

# Registered pharmacy inspection report

**Pharmacy Name:** Jhoots Pharmacy, 1 Albert Street, Ventnor, Isle of Wight, PO38 1EZ

**Pharmacy reference:** 9010341

**Type of pharmacy:** Community

**Date of inspection:** 30/05/2023

## Pharmacy context

This is a community pharmacy located in the centre of Ventnor on the isle of Wight adjacent to a medical centre. It mainly serves local residents as well as tourists and provides dispensing services and over-the-counter medicines together with advice. The pharmacy has had problems recruiting and retaining a regular pharmacist and as a consequence has been closed for an extended period over the winter but has recently started reopening. It is currently open Monday to Fridays only.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has satisfactory working practices. The pharmacy team monitor the safety of their services well. They record their mistakes and review them to help improve the pharmacy's internal processes. Team members proactively protect the welfare of vulnerable people, and they understand how to suitably protect people's private information. The pharmacy maintains its records appropriately in accordance with the law.

### Inspector's evidence

The pharmacy had electronic procedures in place, and these had been reviewed and updated regularly. There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded and reported appropriately. 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 individual baskets to hold dispensed medicines to prevent them mixing up different prescriptions. Dispensing labels were also seen to have been completed indicating who had dispensed and who had checked a prescription.

The pharmacist and dispensing assistant were clear on their roles and responsibilities when questioned. They were both clear on the processes they should follow if they received a complaint. A notice informing people of the complaints process was on display in the consultation room. The pharmacy had been closed for an extended period due to staffing issues but had recently reopened and were in the process of building up services and liaising with the surgery next door.

Public liability and indemnity insurance was in place for services provided from the pharmacy. Records of controlled drugs (CD) were maintained electronically. Patient returned controlled drugs awaiting destruction had not all been entered into the appropriate register prior to disposal. The CD balance was checked regularly and those balances checked during the inspection were correct. There were some out-of-date CDs that had been separated from regular CD stock and labelled appropriately awaiting witnessed destruction. The responsible pharmacist (RP) record was correctly completed and the RP notice was displayed and could be clearly seen by the public. There was a main fridge in the dispensary in use and temperatures were recorded and monitored daily. Date checking of medicine stock was in place and short dated stock was being highlighted. The private prescription, emergency supply and specials records were maintained appropriately.

The pharmacy's team members were seen to be following the company's information governance procedures during the inspection. The computer screens were all facing away from the public and were password protected. Confidential waste was collected separate to normal waste and disposed of appropriately using a shredder. Information was available for people to see how their personal information was handled by the pharmacy.

On questioning, the team were clear about how they may identify and refer safeguarding concerns appropriately. There was a safeguarding policy in place at the pharmacy. The pharmacist working had completed CPPE level 2 safeguarding training. Contact details for local safeguarding advice, referral and support were available for the team to use should the need arise.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has sufficient staff to manage its workload safely. Pharmacy team members are suitably trained and skilled for the tasks they undertake. They have a clear understanding of their responsibilities. And members of the pharmacy team work well together and have a clear work culture of openness, honesty and learning.

### Inspector's evidence

The pharmacy had only recently started operating again after a period of closure due to staffing issues. Staff present during the inspection included the locum pharmacist and a trainee dispenser/ counter assistant from another local branch. Currently the pharmacy was dealing with relatively low volumes of work since reopening and staffing levels were adequate. However, it should be noted that as levels of business build adequate staffing levels and skill mix should be kept under review. The pharmacy has struggled to recruit and retain a regular pharmacist and was in the process of recruiting a new permanent team to run the pharmacy. The team present were observed undertaking their tasks appropriately. And they currently didn't feel the targets set for the pharmacy stopped them from making decisions that kept people safe. They were comfortable about making suggestions on how to improve the pharmacy and its services. They knew the pharmacy had a whistleblowing policy and knew who they should raise a concern with if they had one.

Team members understood their role and responsibilities, they asked appropriate questions before selling medicines over the counter, held a suitable level of knowledge to sell medicines safely and referred to the pharmacist for advice when required.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises provide a satisfactory environment to deliver its services. The pharmacy is clean and it is professional in its appearance.

### Inspector's evidence

The pharmacy comprised of a main dispensary, a consultation room and retail waiting area. The pharmacy fixtures and fittings were appropriate for the service provided and the pharmacy was clean, well-lit and was presented in a professional manner. There was a sink available in the dispensary with hot and cold running water with sanitiser to allow for hand washing.

The consultation room was clean and could be kept secure when not in use. The ambient temperature was controlled by air-conditioning units and was appropriate for the delivery of pharmaceutical services

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively. The pharmacy team is helpful and ensures the pharmacy's current limited services are managed safely. The pharmacy obtains its medicines from reputable sources and it stores and manages them appropriately.

### Inspector's evidence

The pharmacy's opening hours were listed on the NHS website and its services were being advertised to people entering the pharmacy. Entry into the pharmacy was from the street via a step and the premises consisted of a clear, open space.

The pharmacy was in the process of reviewing and starting services up again after a period of extended closure. The pharmacy team had a good awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use when supplying valproate. The staff explained that they would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they were aware of these, and they would query if they were taking effective contraception.

The pharmacy used recognised wholesalers to obtain medicines and medical devices. Specials were ordered via licensed specials manufacturers and appropriate records were maintained. The pharmacy team had access to destruction kits for the destruction of controlled drugs. Designated bins were available and being used for the disposal of medicines returned by patients. Waste collection was regular and team members explained they would contact the contractors if they required more frequent waste collection.

Medicines and medical devices were stored 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 drug alerts and recalls were received and actioned appropriately by the pharmacy team.

## Principle 5 - Equipment and facilities Standards met




### Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. The pharmacy keeps its equipment clean and uses its facilities appropriately to protect people's privacy.

### Inspector's evidence

The pharmacy was equipped with current versions of reference sources and clean equipment. This included measures for liquid medicines and counting triangles. Computer terminals were password protected and positioned in a manner that prevented unauthorised access.

### What do the summary findings for each principle mean?

Finding	Meaning
 <b>Excellent practice</b>	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.
 <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
 <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.