

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, Unit E School Lane, Kingswood,
HULL, HU7 3JQ

Pharmacy reference: 1123746

Type of pharmacy: Community

Date of inspection: 24/07/2019

Pharmacy context

The pharmacy is on a small parade of shops in a large housing estate on the outskirts of Hull. The pharmacy dispenses NHS and private prescriptions. And it supplies medicines in multi-compartmental packs to help people take their medication. The pharmacy offers a repeat prescription ordering 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
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 generally identifies and manages the risks associated with its services. The pharmacy has adequate arrangements to protect people's private information. And it has systems to ensure the team members respond appropriately when errors happen. People using the pharmacy can raise concerns and provide feedback. The pharmacy team has some level of training and guidance to respond to safeguarding concerns to protect the welfare of children and vulnerable adults. The pharmacy has written procedures for the team to follow. But the new team members have not read the procedures. This means there is a risk they may not understand or follow correct procedures. The pharmacy keeps most of the records it needs to by law.

Inspector's evidence

The pharmacy had a range of up to date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of services. The SOPs covered areas such as dispensing prescriptions and controlled drugs (CDs) management. The pharmacy kept the SOPs electronically. All three members of the pharmacy team had started working at the pharmacy within the previous four weeks. The team members couldn't access the SOPs as they stated they had not been given a password. So, they had not read the SOPs. The company sent the inspector copies of the SOPs. And stated the team had passwords and would go through the SOPs. The pharmacy had up-to-date indemnity insurance.

The pharmacy kept electronic records of errors picked up by the pharmacist when checking prescriptions. A sample of the error records looked at found details of what had been prescribed and dispensed to spot patterns. But the records did not always show what caused the error, the learning from it and actions the team had taken to prevent the error happening again. The pharmacy recorded dispensing incidents. A sample of these reports looked at found some details missing. The reports stated the person was supplied the correct medicine and details of the error put on their electronic record (PMR). But the reports didn't capture individual reflection on the cause of the error. And the actions taken to prevent the same mistake. The pharmacy regularly reviewed these error reports to spot patterns and make changes to processes. The pharmacy had labels attached to shelves holding items that looked and sounded alike (LASA). This included medication such as allopurinol and atenolol. The labels prompted the team to check the medication selected. The pharmacy team double-checked high-risk medicines against the prescription to ensure they'd selected the correct one. The electronic reporting system provided a monthly breakdown of errors. This included charts showing the common type of error. But it didn't include details of the actions taken by the team to reduce common errors.

The pharmacy had a procedure for handling complaints raised by people using the pharmacy. And it had a poster providing people with information on how to raise a concern. The pharmacy team used surveys to find out what people thought about the pharmacy. The pharmacy published these on the NHS.uk website. And in the pharmacy for people to see.

A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy checked CD stock against the balance in the register. This helped to spot errors such as missed entries. But the last check was in May 2019. A random check of the balance for one register found it was correct. The pharmacy recorded CDs returned by people. A sample of Responsible

Pharmacist records looked at found that they mostly met legal requirements. The pharmacist didn't record the times he was absent from the pharmacy. Or the reason he was absent from the pharmacy. The Responsible Pharmacist notice was not correct, it named a different pharmacist to the one on duty. This was corrected during the inspection. And the position of the notice was not in clear view for people to see. Records of private prescription supplies met legal requirements. A sample of records for the receipt and supply of unlicensed products looked at found that they met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacist had read and signed the company manual on the General Data Protection Regulations (GDPR). The other team members had not. The pharmacy displayed a privacy notice in line with the requirements of the GDPR. The team separated confidential waste for shredding offsite.

The pharmacy team members had access to contact numbers for local safeguarding teams. The pharmacy had a flow chart detailing the steps the pharmacy team take when safeguarding concerns arose. The pharmacist had completed level 2 training in 2017 from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team had completed Dementia Friends training in previous roles. And had not had the occasion to respond to such concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a new team with the qualifications and skills to support the pharmacy's services. The pharmacy team members have access to some training material provided by the company. The team members can use their experience to suggest improvements to systems.

Inspector's evidence

The pharmacy team consisted of the full-time pharmacist manager, the regional pharmacist manager who provided support, a full-time qualified dispenser and a full-time qualified medicines counter assistant (MCA). The pharmacist manager had returned to the pharmacy two weeks earlier after leaving in November 2018. The MCA had started three weeks earlier and the dispenser on the Monday of the week of the inspection. The pharmacist manager, the dispenser and MCA were on duty at the time of inspection. The pharmacy team was behind a day with processing prescriptions. And it had received a large amount of stock recently from the wholesaler. The pharmacist was busy putting the stock away leaving little time to check prescriptions.

The MCA had received a company induction pack but hadn't started it. The dispenser received the induction pack on the second day at the pharmacy. The team stated they didn't have passwords to access the online company procedures. The dispenser used her experience from other pharmacies to identify and suggest changes to the layout of medicines stock. So, medication was easy to locate when dispensing. The pharmacy had targets for services such as Medicine Use Reviews (MURs). There was no pressure to achieve them. The pharmacist offered the services when they would benefit people.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure. And it has appropriate arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy was clean and hygienic. It had separate sinks for the preparation of medicines and hand washing. The pharmacy had notices next to the sinks providing details on effective hand-washing techniques. The consultation room contained a sink and alcohol gel for hand cleansing. The pharmacy had enough storage space for stock, assembled medicines and medical devices. But the team kept tote boxes holding completed prescriptions on the floor. This created a risk of trip hazards.

The pharmacy had a large, sound-proof consultation room. The team used this for private conversations with people. The room was cluttered with boxes and old shelf units. The premises were secure. And the pharmacy had restricted access to the dispensary during the opening hours. The pharmacy had a defined professional area. And items for sale in this area were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that support people's health needs and generally manages its services well. It keeps records about prescription requests up to date to enable the team to deal with any queries effectively. The pharmacy gets its medicines from reputable sources and mostly stores and manages its medicines appropriately.

Inspector's evidence

People accessed the pharmacy via a step free entrance. The window displays detailed the opening times of the pharmacy. The team had access to the internet to direct people to other healthcare services. The pharmacy kept a small range of healthcare information leaflets for people to read or take away.

The pharmacy provided multi-compartmental compliance packs to help around 12 people take their medicines. The pharmacy kept a record of people who received the packs. And the team used this to track completion of the different stages. The team usually ordered prescriptions in advance of supply. This allowed time to deal with issues such as missing items. And the dispensing of the medication in to the packs. Each person had a record listing their current medication and dose times. The team checked received prescriptions against the list. The team usually recorded the descriptions of the products within the packs. And supplied the manufacturer's patient information leaflets.

The team members provided a repeat prescription ordering service. The team usually ordered the prescriptions a week before supply. This gave time to chase up missing prescriptions, order stock and dispense the prescription. The team kept a record of requests to identify missing prescriptions and chase them up with the GP teams. The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The pharmacy team used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. The team members referred to the prescription when selecting medication from the storage shelves. This helped to ensure they picked the correct item. The pharmacist stated checks had been completed to identify patients that met the criteria of the valproate Pregnancy Prevention Programme (PPP). And this found no-one who met the criteria. The pharmacy didn't have the PPP pack to provide people with information when required.

The pharmacy used CD and fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. The pharmacy didn't have a system to prompt the team to check that supplies of CD prescriptions were within the 28-day legal limit. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample looked at found that the team completed the boxes. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. And kept a separate one with the original prescription to refer to when dispensing and checking the remaining quantity.

The pharmacy team checked the expiry dates on stock. And kept a record of this. The last date check was on 24 June 2019. The team used coloured stickers to highlight medicines with a short expiry date. The pharmacy had a template to list products due to expire each month. But the team had not

completed this. No out of date stock was found. The team members usually recorded the date of opening on liquids. This meant they could identify products with a short shelf life once opened. And check they were safe to supply. But an opened bottle of cetirizine oral solution with six months use once opened didn't have a date of opening recorded. The team recorded fridge temperatures each day. A sample looked at found they were within the correct range. The pharmacy had medicinal waste bins to store out of date stock and patient returned medication. And it stored out of date and patient returned controlled drugs (CDs) separate from in date stock in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs.

The pharmacy had equipment and a software upgrade to meet the requirements of the Falsified Medicines Directive (FMD). But the team hadn't received any training and were not scanning FMD products. The pharmacy obtained medication from several reputable sources. And received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team printed off the alert, actioned it and usually kept a record.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services. And it mostly protects people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy used a range of CE equipment to accurately measure liquid medication. The pharmacy had a fridge to store medicines kept at these temperatures.

The pharmacy computers were password protected and access to peoples' records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view. And it held most private information in the dispensary and rear areas, which had restricted access. But documents with people's confidential information on were found on open display in the consultation room. The team used cordless telephones to make sure telephone conversations were held in private.

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.