

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, 8 High View, HATFIELD,
Hertfordshire, AL10 8HZ

Pharmacy reference: 1126246

Type of pharmacy: Community

Date of inspection: 12/12/2019

Pharmacy context

The pharmacy is in an old parade of shops which is due for demolition by the council. It is in a housing estate made up of pre-fabricated housing stock from the post-war era and other social housing. It provides NHS and private prescription dispensing mainly to local residents. The team members also dispense medicines in multi-compartment compliance packs for some people.

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

Members of the pharmacy team work to professional standards and identify and manage risks effectively. They are clear about their roles and responsibilities. They record some of the mistakes they make during the pharmacy processes. And they try to learn from these to avoid problems being repeated. The pharmacy keeps its records up to date and these show that it is providing safe services. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. A sample of SOPs was chosen at random and these had been reviewed within the last two years. The SOPs were signed by the pharmacy's team members to indicate they had been read. The written procedures said the team members should log any mistakes in the dispensing process (known as near misses) in order to learn from them. They sometimes logged their mistakes and discussed learning from these near misses. Due to the volume of dispensing the number of near misses recorded was very low, so identifying trends was difficult. The team said that they had separated similar packaging to try to reduce the number of picking errors.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and was filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice, when needed.

The latest customer survey was published on the NHS website, and it had not identified any areas for improvement. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies on the computer and the records were up to date. But the name and address of the prescriber and the date of the prescription was not always recorded accurately. The controlled drugs (CD) registers were up to date and legally compliant. Fridge temperatures were recorded constantly with an automated thermometer and the pharmacy received a daily email with the past 24 hours' readings which were within the recommended range. Balance checks on CDs were done but not as frequently as recommended in the written procedures.

Confidential waste was shredded and removed in the recycling waste. The staff had had some training about information governance including the General Data Protection Regulation. There was a notice about how people's information would be used and stored. It was observed that the staff only used their own NHS cards to access electronic prescriptions, and did not share them.

The pharmacist had done some training about safeguarding and had contact information for local safeguarding agencies available. He said that if he had any safeguarding concerns, he would discuss the matter with one of the senior management team in the company, in the first instance. The assistant had also had some formal training and said that she would discuss the matter with the pharmacist if she had any concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe services. The team members are provided with ongoing training by the company and they find this useful to help keep their skills and knowledge up to date.

Inspector's evidence

There was a regular pharmacist and a dispensing assistant who also served on the counter. Given the volume of dispensing this was adequate staffing for the pharmacy. Cover for holidays was planned and the pharmacy used staff from other near-by branches owned by the same company.

The assistant had access to an online training site via her mobile phone and she said that she found this easy to access and useful. A recent training module she had looked at had covered pain management, and this had helped her give better advice to people in the pharmacy. She did some of the training at work, and some at home. There were quizzes at the end of the modules to test her understanding. She had appraisals with the pharmacist and, as the two of them worked closely together, she said that she was able to make suggestions about changes to the way the pharmacy was run. They had recently rearranged the medicines to improve the use of the storage space and to reduce picking errors.

The pharmacist said that the targets set by the company did not affect his professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The pharmacy was due to be demolished as part of the area's regeneration in the next year. However, it was clean and tidy, if a little dated in appearance. There had been a consultation room erected in one corner of the shop, which was also clean and tidy. The lighting in the shop was quite dull, but adequate.

The dispensary was clean, tidy and bright. There were separate benches used for different tasks, with a dedicated checking area. It was of adequate size.

To the rear was a garage used to store paperwork from the previous owner and other obsolete items. It was kept locked and was only accessible through a locked gate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support. The pharmacist tries to make sure that people have all the information they need so that they can use their medicines safely although this was not routinely done by all staff.

Inspector's evidence

The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions where the person was waiting were put into red baskets to highlight this fact .

A small number of people were being supplied their medicines in multi-compartment compliance packs. These packs were dispensed at a hub dispensary but did not have all the information the person needed to take their medicines in the correct way. There were no cautionary labels on the packs. The packs did have tablet descriptions to identify the individual medicines and manufacturers' leaflets were supplied. The pharmacist said that he would inform the pharmacists at the hub about the omission of the cautionary labels.

Schedule 4 CD prescriptions were not highlighted to staff who were to hand them out. This would have helped the staff to ensure that they were not given out more than 28 days after the date on the prescription. People taking warfarin, lithium or methotrexate were not always asked about any recent blood tests or their current dose. So the pharmacy could not show that it was monitoring the patients in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were routinely counselled about pregnancy prevention if the pharmacist handed out the prescription but not if the dispenser did. Warnings stickers were available for use if the manufacturer's packaging could not be used.

The pharmacy got its medicines from licensed wholesalers, stored them in dispensary drawers and on shelves in a very tidy way. There were stickers on the boxes to indicate items which were short dated. Regular date checking was done , with stickers seen to be placed on close to expiry dated products to alert the team that their expiry was approaching. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.