General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, The Newbridge Surgery, 225 Tettenhall Road, Wolverhampton, WV6 0DE

Pharmacy reference: 9010039

Type of pharmacy: Community

Date of inspection: 05/06/2019

Pharmacy context

This is a community pharmacy located near Wolverhampton and is situated within a doctor's surgery. The pharmacy sells over-the-counter medicines and dispenses both private and NHS prescriptions. And, it dispenses medicines inside multi-compartment compliance packs for people living at home, if they struggle to take their medicines on time. A locum pharmacist was present for the inspection and there is usually a pharmacist pharmacy manager who works in the pharmacy.

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 not all met	1.6	Standard not met	The pharmacy cannot show that it is making all the records it needs to by law, including records about private prescriptions and emergency supplies.
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	Storage of safe custody CDs does not meet legal requirements.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy identifies and manages some of the risks associated with its services appropriately. It has written instructions to help the team to work safely and effectively. The team try to follow these. But some of them are not up to date. This could mean that staff are unclear about the pharmacy's current procedures. Team members know how to keep people's private information safe. They record the mistakes they make so that they can learn from them. But the pharmacy cannot show that some of its records are always kept in line with the law.

Inspector's evidence

The pharmacy held a full range of Standard Operating Procedures (SOPs) to cover the services provided. Most of the SOPs were due to be reviewed in January 2018. Some had been reviewed since this date, but this was not the case for all of them, such as the SOPs to operate in the absence of the Responsible Pharmacist (RP). This could mean that staff may not always be working under the company's current procedures and those required by law. Both the dispenser and regular pharmacist said that the staff had read all the SOPs relevant to their job role. However, there was no record available to confirm this.

The team recorded near misses regularly and submitted them to the pharmacy's Head Office. They were logged on paper initially and then transferred to an online database. The dispenser said that records were analysed every month by the pharmacist to identify trends and details about these were documented as part of patient safety reports. The dispenser was able to show this. A recent risk that had been identified included selecting different forms of some medication, such as mixing tablets with capsules. The products involved were subsequently separated.

The dispenser was unaware of the difference between dispensing errors and near misses. She was unsure about how to report a dispensing error and whether any dispensing errors had been previously reported. The dispenser said that dispensing errors were usually recorded by the pharmacist, but she would contact their Head Office in the absence of the pharmacist to check this.

Roles and responsibilities of staff members were described in the SOPs. When questioned, the dispenser was able to describe her job role. She said that although it was rare for the pharmacist to be absent, she knew that she could not sell Pharmacy (P) medicines in this situation or hand out any dispensed medicines.

A complaints procedure was in place. The dispenser said that staff would report any complaints to the pharmacist. There was a professional indemnity insurance certificate on display which expired on 30th April 2019. After the inspection, the regular pharmacist confirmed that the pharmacy's cover had been renewed and there had been no gap in insurance cover.

The correct RP notice was on display. The RP records were stored electronically, and they were maintained in full. Records for unlicensed medicines were in order. A sample of registers for Controlled Drugs (CDS) were seen to be legally maintained, balance checks were checked every week for methadone and every month for other CDs. Records of patient returned CDs were available.

The dispenser said that private prescriptions and emergency supplies were recorded by the pharmacist. The records could not be located, and staff were unsure about where they were kept. This meant that it

was not possible to verify that the pharmacy was maintaining them in line with legal requirements.

The dispenser said that staff were provided with training about Information Governance when they first started working in the pharmacy and when any changes in the legislation occurred. This included the EU General Data Protection Regulation. The team was trained about this. Staff separated confidential waste, and this was collected every month by a designated contractor. The pharmacy's computer system was password protected. Confidential information such as records about Medicines Use Reviews (MURs) were stored securely. Dispensed prescriptions awaiting collection were not visible from the medicines counter. Staff used their own NHS SMART cards and kept these on their person when not in use and stored them securely overnight.

There were two separate SOPs about protecting vulnerable adults and children. The dispenser said that staff were given basic training and any concerns were directed to the pharmacist. The team could access information about local safeguarding contacts online if needed.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload appropriately. Members of the pharmacy team are qualified for the jobs that they do. But once they complete the basic training they do not receive any resources to complete further training. This means that they may not always keep their knowledge up to date. And team members do not have regular performance reviews. This could mean that gaps in their skills and knowledge are not identified and supported.

Inspector's evidence

The usual staffing levels included a dispenser, a pre-registration pharmacist, a delivery driver and a regular pharmacist who was also the pharmacy manager. At the inspection, a locum pharmacist was present.

The staff appeared to easily manage their workload during the inspection and the staffing levels appeared adequate to handle the pharmacy's current level of business.

The dispenser described a set of appropriate questions that she would ask when selling medicines. This included the WWHAM questions and she was clear about the circumstances under which she would seek advice from the pharmacist. Staff were also aware that medicines containing codeine could be abused and always asked the pharmacist to approve the sale, if they were unsure.

The dispenser felt confident to make suggestions or raise concerns and she was able to directly approach the company's area co-ordinator or a member of staff at Head Office, if necessary. Staff said that they did not receive any ongoing training material and they did not have formal appraisals. Staff were set targets for identifying MURs, NMS, over-the-counter sales and prescription figures. The dispenser said that all staff tried to reach the targets, but they did not feel pressurised to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's environment is safe and appropriate for the services it provides.

Inspector's evidence

The pharmacy was clean and tidy. Its retail area was of an adequate size and the space in the dispensary was appropriate in line with the volume of workload. There was a sink in the dispensary that was used to prepare medicines, a sink in the consultation room, and a separate sink in the toilet for hand washing purposes. All of them had hot and cold running water.

Cleaning rotas were seen, and staff signed a matrix to help demonstrate when tasks such as cleaning the shelves, floors and work benches had been completed. The team sometimes made use of a staff room in the GP surgery next-door. A consultation room was available for private consultations and counselling. This was kept locked.

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

Summary findings

In general, the pharmacy manages its services in a safe manner. The team makes some additional checks to ensure medicines are in good condition and suitable to supply. The pharmacy obtains its medicines from licensed suppliers and generally stores most of them appropriately. But the storage of safe custody CDs does not meet legal requirements.

Inspector's evidence

The pharmacy's entrance was via a door with access from one level. This helped people using wheelchairs to enter the pharmacy. There were also posters and leaflets on display. The pharmacy's opening hours were available online, but they were not displayed inside the pharmacy. There was therefore, no indication that the pharmacy was closed over lunchtime. The dispenser said that most of their patients knew this. However, this did not include new patients or for anyone who had not used the pharmacy before, and those without online access.

Staff were aware of which services were available from the pharmacy and the services that required signposting. This included people returning sharps who were signposted to the GP surgery. The pharmacy operated a collection and delivery service. The delivery driver obtained signatures when medicines were delivered, and separate delivery notes were used to obtain signatures for CDs. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

The pharmacy used licensed wholesalers to obtain stock as well as unlicensed medicines. Medicines were stored in an organised way and this was in alphabetical order. A date checking matrix was in use and stock was date-checked every month to identify medicines approaching expiry. Short-dated medicines were highlighted. Part-opened liquids were marked with the date they were opened. However, there was a part-opened bottle of Sytron liquid seen, which held an expiry date of three months after opening. This had been opened on 9th January 2019 and was still present in the dispensary. A box of olanzapine 5mg tablets with mixed batch numbers and expiry dates was also present.

Prescription forms were retained with dispensed medicines awaiting collection, and they were stored in alphabetical order. Stickers were used to highlight when fridge lines or CDs needed to be added. Prescriptions for Schedule 3 and 4 CDs were also highlighted using stickers. This helped alert staff to check that the prescription was in-date at the time of supply. Dispensed high-risk medicines such as warfarin, lithium and methotrexate were stored on a designated shelf, and were segregated from other dispensed medicines. This raised the team's awareness, so they knew to make relevant checks when they were handed out.

Following a conversation with the regular pharmacist, she was aware of the risks associated with the use of valproate during pregnancy. No patients who met the risk criteria were identified as having been supplied this medicine. The pharmacist was aware that patients identified should be counselled, and that educational material should be provided every time this medicine was supplied.

The medical fridge was equipped with a thermometer using probes that monitored temperatures. Daily

reports were produced, and these were sent from Head Office to the pharmacy by email to show that temperatures were checked remotely, daily and recorded. The records showed that the minimum and maximum temperatures were within the required range.

There was a CD cabinet. Expired CDs that required destruction were separated from the pharmacy's other CD stock items. Dispensing labels were initialled by two members of staff to provide an audit trail. This indicated who had dispensed the medicines and conducted the final accuracy-check. Baskets were used to separate each prescription and the medicines to avoid them being mixed during dispensing.

Multi-compartment compliance packs were supplied on a weekly and monthly basis to people who had difficulty managing their medicines. The system appeared well-managed. 'Dispensed' and 'checked' boxes were initialled to provide an audit trail. Patient information leaflets were routinely supplied to people and descriptions of individual medicines were included so that they could be easily identified. Queries were checked with the prescriber and were documented on the patient's medication records.

Pharmacy medicines were stored behind a medicines counter so that sales could be controlled. There were measures in place to comply with the requirements of the European Falsified Medicines Directive (FMD). A scanner was attached to one of the pharmacy's computers and staff were scanning and decommissioning any new stock that had a 2D barcode.

Medicines returned by people to the pharmacy for safe disposal were segregated from current stock in designated waste bins and these were collected regularly. The pharmacy received drug alerts from its Head Office. They were printed, signed by staff when they had been actioned and then filed. Details were also logged on a separate audit sheet to verify the process.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides.

Inspector's evidence

The pharmacy used standardised conical measures for liquid medicines. Staff cleaned them after each use and there were separate ones available for measuring methadone. The counting triangle was clean and a separate one was available for cytotoxic medicines such as methotrexate.

There were up-to-date reference sources such as a British National Formulary (BNF) and a BNF for Children. The dispenser explained that the electronic Medicines Compendium (eMC) was sometimes used to obtain patient information leaflets.

All electrical equipment appeared to be in good working order.The pharmacy's computer terminals were positioned in a way that prevented unauthorised access. The dispensary was clearly separated from the retail area and afforded good privacy for dispensing activity as well as any associated conversations or telephone calls. Private telephone calls were possible as there were cordless phones available.

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.