

# 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:** 15/10/2020

## Pharmacy context

This community pharmacy is in a health centre on a main route into the centre of Hull. During the COVID-19 pandemic the pharmacy's main focus is on providing dispensing services. This includes the supply of medicines through a local minor ailments scheme and more recently, the administration of flu vaccinations. The pharmacy also supplies some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. And it offers a home delivery service.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy appropriately identifies and manages the risks associated with its services, including those associated with providing services during a pandemic. It keeps people's private information secure. And it keeps the records it must by law. The pharmacy advertises how people using its services can provide feedback. And this feedback is used to help inform the way it provides its services. Pharmacy team members share information and apply learning when mistakes happen. And they act to help prevent similar mistakes occurring. Team members understand how to protect vulnerable people and act to support people's safety and wellbeing.

### Inspector's evidence

The pharmacy had addressed risks associated with providing pharmacy services during the pandemic. But there was no written COVID-19 risk assessment for the pharmacy available on the day of the inspection. Team members had been kept informed of the company's business continuity arrangements through email exchange. They explained how they had managed access to the pharmacy at the beginning of the pandemic. And they had more recently implemented a queuing system which supported social distancing in the public area. A second entrance leading from the health centre to the pharmacy was closed to avoid unnecessary footfall between the two practices. The pharmacy displayed clear notices to assist people in accessing the medicine counter safely. All team members wore type IIR face masks. And other personal protective equipment was available and worn when required. A dispenser provided evidence of some individual COVID-19 risk assessments which all support staff had engaged in. But the responsible pharmacist (RP) was new to the company, and she reported she had not yet had a risk assessment.

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. And team members had individual training records which confirmed they had read and understood the SOPs. They were confident when demonstrating the tasks they completed. And they were observed working in accordance with dispensary SOPs. The dispensary was large and the team used different workstations to complete tasks associated with acute and managed workload. It used a quiet area of the dispensary to complete tasks associated with the multi-compartment compliance pack service. Work benches were clear and workflow was efficient.

A dispenser explained how the RP provided feedback following a near miss error. This prompted recording of the near miss error through an electronic reporting tool. The team also used the tool to record dispensing incidents. A sample of records associated with both near miss errors and dispensing incidents included follow-up actions and learning points. And team members were aware of these and could demonstrate the actions they had taken to reduce the likelihood of similar mistakes occurring. For example, the team had shared learning associated with changes to pack sizes which had contributed to a quantity error. And it had attached warning signs to shelf edges to prompt additional checks during the picking process.

The pharmacy had a complaints procedure, and details of how somebody could raise a concern or feedback about the pharmacy was advertised within its practice leaflet. A dispenser provided details of

how the pharmacy would manage feedback. This involved escalating a concern to the pharmacy's head office to inform senior managers, and resolution at local level wherever possible. The team explained most people had been understanding during the pandemic. And the pharmacy had tried to meet people's expectations during this difficult time. For example, a dispenser explained how the number of deliveries had risen to help reduce the need for people to physically visit the pharmacy.

The pharmacy had up-to-date indemnity insurance arrangements. The incorrect RP notice was displayed as the inspection began. The RP was shown how to download the correct notice for provisional registrants, and was reminded of the legal requirement to display the notice. A sample of the Prescription Only Medicine (POM) register, specials records and the RP record complied with legal and regulatory requirements. A sample of the pharmacy's controlled drug (CD) register generally complied with legal requirements. But, the address of the wholesaler was not always recorded when receipt of a CD was entered. The pharmacy maintained running balances in the record, and these were checked against stock regularly.

The pharmacy held all personal identifiable information in staff only areas of the premises. This was generally protected from the risk of unauthorised view. But a basket with prescriptions inside was found on a shelf close to an external window. This potentially risked unintentional exposure of the information on the forms if somebody was to stop and look in through the window. A team member immediately acted to mitigate this risk by relocating the basket and provided assurances the area would not be used to store this information in the future. Pharmacy team members demonstrated a sound understanding of how to maintain confidentiality through their working practices. The pharmacy had a shredder to dispose of its confidential waste.

Most members of the pharmacy team had completed e-learning associated with safeguarding vulnerable adults and children. The RP confirmed she was due to complete her own learning through the Centre for Pharmacy postgraduate Education (CPPE). The pharmacy's SOPs covered safeguarding, and contact details for local safeguarding agencies were available. A team member demonstrated records they had made on a person's medication record when liaising with a surgery about concerns relating to medicines compliance. The RP explained she would seek assistance from a senior pharmacist when reporting a concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough skilled and knowledgeable people working to provide its service. Pharmacy team members are enthusiastic about their roles. They work together well, and they regularly share learning to help inform the safe delivery of pharmacy services. Members of the pharmacy team are appropriately supported and they understand how to provide feedback about the pharmacy and how to raise a professional concern if needed.

### Inspector's evidence

The pharmacy employed a regular pharmacist and three qualified dispensers. It had reviewed its staffing levels and skill mix at the beginning of the pandemic due to a reduction in workload. This review had resulted in some team members being made redundant. All team members were present during the inspection, and the pharmacy's self-employed delivery driver was also on duty. The RP was a provisional-registrant, the day of the inspection was her first day on the register. Prior to this she had been working at the pharmacy for several weeks with the support of pharmacists, including the pharmacy's area manager. The RP confirmed a risk assessment had taken place prior to her starting at the pharmacy, and she was assigned a senior pharmacist to support her. The RP confirmed she felt well supported during her induction and had discussed arrangements for study time with her senior pharmacist ahead of the registration assessment.

All dispensers had completed the required training for their role. And a dispenser demonstrated ongoing e-learning which was available to the team. This was in the form of Numark modules with training records available on each team members individual learning account. Team members did recognise that they had not taken time during the pandemic to focus on this learning as the focus had been on providing services. They had accessed some continual learning during this time by reading information to support them in delivering services during the pandemic. The RP was enrolled on training associated with providing the flu vaccination service. She explained she had not been asked to meet any specific targets, and highlighted that the focus was on training associated with services.

Pharmacy team members generally communicated informally through conversation. They discussed mistakes as they occurred and learning points associated with these discussions were made within incident reports. Written handovers were also left between staff working the late shift and those on duty the next morning. The pharmacy had a structured appraisal process which supported two-way feedback between the area manager and individual team members. Team members explained their area manager was supportive and they felt able to feedback any concerns or queries to them. A dispenser demonstrated a step-by-step guide to some of the pharmacy's processes which the area manager had created and shared with the team. The guide was available electronically and the team explained how it could be used along with SOPs to support the delivery of services. The pharmacy had a whistleblowing policy, and team members confidently explained how they could escalate a concern at work.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is secure and suitably maintained for the services it provides. It has made some suitable adjustments to its premises to help reduce the risk of spreading coronavirus. People using the pharmacy can easily speak with a member of the team in a private consultation room.

### Inspector's evidence

The pharmacy had benefitted from a partial refit in March 2020. This had increased the size of the dispensary and team members were able to socially distance with ease whilst working. The team reported maintenance concerns to its area manager. And there were no outstanding maintenance issues on the day of the inspection. The pharmacy was clean throughout, cleaning tasks took place more regularly to help prevent spread of the virus. The pharmacy's sinks were equipped with hand washing supplies. Hand sanitiser was available at workstations and at the medicine counter. It had suitable heating arrangements and lighting throughout the premises was bright.

The public area was open plan, and the recently implemented queuing system worked effectively. The refit had also removed the original consultation room. Two new private consultation rooms had been created. These were accessible to people visiting the pharmacy. The RP was observed moving into one of the consultation rooms to check multi-compartment compliance packs. The room provided a protected space for this task. Team members could also use this room for training without needing to disrupt private consultation services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are readily accessible to people. It has procedures to help identify and manage the risks associated with providing its services, and it maintains clear audit trails to support the safe management of its services. The pharmacy obtains its medicines from reputable sources, and it stores them securely. But it doesn't also use monitoring tools to support it in date checking its medicines.

### Inspector's evidence

The pharmacy was accessed through a simple push-pull door at street level. It advertised its opening hours. It also displayed clear information relating to COVID-19. This included reminding people to wear a face covering when visiting the pharmacy. The pharmacy advertised its services through leaflets and notices in the public area. The pharmacy supplied some medicines as part of a locally commissioned minor ailments service. The team explained there had not been a high demand for this service during the pandemic. An up-to-date protocol for this service was available. And the pharmacy had up-to-date and legally valid patient group directions for the administration of flu vaccinations. The flu vaccination service was provided by pharmacists who had completed the appropriate training. 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.

The pharmacy had some processes to help identify people on high-risk medicines. A dispenser was able to identify the need to refer a prescription calling for sodium valproate to a person within the high-risk group to the pharmacist. And information associated with the valproate Pregnancy Prevention Programme (PPP) was available to issue to people. Another dispenser demonstrated some records of blood tests associated with higher risk medicines requiring ongoing monitoring, these had been documented on a person's medication record.

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 used a clinical software programme to manage the multi-compartment compliance pack service. And a diary and work plan 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 compliance packs to people at the beginning of each four-week cycle. 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 had introduced a new electronic audit trail for all prescriptions. Team members scanned a prescription on receipt and at different stages of the dispensing process. A dispenser demonstrated how this process made it easy to see where a prescription was in the dispensing process. And it

identified if assembled medicines had been transferred to the retrieval area, or if they had been sent out for delivery.

The previous inspection of the pharmacy in February 2020 had found some concerns associated with the medicine delivery service. In response to these concerns the pharmacy had completed an improvement action plan. The current delivery driver was happy to discuss his role. He explained the procedures he followed and demonstrated records associated with the service. To help manage the risks associated with COVID-19 the pharmacy was delivering medicines in accordance with the NHS COVID-19 community pharmacy SOP.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. The team had some knowledge of the Falsified Medicines Directive (FMD). The computer system used by the pharmacy was able to support FMD processes. But the team was not aware of any action taken by the company to comply with FMD requirements. 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 maintained electronic and manual audit trails of the action it had taken to respond to these alerts.

The pharmacy stored P medicines behind the medicine counter. This protected them from self-selection, and meant the RP could observe sales and intervene if necessary. The pharmacy stored medicines in an orderly manner in the dispensary. A dispenser indicated which areas of the dispensary had very recently been date checked, and the team completed date checking tasks during quieter periods. But the pharmacy did not have a formal date checking record to assist with these checks. A random check of dispensary stock found medicines stored in their original packaging, but an out-of-date box of lancets were found on the dispensary shelves. Most short-dated medicines and appliances were marked to prompt additional checks. Team members confirmed they checked expiry dates during the dispensing process. The RP's checking process was seen to include a check of the expiry date.

The pharmacy held CDs in secure cabinets. Medicines storage inside the cabinets was orderly. The team stored assembled CDs in clear bags within a cabinet. And the RP discussed additional checks of these medicines made at the point of handout to a person. Prescriptions for most CDs, including those not requiring safe custody were highlighted. The pharmacy's medical fridge was clean, and stock inside was organised well. Temperature records confirmed that the fridge was operating between two and eight degrees Celsius. But the record did have some minor gaps where daily temperature checks had been missed. Records either side of these dates were within the required temperature range.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has a suitable range of equipment available for the pharmacy services provided. Pharmacy team members use the equipment and facilities effectively to protect people's privacy.

### Inspector's evidence

The pharmacy had a range of clean equipment available to support the delivery of pharmacy services. Equipment included crown stamped measuring cylinders for measuring liquid medicines. It had separate cylinders for use solely with methadone. And it had single-use consumables for the substance misuse and compliance pack services. Electrical equipment was marked to confirm it had been safety tested within the last two years. Team members had access to up-to-date written reference resources. These included the British National Formulary (BNF) and BNF for Children. And 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. Some pharmacy team members on duty had working NHS smart cards. The RP's smartcard required updating to allow access to features such as NHS Summary Care Records. The RP explained how she was able to contact prescribers or surgery teams if she required further information to support her professional judgement. The pharmacy stored bags of assembled medicines within the dispensary, so 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.

### 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.