

Registered pharmacy inspection report

Pharmacy Name: Jhoots Pharmacy, 131 High Street, Harborne, Birmingham, West Midlands, B17 9NP

Pharmacy reference: 9011927

Type of pharmacy: Community

Date of inspection: 13/12/2023

Pharmacy context

This community pharmacy relocated into a new premises about a year ago. It is situated on a busy high street in Harborne, Birmingham. Its main activity is dispensing NHS prescriptions to community patients living in the local area. And it supplies medicines in multi-compartment compliance packs to some people who need assistance in managing their medication at home. The pharmacy also sells a small range of over-the-counter medicines, provides a substance misuse treatment service, and it administers seasonal flu vaccinations.

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 manages the risks associated with its services adequately. It keeps people's confidential information securely and it has procedures to safeguard vulnerable people. Team members understand their roles and responsibilities. But they do not always review their dispensing mistakes, so they could be missing opportunities to learn and improve from these events. And some of the pharmacy's records about controlled drugs are not completed in full which could increase the chance of mistakes happening.

Inspector's evidence

The correct responsible pharmacist (RP) notice was on display in the pharmacy. A range of standard operating procedures (SOPs) were available on-line and these were due to have been reviewed in 2021 which could mean they do not always reflect current best practice. The pharmacist manager, who was the RP on the day of the visit, said that team members had signed the SOPs, but the record to confirm this was not available in the pharmacy as it had been sent to the head office. Team members could explain the tasks they could not undertake in the absence of a pharmacist.

Team members recorded mistakes that were detected before the medicines were handed out to people (near misses). But there was little evidence to show that these were reviewed regularly to help identify any trends or take actions to mitigate similar events from happening again. For example, a recent incident involving amitriptyline and amlodipine had been recorded but team members had not yet identified any remedial actions to prevent from this happening again. The pharmacy manager explained the process they should follow to record and report mistakes that had reached people (dispensing errors) and commented that the pharmacy had not made any dispensing errors since it had relocated into the new premises.

The pharmacy had current professional liability and public indemnity insurance. Records about RP, controlled drugs (CDs) and private prescriptions were generally kept in order. However, some CD registers did not state the form and strength of the CD at the top of each page. Running balances were kept but audited infrequently. This could make it difficult for the pharmacy to detect or investigate any loss of these medicines in a timely manner. A randomly selected CD checked during the inspection did not match the stock held in the CD cabinet. This was found to be a missed entry from a number of months ago and was resolved on the day of the inspection. A separate register was used to record patient-returned CDs and these were entered at the point of receipt to keep an audit trail.

Team members used their own NHS smartcards to access electronic prescriptions. Confidential waste was shredded in the pharmacy. People's confidential information was stored securely and the pharmacy's computers were password protected. Prescriptions awaiting collection were stored securely. The pharmacy had a complaints procedure. The pharmacy manager explained that she would try to resolve any complaints in-store and would escalate to head office where appropriate.

The pharmacy manager had completed Level 2 safeguarding training and the rest of the team were in the process of completing Level 1 safeguarding training. Details of local safeguarding agencies were not available in the pharmacy but the pharmacy manager said that she was aware of how to obtain these details on-line.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just about enough team members to undertake its workload adequately. Its team members are undertaking the right accredited training for their roles and responsibilities.

Inspector's evidence

The pharmacy manager, a foundation trainee pharmacist and an apprentice were on duty on the day of the visit. The pharmacy was quiet and team members were managing workload adequately. Both team members were currently completing training relating to their qualifications. The foundation trainee pharmacist had recently commenced his training and felt supported by the team. The company currently did not have any formal training program to identify any on-going learning needs after team members had completed their accredited training, to help keep their skills and knowledge current. The pharmacy manager said that she was well-supported by the head office and felt comfortably raising concerns about any issues with the superintendent pharmacist. There were targets set for team members. The pharmacy manager said that the team did not feel undue pressure to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are tidy, and they are adequate for the services it provides. People visiting the pharmacy can have a conversation with a team member in private.

Inspector's evidence

The pharmacy had opened in 2022, relocating from another premises close by. Its front fascia and its public facing areas were in an adequate state of repair. The dispensary was fitted to a very basic standard. But it had enough space to store medicines safely, and it was kept tidy. A basic private signposted consultation room was available for services and enabled people to have a private conversation with team members. There was no confidential information displayed in this room. The sink in the dispensary was clean and it had a supply of hot and cold water. Ambient temperatures and lighting were suitable for the activities undertaken. The premises were secured against unauthorised access when closed.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its services adequately. It obtains its medicines from reputable sources. And it has a process to manage safety alerts and recalls about medicines. But its team members do not always keep records about these. This makes it harder for the pharmacy to show the actions it has taken to make sure people are supplied with medicines that are fit for purpose.

Inspector's evidence

The entrance to the pharmacy was stepped and the pharmacy manager said that people with mobility difficulties who could not access the premises had their medicines delivered to them. The pharmacy's opening hours were displayed at the entrance. And there was some seating available for people waiting for services. The pharmacy delivered medicines to some people who could not visit the pharmacy in person. Team members kept a record of the medicines they delivered.

Most of the pharmacy's activity was dispensing NHS prescriptions. The workflow in the pharmacy was adequately organised and baskets were used during the dispensing process to minimise the chances of mistakes and to help prioritise workload. There was an audit trail on dispensed items to show who had completed each step of the process from dispensing to accuracy checking. And CD prescriptions were highlighted with a sticker so checks could be made to ensure the validity of the prescriptions before being handed out. The pharmacy supplied some medicines in multi-compartment compliance packs. These packs were labelled with a description of the medicines so that people or their carers could identify individual medicines correctly. The pharmacy manager said that patient information leaflets were not routinely supplied because people did not wish to receive these. This could mean that people and their carers do not have ready access to current information about their medicines.

Team members knew about the pregnancy prevention advice to be given to people in the at-risk group when supplying sodium valproate. The stock packs on the shelf included warning cards and alert stickers. And additional safety stickers were available in the dispensary. The pharmacy manager was also aware of the recent MHRA guidance about original pack dispensing of valproate-containing medicines.

The pharmacy ordered its stock medicines from licensed wholesalers and pharmacy-only medicines were restricted from self-selection. The pharmacy did not sell codeine linctus over the counter. Temperature-sensitive medicines were stored in a fridge. The pharmacy did not have a maximum and minimum thermometer to record both temperatures. Team members were only recording the current temperature by obtaining the reading displayed on the fridge. Temperature records checked during the inspection were within the range of 2 and 8 degrees Celsius. The lack of being able to monitor minimum and maximum temperatures was discussed with the pharmacy manager who gave an undertaking that an appropriate thermometer would be ordered pending approval from the head office. All CDs were stored in line with requirements. The pharmacy had run out of denaturing kits and the pharmacy manager said that these had been ordered. Waste medicines were stored in designated bins. Short-dated stock medicines had been highlighted for removal at an appropriate time. No date-expired medicines were found amongst in-date stock.

The pharmacy received safety alerts and recalls about medicines from its head office. The pharmacy

manager could explain how these were dealt with. However, records of actioned alerts were not kept. This made it harder for the pharmacy to demonstrate that it has always addressed concerns about medicines not fit for purpose appropriately and in a timely manner.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

Team members had access to current reference sources. The pharmacy had calibrated measures available for measuring liquid medicines, and some had been marked to be used for specific medicines to prevent cross-contamination. Equipment for counting loose tablets and capsules was available and it was kept clean. Medicine containers were capped to prevent contamination. People's private information was kept securely.

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.