

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, Montpelier Health Centre, Bath Buildings, BRISTOL, BS6 5PT

Pharmacy reference: 1120986

Type of pharmacy: Community

Date of inspection: 13/12/2022

Pharmacy context

This is a community pharmacy located in a health centre close to the centre of Bristol. It serves its local population which is mixed in age range and background. The pharmacy opens five days a week. It sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment compliance aids for people to use living in their own homes.

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
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 has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. Risk assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. Processes were in place for identifying and managing risks. But near misses had not been formally recorded over the last few months. The pharmacist agreed to restart this process and to review them on a monthly basis. 'Sound alike' and 'look alike' medicines such as gliclazide and glimepiride had been highlighted on the dispensary shelves. There were processes in place to record dispensing incidents electronically. This included a root cause analysis as part of the incident investigation.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. People were encouraged to leave feedback through the pharmacy website. A certificate of public liability and indemnity insurance was held and was valid and in date until the end of January 2023.

Records of controlled drugs (CD) and patient-returned controlled drugs were kept. The CD balances were checked regularly. There were patient returned CDs that had been appropriately separated from regular CD stock and labelled appropriately. A patient returned CD record was kept.

A responsible pharmacist (RP) record was kept and the RP notice was displayed in pharmacy. But this notice was not obviously visible to people presenting at the medicines counter in the pharmacy. The pharmacist agreed to re-position the RP notice during the inspection. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year and records of this were kept. The private prescription records and emergency supply records were retained and were in order. The specials records could not be located during the inspection.

Confidential waste was separated from general waste and disposed of appropriately. An information governance policy (IG) was in place. Staff had all completed a training package on the General Data Protection Regulation (GDPR). A privacy screen was used on a computer near the front of the pharmacy to reduce the risk of people oversteering confidential information.

The pharmacist had completed the CPPE level 2 safeguarding package. Staff were aware of the signs to look out for that may indicate safeguarding concerns. The pharmacy team could locate the local contact details to raise safeguarding concerns or ask for advice about them.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist and two dispensing assistants present during the inspection. There was sufficient staff for the services provided. Staff were seen to be working well together and supporting each other when required. All staff reported that they had completed appropriate training courses for their roles or were on a training course. Staff performance was monitored and reviewed annually where key performance indicators were discussed. Staff would also get the opportunity to give feedback about the place that they work.

The staff reported they were required to complete Numark training modules when they became available. The pharmacy team had utilised online resources from the PSNC to learn about COVID-19 during the pandemic period. The pharmacy team also had access to third party materials, such as pharmacy magazines, to help keep their knowledge refreshed about new medicinal products. The pharmacy team did not always receive protected time to complete training as they had been busy recently.

Staff meetings to discuss any important business or patient safety updates were held on an ad-hoc basis. The pharmacy team had also met with the GP surgery to discuss the process of ordering repeat medication for their patients. The pharmacy team were comfortable raising any concerns with their area manager if necessary. There were targets in place, but the team explained that they did not feel pressurised to deliver the targets and would never compromise their professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team generally protects people's private information, and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was based in a health centre. It was clean, bright, and presented in a professional manner. The dispensary areas were separated from the retail area by a counter to allow for the preparation of prescriptions in private. There were plastic screens covering a proportion of the medicines counter. There was unfinished paintwork in the retail area of the pharmacy. The pharmacy team reported that extra cleaning had been implemented in response to the COVID-19 pandemic.

There was a sink available in the pharmacy with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised in a generic and alphabetical manner. There was a consultation room in use at the pharmacy and patient information was stored securely. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Information about the services provided was detailed in posters and leaflets around the pharmacy. Leaflets were available in a variety of languages to increase the accessibility of services to people. Access to the pharmacy was step free. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users.

The pharmacy team were supplying people with multi-compartment compliance aids from the pharmacy. These prescriptions were dispensed by another Jhoots pharmacy in Great Barr, Birmingham and returned for collection by patients. The company should consider the legal implications of this arrangement and take legal advice. The multi-compartment compliance aids did not have a full audit trail to show who had dispensed and who had checked the contents of them. Patient information leaflets were regularly supplied when the patients collected the compliance aids. Where there were last minute changes to the trays, these were completed in the pharmacy and then would be re-checked by the responsible pharmacist.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to female patients. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they were aware of these and confirm that they had effective contraception in place.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. Specials were ordered via Lexon specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were not available at the time of the inspection but these had been ordered by staff. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was also available for use during the inspection. Waste was collected regularly and the pharmacy team explained they would contact the contractors if they required more frequent waste collection.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked.

The fridge was in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Audit trails were kept to verify this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities needed to provide the services it offers. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate crown stamped measures were used for methadone dispensing. Amber medicines bottles were capped when stored. A counting triangle was available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and the consultation room, including a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge in use which was in good working order. The maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store medicines. The computers were all password protected and patient information was safeguarded.

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.