

# Enforcement action summary (Improvement notice)

**Pharmacy trading name:** Jhoots Pharmacy

**Pharmacy address:**

Oldham Integrated Care Centre, New Radcliffe Street, Oldham, Lancashire, OL1 1NL

**Premises registration number:**

1100086

**Enforcement action taken:**

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

**Effective date:**

02/04/2025

**Premises standards failed:**

1.1, 1.2, 1.4, 1.6, 1.7, 2.1, 2.2, 2.5, 4.1, 4.2, 4.3 and 5.1

**Summary:**

On 17 March 2025, the pharmacy was inspected following information received by the General Pharmaceutical Council (GPhC). The inspection confirmed that at various times the pharmacy had been operating without a pharmacist present. Additional issues were identified, including inadequate governance, weak leadership, insufficient staff training and supervision, poor management of medicines, and faulty equipment.

**Improvements required:**

1. Activities that require a responsible pharmacist to be signed in or present on the premises must not be carried out unless this requirement is met. In addition, you must:
  - Have an effective Business Continuity plan in place which members of the team have access to.
  - Provide training for all team members relating to the Business Continuity plan and be able to demonstrate that staff have read and agreed to follow it.

- Ensure team members are clear about what tasks can and cannot be completed when there is no responsible pharmacist present.
  - Make sure team members know what to do in a lone working situation, which includes mitigating risks to their personal safety and protecting the pharmacy's medicines, including controlled drugs (CDs).
  - Manage the risks when people are unable to access medicines and services, and ensure they are signposted appropriately.
2. You must make sure that team members have appropriate access to the pharmacy's standard operating procedures (SOPs), and there is a record that they have read and understood them.
  3. You must make sure that team members know how to manage, record and review dispensing and near miss errors. And that they can demonstrate how they have made changes to their practice to help make the pharmacy's services safer.
  4. You must ensure that information is easily accessible to people visiting the pharmacy explaining how to provide feedback or raise concerns. And that complaints received are responded to in a timely manner and acted on appropriately.
  5. You must ensure that records comply with legal requirements. This includes:
    - Making CD records in appropriately bound CD registers, with 'headers' on each page. Entries must contain all the required details.
    - Carrying out an audit of the running balances of all the schedule 2 CDs in the pharmacy and investigating and reporting any discrepancies. Continue regular audits on an ongoing basis to ensure the prompt detection of missing entries or discrepancies.
    - Maintaining an accurate responsible pharmacist record used solely for the contemporaneous records of the responsible pharmacist working at the pharmacy on any given date and time.
  6. You must have an active and effective method to destroy confidential information or confidential waste. This includes:
    - Removing the excess build-up of confidential waste which has accumulated in the pharmacy and providing evidence that this has been disposed of appropriately.
    - Enabling an effective method to ensure confidential waste is destroyed promptly, to avoid future build-up.
  7. All team members must:
    - Be enrolled onto appropriate training courses within three months of commencing their role in accordance with GPhC minimum training requirements.
    - Be adequately supervised and supported to meet their ongoing training needs. A record of all staff training must be maintained.
    - Know how to raise concerns and who to escalate them to both within the organisation and externally. A record of this training should be made, as well as any concerns raised, and the action taken.

8. You must ensure that:

- NHS England has been informed to update the nhs.uk website with the change of pharmacy name, change to Sunday opening hours and any other incorrect details displayed on the nhs.uk website.
- NHS England is notified on every occasion when NHS services are not being provided by the pharmacy. A record of these notifications must be kept, and the steps taken to appropriately signpost people to other service providers in these circumstances.
- Any reference to 'Lloyds pharmacy' including the 'Lloyds' signage from the side of the building is removed.

9. In relation to CDs, you must ensure:

- The CD keys are stored securely, when they are not in the personal possession of a pharmacist.
- The pharmacy team understand and follow CD safe custody regulations at all times.
- All the accumulated expired CDs have been appropriately destroyed.

10. You must ensure the pharmacy team has access to a fully functioning printer to support the dispensing operation.

**Deadline for compliance:**

01/05/2025

**Outcome:**

Ongoing