

# Enforcement action summary (Improvement notice met)

**Pharmacy trading name:** Jhoots Pharmacy

**Pharmacy address:** 31-33 Wheelgate, Malton, North Yorkshire, YO17 7HT

**Premises registration number:**

1038956

**Enforcement action taken:**

Issuing of an improvement notice - (Article 13 of the Pharmacy Order 2010)

**Effective date:**

17/02/2025

**Premises standards failed:**

1.1, 1.2, 1.6, 1.7, 2.2 and 2.5

**Summary:**

The pharmacy was inspected on 8 October 2024, which resulted in an improvement action plan due to six standards not being met. The pharmacy did not fully engage with the GPhC's process following the inspection. Although a populated action plan was submitted to the GPhC, confirmation of the implementation of required changes was not received and not within the agreed timescales. On reinspection on 30 January 2025, it was found none of the agreed actions had been implemented, so the standards in the pharmacy continue not to be met. Furthermore, the pharmacy was not open to the public on this date, and it was identified this had been the case for approximately two weeks previously. It had not adequately managed the risks with these closures. This non-engagement with regulatory processes, and the pharmacy's closures, fall below reasonable public expectation, leading to possible long-term reductions of public confidence in pharmacy and increase risk to patient safety.

**Improvements required:**

1. You must complete the required actions identified during the inspection dated 8 October 2024 to ensure that the pharmacy meets all GPhC standards for registered pharmacies. This includes:

- a. Making sure that team members have appropriate access to standard operating procedures (SOPs)
  - b. Making sure that team members have read and understood the SOPs and are working in accordance with them.
  - c. Making sure that team members clearly know how to manage, record and report errors. And that they know how to routinely make changes to their practice to help make the pharmacy's services safer.
  - d. Making sure that the pharmacy's responsible pharmacist (RP) record is accurate and maintained in accordance with the law. Ensure it is used solely for the contemporaneous records of the RP working on any given date.
  - e. Making sure that the pharmacy has robust systems in place to securely collect, segregate, protect and destroy confidential waste.
  - f. Making sure that all team members are enrolled on appropriate training courses in accordance with GPhC minimum training requirements.
2. You must properly induct, train and support pharmacy team members to a level where they fully understand how to carry out their role safely and effectively. This includes:
  - a. Making sure team members receive an induction when they start working for your pharmacy. And making sure team members receive training, to include reading and understanding SOPs, understanding their responsibilities and the responsibilities of others, and knowing how to effectively report errors and concerns to the right people.
3. You must have a documented business continuity plan in place which team members understand and have access to. This includes:
  - a. Making sure team members are clear about how to manage the pharmacy when there is no responsible pharmacist present.
  - b. Making sure team members know how to appropriately respond to incidents and who to escalate incidents to both within the organisation and externally.
  - c. Making sure team members are clear about what to do in a lone working situation, which includes mitigating risks to their personal safety and protects the pharmacy's medicines, including controlled drugs.
  - d. Making sure team members are clear about their responsibilities, and the responsibilities of others, when the pharmacy is unable to operate as planned.
4. You must demonstrate what steps have been taken to identify and manage the risks associated with the prolonged closure of the pharmacy and how you support team members to do this. This includes:
  - a. Identifying and managing the risks to patient safety.
  - b. Managing the risks associated when people are unable to access medicines and services.
  - c. Managing the risks to public perception and trust in pharmacy when your pharmacy is closed, and people are unable to access medicines and services.

5. You must demonstrate what steps have been taken to identify and manage the risks of re-opening the pharmacy after prolonged periods of closure, including:
  - a. Managing the risks of people accessing prescriptions and medicines they may have accessed elsewhere during the closure.

**Deadline for compliance:**

19/03/2025

**Outcome:**

Met