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: 14/01/2020

Pharmacy context

The pharmacy is located inside a medical centre in a residential area of Wolverhampton. Most people who use the pharmacy are patients at the surgery next door, but the pharmacy also collects prescriptions from several other local GP surgeries. It provides some medicines in multi-compartment compliance aid packs to help make sure people take them correctly and it stocks a limited range of over-the-counter (OTC) medicines. The pharmacy provides several other services including Medicines Use Reviews (MURs), the Community Pharmacist Consultation Service (CPCS) and a local minor ailments scheme. A substance misuse treatment service is also available. The pharmacy holds a Wholesale Dealer's License (WDL) and is regulated by the Medicine and Healthcare products Regulatory Agency (MHRA).

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 suitably identifies and manages the risks associated with its services. It keeps the records it needs to by law and protects people’s private information. Its team members follow written procedures to make sure they complete tasks safely and they understand how to raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a full-set of electronic standard operating procedures (SOPs) covering operational tasks and activities. The procedures had been recently updated and defined staff responsibilities. Records confirming that team members had read and acknowledged the procedures were sometimes incomplete. So, the pharmacy may not always be able to demonstrate that people are familiar with the procedures that are relevant to their roles. Through discussion, team members demonstrated an understanding of their responsibilities and a dispenser confidently described the activities which were permissible in the absence of a responsible pharmacist (RP). Professional indemnity insurance was provided by the National Pharmacy Association (NPA) and a displayed certificate was valid until April 2020.

The pharmacy had some near miss logs available. Records sheets dated September 2019, December 2019 and January 2020 each contained one entry. The team said these records were accurate and that entries were then transcribed onto an electronic system, where they could be viewed by the company’s head office. Team members could not recall any specific changes in response to previous incidents, but discussed how some ‘look alike, sound alike’ medicines had been segregated, as well as other high-risk medicines, to encourage team members to take additional care with selection. The pharmacist explained how she would record the details of dispensing incidents, which were reviewed by the superintendent pharmacist, who then reported all incidents to the NPA. The pharmacist was unaware of any dispensing incidents since she had been in post.

A company audit was conducted every three months by the area manager, who provided a copy of the most recent audit dated November 2019, which the pharmacy had passed. The audit covered several areas including general pharmacy procedures, such as dispensing and near miss reporting. An action plan was populated to cover any issues which were identified, and this was followed up to ensure that suitable action was taken.

The pharmacy had a complaint procedure and a notice advertising how comments and concerns could be raised was displayed behind the medicine counter. The pharmacy also sought feedback through a Community Pharmacy Patient Questionnaire (CPPQ) and feedback from the 2019-2020 survey was positive.

The correct RP notice was conspicuously displayed behind the medicine counter and the log was in order. Records for private prescriptions and emergency supplies were held electronically and specials procurement records usually provided an audit trail from source to supply. Controlled drugs (CD)

registers kept a running balance and appeared generally in order. A patient returns CD register was available and previous entries had been signed and witnessed.

The pharmacy had an information governance procedure and the pharmacist explained how the team ensured people's private information was kept safe. Confidential waste was segregated, and the team were observed to shred this on an ongoing basis and completed prescriptions were filed out of public view. Team members held their own NHS smartcards and appropriate use was seen on the day.

The pharmacist had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE), and the pre-registration pharmacist had also read some relevant information from the company SOPs. They both discussed some of the concerns that might be identified. A contact sheet to record the contact details of local safeguarding agencies had not been completed. But the necessary details were accessible via the internet.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has undergone some recent staffing issues and changes. But the team has now stabilised so the workload is more manageable. Pharmacy team members have the right qualifications for their roles. They complete some ongoing training and get feedback on their development. But protected learning time is not available to all team members, which may make it difficult for some individuals to keep their knowledge up to date.

Inspector's evidence

On the day of the inspection the regular pharmacist was working, alongside a pre-registration pharmacist and a qualified dispenser. An area manager was also present, completing general management activities. The dispenser had begun employment in the pharmacy the day before the inspection on a part-time basis, and her recruitment had been undertaken to replace a previous dispenser, who had left the business in November 2019. During the interim period, the short staffing issues had meant that some non-urgent tasks had become more difficult to complete. The dispensing workload had remained manageable and there was no backlog in dispensing on the day. In order to ensure that there was suitable cover in the pharmacy in case of absences, the delivery driver had been provided with increased hours to begin some dispensing work and had been enrolled on a suitable training programme with Buttercups to support this. Leave was usually planned in advance and where necessary, cover was arranged amongst the team.

Medication sales were discussed with the dispenser, who outlined the questions that she would ask to help make sure that sales of medicines were safe and appropriate. Concerns were referred to the pharmacist and the dispenser clearly identified some medications including co-codamol and laxatives that she would consider to be high-risk. Frequent requests for medications such as these were referred to the pharmacist.

Pharmacy team members held the appropriate qualifications for their roles and the delivery driver was enrolled on training for future progression. The pre-registration pharmacist discussed a company induction that she had completed when beginning her placement. Following this, she had completed several assessments to check her understanding. These were filed as a training record. Throughout the pre-registration year, she attended regular study days at the company's head office, where taught sessions were delivered on different chapters of the British National Formulary (BNF). Additional support was provided in branch by the pharmacist, who was the designated pre-registration tutor. The pre-registration pharmacist delivered regular presentations in the pharmacy on different clinical topics and was asked follow-up questions by the pharmacist, to check her understanding. Ongoing training for other team members was limited. Any relevant updates, such as drug safety bulletins and alerts were cascaded from the company's head office, but there was no protected learning time for ongoing development. Team members had regular development review to identify learning needs. Records of monthly one-to-one meetings had been completed for the pre-registration pharmacist.

Pharmacy team members were aware of how concerns could be escalated within the pharmacy. Team members were happy to approach the pharmacist in charge and the area manager with any concerns and the team at the company's head office were also contactable. A whistleblowing policy was available to enable concerns to be raised anonymously, if the need occurred. There were targets in place for some professional services such as MURs. The pharmacist believed that the targets were based on prescription item numbers and felt that they were manageable.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a suitable environment for the provision of pharmacy services. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy premises were in a good state of repair and had recently undergone an extension which had been completed to a good standard. It was a self-contained unit within the medical centre and any maintenance queries were escalated to head office, using a monthly housekeeping form. Any necessary repair work was the arranged and the pharmacist said that previous repairs had been carried out quite swiftly. Pharmacy team members carried out cleaning duties on an ad hoc basis and the pharmacy was generally clean on the day. Air conditioning was fitted to help maintain a temperature suitable for the storage of medicines and there was adequate lighting throughout.

The retail area was long and narrow. A series of shelves on one wall contained a small range of health goods, which were in keeping with a pharmacy business and pharmacy restricted medicines were secured in locked cabinets. Some shelves in the retail area were being used to store consumable items such as pharmacy bags and bottles and these boxes detracted from the overall professional appearance. The floor space was free from obstructions and there was a health promotion display for ‘dry January’ near to the medicine counter. Chairs were available for use by people waiting for their medicines.

Off the retail area was an enclosed consultation room, the room was suitably maintained, but did contain some boxes on the floor on the day, which could cause a trip hazard. A desk and computer were available to support private and confidential discussions and the pharmacist said that stools from the dispensary would be taken into the consultation room, as required.

The dispensary had been recently extended. A large work bench surrounded the outside of the room. Two dispensing terminals were available on one side and accuracy checking took place in a separate defined area. Large shelving units were used for the storage of medicines and the pharmacy had a small area for additional storage, as well as a sink for the preparation of medicines and WC facilities which were all appropriately maintained.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are generally accessible but they are not actively promoted, so people may not always be aware of what is available. Services are suitably managed, so people receive appropriate care. The pharmacy sources and stores medicines appropriately, and it carries out some checks to make sure that medicines are fit for supply. But team members do not routinely identify people on high-risk medications. So, they may not always get all the information and advice they need about their medicines.

Inspector's evidence

The pharmacy entrance was step-free. Additional adjustments could be made for people with different needs, such as the use of large print labels to help people with visual impairment. Some members of the pharmacy team were also bilingual and utilised these skills to provide counselling and resolve queries.

There was limited and advertisement of the pharmacy’s services, so people may not always know what services were available. And a practice leaflet was not displayed. The pharmacy had some access to information to support signposting, including access to NH resources via the internet. A ‘dry January’ public health campaign was displayed on the medicine counter. The team said that they usually followed national campaigns but would also look to align campaigns with local needs.

Prescriptions were dispensed using coloured baskets, to keep them separate and prioritise the workload. Team members signed ‘dispensed’ and ‘checked’ boxes to keep an audit trail for dispensing. The pharmacy used owing slips to record the details of any incomplete prescriptions and the pre-registration pharmacist discussed changes that she would escalate to the pharmacist during the dispensing process, such as newly prescribed medications and possible dose changes, so that suitable checks could be made to confirm the changes, and counselling provided.

Prescriptions for high-risk medications were not routinely highlighted and the pharmacy did not always keep records of monitoring parameters such as INR readings as an audit trail. The pharmacy had completed an audit on the use of valproate-based medicines in people who may become pregnant. No patients had been identified in the at-risk category. The pharmacist had some awareness of the related MHRA guidance and knew that safety literature was available. The supply of literature was discussed on the day and the inspector advised on how further resources could be obtained, as copies could not be located on the day. The pharmacy identified some prescriptions for CDs, but some were not marked, which may increase the risk that a supply could be made beyond the valid 28-day expiry date.

The pharmacy offered a prescription collection service. People contacted the pharmacy to request medications that were required. An audit trail was maintained identifying unreturned requests, which were followed-up with the GP surgery. Medications for people using multi-compartment compliance aid packs were ordered by the pharmacy team. A four-week cycle was in place and team members contacted patients regarding any bulk medications, outside of the compliance pack to help prevent over

ordering. An audit trail was maintained tracking the ordering and assembly process. The team reported that most people using compliance packs had been referred from the GP surgery and no high-risk medications were placed into compliance packs. Completed packs had patient identifying details and descriptions of individual medicines. Patient leaflets were supplied. Signatures were obtained confirming the delivery of medicines. Medications from failed deliveries were returned to the pharmacy and a card was left informing the patient.

The pharmacy had completed a small number of CPCS consultations and records had been submitted using PharmOutcomes. Consultations for the minor ailments service were also recorded and the pharmacy had access to the formulary list, informing them of the medications which could be supplied as part of the service.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock medications were stored in an organised manner and in the original packaging provided by the manufacturer. A date checking rota was in place, but checks were behind schedule and had not been completed since September 2019. Following the recruitment of the dispenser, the team had begun to complete some recent checks. The inspector observed the dispenser to be completing date checking activities upon arrival to the premises and throughout the inspection. Short-dated medicines were highlighted, but some expired medicines were identified during random checks of the shelves. These were immediately removed, but the team accepted that this could increase the risk of an expired medicine being supplied in error. Obsolete medicines were stored in medicines waste bins. The pharmacy was not fully compliant with the requirements of the European Falsified Medicines Directive (FMD) at the time of the visit. The pharmacist explained that previously checks had been carried out, but this had ceased with an update to the pharmacy patient medication record (PMR) system a few months previously. This had been raised with management. Alerts for the recall of faulty medicines and medical devices were received via email, which was checked daily. An audit trail was maintained documenting the action that had been taken in response.

CDs were stored appropriately. Returned CDs were clearly segregated from stock and expired CDs had recently been denatured. Random balance checks were found to be correct. The pharmacy fridge was fitted with a maximum and minimum thermometer and the temperature was checked and recorded on an ongoing basis. A temperature report was sent to the pharmacy each day and the team were advised if there had been any discrepancies. The fridge was within the recommended temperature range on the day.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities is needs to provide its services. And team members use equipment in a way that protects people’s privacy.

Inspector's evidence

The pharmacy team had access to up-to-date paper reference materials including the BNF. Internet access was also available to enable further research. The pharmacy had a range of glass crown-stamped measures. Separate measures were clearly marked for use with CDs. Counting triangles were available for loose tablets and a separate triangle was used for cytotoxic medicines. The equipment seen was clean and suitably maintained.

Electrical equipment was in working order and concerns were referred to the company’s head office. Computer systems were password protected and screens were located out of public view. Cordless phones were available, enabling conversations to take place in private, if required.

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.