

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, Scott Arms Medical Centre,
Whitecrest, Birmingham, West Midlands, B43 6EE

Pharmacy reference: 9011685

Type of pharmacy: Community

Date of inspection: 29/06/2022

Pharmacy context

This pharmacy is situated within Scott Arms Medical Centre which is around half a mile from the local shops and services. It first registered in September 2021 when the pharmacy relocated from its original location into the newly opened Scott Arms Medical Centre. People using the pharmacy are from the local community and footfall to the pharmacy is very low. The pharmacy dispenses NHS prescriptions and provides some other NHS funded services.

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

Overall, the pharmacy manages the risks associated with its services. It keeps people's information safe, and the team generally maintains the records required by law. The pharmacy team have written instructions to help make sure it works safely. But the team does not always follow the written procedures. This increases the likelihood of things going wrong and means the team members could miss additional learning opportunities.

Inspector's evidence

The Responsible Pharmacist (RP) had started working at the pharmacy at the end of May 2022 and the pharmacy had been using different locum pharmacists prior to this. The RP was due to work at the pharmacy until September. The RP was experienced in Jhoots' company processes and procedures as she had been a pharmacy manager at another of their pharmacies. She had been working with the pharmacy team to show them how to carry out various pharmacy processes and explained the improvements and changes that she had made since she had first started working there.

Standard operating procedures (SOPs) were available on the company intranet. The team members had problems accessing the intranet as the generic log in details did not work and so they used the details from another pharmacy to demonstrate how to view the SOPs. The trainee dispensing assistants were enrolled on accredited training courses and had submitted copies of certain SOPs with their coursework so knew what they were used for. A trainee dispenser demonstrated that she had recently been sent a batch of SOPs by email from head office and had been asked to read them and confirm by reply that she had done that. Roles and responsibilities of staff were highlighted within the SOPs.

Adverse incidents, such as near misses and dispensing errors were recorded electronically using a function on the patient medication record (PMR). This was a process that had recently been implemented as part of the RP's review of the pharmacy operation, so only records since the end of May 2022 were available and there were none recorded prior to this. The RP and trainee dispensers did not know who the Superintendent (SI) for the pharmacy was and named the owners of the pharmacy incorrectly. This meant that the SI or owner would not be directly informed by the pharmacy team about any dispensing incidents or concerns, and they would be reliant on this information being forwarded to them by head office.

Whilst members of the pharmacy team were still in training, they did know what the head office team expected of them and discussed their duties during the inspection. A trainee dispenser answered hypothetical questions related to high-risk medicine sales correctly and had an awareness of how codeine linctus could be abused or misused.

People could give feedback to the pharmacy team in several different ways; verbal, written and online. The pharmacy team tried to resolve issues that were within their control and would involve head office if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The RP notice was displayed, and the RP log since the end of May 2022 complied with requirements. There were gaps in the log before this which suggested that locum pharmacists were not familiar with Jhoots' processes. This meant the pharmacy would not always be able to demonstrate which pharmacist was responsible on a given date. Controlled drug (CD) registers also complied with requirements. Two random CD stock checks matched the balances recorded in the register. Private prescriptions were recorded electronically, and records were generally in order.

Confidential waste was stored separately to normal waste and shredded for secure disposal. Computers were password protected. The pharmacy team had NHS Smartcards and confirmed that passcodes were not shared. Pharmacy staff answered hypothetical safeguarding questions correctly with some coaching and the RP had completed level two training on safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The team members try to plan absences, so they always have sufficient cover to provide the services. They work well together and can raise concerns and make suggestions.

Inspector's evidence

The permanent pharmacy team comprised of two apprentices. They were both enrolled on accredited training courses and were on track to complete their courses within the time suggested by the course provider. The apprenticeships were provided by two different organisations, but they were similar enough that they were able to support each other with their coursework. Their tutor was based at another Jhoots pharmacy, and they explained that they worked there on a Saturday so that they could ask him questions, and they had been asking the RP questions and learning from her. A delivery driver was shared with other Jhoots pharmacies, and the service was available twice a week. Annual leave requests were submitted to head office in advance and the team members did not take days off at the same time.

Whilst the trainee dispensers were working through their courses and had regular training time, they were understandably still inexperienced and had much to learn about the day-to-day running of a pharmacy and the ongoing tasks that were required. This meant that some processes had not been completed whilst they did not have a regular pharmacist as they were not aware that they needed to be done.

The pharmacy team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when a member of the public came into the pharmacy. They had regular discussions in the dispensary to communicate messages and updates. The pharmacy team said that they could discuss any ideas, concerns or suggestions with each other, or their college tutor if they had a more serious concern. The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare services. The pharmacy team has access to a large consultation room if people want to have a conversation in private.

Inspector's evidence

The pharmacy was smart in appearance and was well maintained. Any maintenance issues were reported to head office. The dispensary was large, and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the workbench. There were various rooms off the shop area which were empty. One was a private consultation room which was professional in appearance. The door to the consultation room remained closed when not in use, although it did not contain anything of value or confidential in nature.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap were available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally sources, manages and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use.

Inspector's evidence

The pharmacy had step-free access from the street and a home delivery service available for people that could not access the pharmacy. There was another entrance directly from the medical centre. This was kept locked as the automatic doors were very sensitive and they opened when no-one was there which distracted the pharmacy team. There was a large, free car park that was shared with the Medical Centre and a bus stop outside. The pharmacy staff referred patients to other local services when necessary.

Medicines were dispensed into baskets to ensure prescriptions were not mixed up together. Staff did not always sign the 'dispensed by' boxes on medicine labels, so there was not always a reliable dispensing audit trail for prescriptions. The 'checked by' box was always signed. The RP was already aware of this and was trying to encourage the team to consistently initial the 'dispensed by' box to take ownership for their work. The RP was aware of the MHRA alerts about valproate and counselling information was available.

The pharmacy had recently started dispensing multi-compartment compliance packs again as Jhoots 'hub' pharmacy had stopped doing them. The pharmacy was dispensing compliance packs for people in the local area, and for two other Jhoots pharmacies in the Bristol area. These packs were collected on an agreed date by a delivery driver. As these pharmacies were owned by another company, it meant the pharmacy was required to deliver the packs directly to the people's homes.

The previous dispensing pharmacy had scanned copies of people's backing (information) sheets so that the pharmacy team could see what medication that each person had dispensed into their compliance packs. The pharmacy's communicated by email so that they had a record. An email came through during the inspection asking the pharmacy to return an acute prescription, and a controlled drug prescription to the NHS Spine, so that it could be dispensed at the patient's local pharmacy in one of the Bristol pharmacies. This was actioned immediately, and the team clearly explained the process for returning prescriptions and then confirmed to the other pharmacy that it had been done. A compliance pack that had been dispensed and was waiting for an accuracy check had a backing sheet which contained the incorrect information as it stated that the pack had been dispensed at the previous dispensing pharmacy. The RP said that this was easily rectified and she would change this before it was supplied to the patient. The RP also confirmed that patient information leaflets were supplied, and the backing sheet contained descriptions of the medicines in the pack. But backing sheets were printed on to the back of invoices which potentially contained confidential details about the pharmacy.

Medicines were stored in an organised manner on the dispensary shelves and the dispensary had

recently been date checked and tidied. Most medicines were observed being stored in their original packaging. There were some examples of the team putting mixed batches of medicines within the same stock boxes. This meant that there was a risk that date expired or recalled stock may not be identified and could increase the risk of errors. Medicines were obtained from a range of licensed wholesalers. Split liquid medicines with limited stability once opened were marked with a date of opening. No out-of-date medicines were seen and a regular date checking plan had recently been implemented. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts from head office.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridge was working within the required temperature range of 2° and 8° Celsius. Although the fridge temperatures were not always recorded when the pharmacy was open, so the team could not clearly show how regularly it was monitored.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team uses equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the BNF. Internet access was available. Patient records were stored electronically and there was only one computer terminal. This was sufficient for the workload currently undertaken as the footfall was very low and pharmacy staff could wait to use the computer without inconveniencing people using the pharmacy. A range of clean, crown stamped measures were available. Counting triangles were available. Computer screens were positioned so they were not visible to members of the public and they could not access the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.