The RP explained his target since starting in the pharmacy in September 2019 was to complete 50 MURs. He explained how he applied his professional judgement when undertaking services, including ensuring practices in the dispensary were safe when dispensing. And he demonstrated a number of improvements he had made to dispensary workflow to assist the team in running an efficient service.

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. Communication between team members had improved since the last inspection. And team members were clear of how they could raise a concern at work. Several members of the team spoken to about feedback were confident in reporting any concerns to the RP. And expressed that there had been positive changes in the pharmacy since the RP had commenced his role. There appeared to be some confusion over who the superintendent pharmacist of the pharmacy was. Several team members spoke of a senior member of the pharmacy's management team, who was superintendent pharmacist of a different legal entity within the Jhoots group. And who visited the pharmacy periodically. This

meant that feedback being escalated may not be brought to the direct attention of the nominated superintendent pharmacist.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy premises are maintained to the standards required. They are clean and provide a suitable atmosphere for delivering pharmacy services. People can speak to a member of the pharmacy team in a private consultation room.

### Inspector's evidence

The pharmacy premises was reasonably well maintained and secure from unauthorised access. A heavy-duty temporary sign hung above the entrance of the pharmacy. The sign had been in place since the pharmacy changed ownership in 2018. Pharmacy team members could report maintenance concerns to their head office. Some ceiling tiles in the staff area of the pharmacy were water-marked. The team thought this was due to condensation in the air-conditioning unit and confirmed there were no leaks. A recent issue with the staff toilet had been rectified. The premises were clean and tidy with no slip or trip hazards evident. The pharmacy had suitable heating arrangements and lighting throughout the premises was bright. Antibacterial soap and paper towels were available at designated hand washing sinks.

At the last inspection in June 2019 the team had raised significant concerns about refuse not being collected and a non-functioning fire alarm. Refuse collections were now regular. The previous superintendent pharmacist had provided evidence following the inspection in June 2019 relating to fire evacuation plans and a fire safety risk assessment. Team members explained the fire alarm still did not sound when tests were carried out elsewhere in the health centre. And as such there was an identified need for the current superintendent pharmacist to work with the pharmacy owners and building owners to assure themselves the pharmacy was meeting The Regulatory Reform (Fire Safety) Order 2015.

The public area of the pharmacy was a good size. It was open plan with seating provided in the centre of the space for people waiting for prescriptions or pharmacy services. Some ex-retail stands had been moved to one side of the public area. This did detract from the overall professional appearance of the pharmacy. The consultation room was professional in appearance and could accommodate a wheelchair or pushchair. It provided a suitable space for holding private consultations with people. The dispensary was a good size for providing the pharmacy’s services. A wide corridor from the dispensary led to staff facilities at the back of the premises. The corridor had shelving either side which was well utilised.

## Principle 4 - Services **Standards not all met**

### Summary findings

The pharmacy advertises its services and makes them accessible to people. It has up-to-date procedures and protocols to support the pharmacy team in delivering its services. But not all team members involved in providing the pharmacy prescription delivery service follow these procedures. The pharmacy delivers some medicines without identifying and managing the risks associated with the service appropriately. The pharmacy obtains its medicines from reputable sources. And it has some systems in place to ensure it keeps these medicines safely and securely. But its date checking processes are not always robust. This means there is an increased risk of the pharmacy supplying out-of-date medication.

### Inspector's evidence

The pharmacy was accessed through a push/pull door at street level. There was also an internal, open plan entrance leading from the health centre. This meant that people using wheelchairs and pushchairs could access the pharmacy with ease. Opening times were advertised. The pharmacy advertised its services through leaflets and notices in the public area. Pharmacy team members were aware of the requirement to signpost a person to another pharmacy or healthcare provider should the pharmacy be unable to provide a service or supply a medicine.

There was a number of eye-catching health promotion displays in the public area. These included displays relating to Raynaud's phenomenon, social deprivation and Covid-19 (coronavirus). A medicine counter assistant led on healthy living promotion and she was passionate about this role. Health promotion displays for each month were well planned and included promotion of health awareness days throughout the calendar year. For example, national non-smoking day. The team member provided several examples of how the displays prompted conversations with people about their health and wellbeing. For example, the dry January display had prompted conversation about alcohol intake. And the team member explained how she had applied learning relating to the topics when speaking with people. A promotion on chronic obstructive pulmonary disease (COPD) had prompted a person to seek further tests about their diagnosis.

The pharmacy stored 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 these people would be identified for Medicines Use Reviews (MURs) to help monitor their medicines. Verbal counselling and monitoring checks were generally informal and not recorded on patient medication records. Pharmacy team members understood the importance of bringing prescriptions for valproate to people in the high-risk group associated with the valproate Pregnancy Prevention Programme (VPPP) to the attention of the RP. The pharmacy had completed a valproate safety audit and the RP understood the requirement to issue valproate warning cards to people in the high-risk 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 generally sign for receipt of their medicines through the service. The RP confirmed that signatures for the delivery of CDs were obtained. There had been some recent reports to the pharmacy that medication had been delivered on a Sunday, when the pharmacy was not open. This meant that the pharmacy did not have assurance of the storage conditions the medicine had been stored in overnight. The RP confirmed he had not been made aware of this delivery until after the event had occurred. The pharmacy had also received reports that medicines had been posted through windows and doors when a person had not answered the door immediately.

The pharmacy used a clinical software programme to manage the multi-compartment compliance pack service. And a diary was used to help manage the timely ordering of prescriptions associated with the service. The pharmacy team updated people's medication records after checking changes to medicine regimens with surgeries. A sample of assembled packs waiting for collection included full dispensing audit trails. The pharmacy provided patient information leaflets (PILs) for the medicines inside the packs to people at the beginning of each four-week cycle of packs. But it did not provide descriptions of medicines inside the packs on backing sheets which made it more difficult for people to identify their medicines.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. The team had some knowledge of the Falsified Medicines Directive (FMD). And could discuss changes to medicine packaging as a result of the legislation. But they were not aware of any action the company was taking to comply with FMD requirements.

The pharmacy stored medicines in an orderly manner and generally in their original packaging. There were a couple of loose blisters on the dispensary shelves. And the RP acted appropriately to remove these when the risk of storing medicines in this way was discussed. The pharmacy had a date checking record and a system for highlighting short-dated medicines. It had not recorded its most recent date checks. And team members explained this was due to re-organising the dispensary shelves. The team annotated details of opening dates on bottles of liquid medicines. Some out of date diabetes testing strips and an out-of-date part pack of gliclazide 40mg tablets were found during random checks of dispensary stock. Pharmacy team members did check expiry dates during the dispensing process.

The pharmacy held CDs in secure cabinets. Medicines storage inside the cabinets was generally orderly. But there was a large volume of out-of-date CDs waiting for an authorised witness to visit and witness the destruction of the CDs. There were also several assembled CDs stored in the cabinet with prescriptions issued in excess of 28-days ago. The RP confirmed he was aware of these prescriptions and would be returning them to the surgery and returning the assembled medicines to stock appropriately. He explained how he generally treated CDs as owings and made them up when the person attended to collect to avoid this situation. Prescriptions for all CDs, including those not requiring safe custody were highlighted. And pharmacy team members routinely brought the prescription to the RP along with the assembled medicine to check again prior to hand-out to a person. 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 two and eight degrees Celsius.

The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It received drug alerts by email. And the team demonstrated how these alerts had been read. They discussed how they acted on alerts which required stock to be segregated and sent back to wholesalers.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. Pharmacy team members act with care by using the pharmacy's facilities and equipment in a way which protects people's confidentiality.

### 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 and intranet access provided further reference resources. Computers were password protected and faced into the dispensary. This prevented unauthorised access to the private information on computer screens. Pharmacy team members on duty were observed using personal NHS smart cards when accessing people's medication records. The pharmacy stored assembled bags of medicines waiting for collection and delivery on shelving to the side of the dispensary. This was out of view of the public area. The pharmacy had cordless telephone handsets. 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. Clean counting equipment for tablets and capsules was available. Equipment used for dispensing medicines into multi-compartment compliance packs was single use. Gloves were available if needed. Stickers on electrical equipment showed that safety testing was last 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. |