

# Enforcement Action Summary – Improvement Notice

**Pharmacy trading name:** Jhoots Pharmacy

**Pharmacy address:**

Brierley Hill Health & Social Care Centre, Off Little Cottage Street, Brierley Hill, West Midlands, DY5 1RG

**Premises registration number:**

1102644

**Enforcement action taken:**

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

**Effective date:**

12/06/2025

**Premises standards failed:**

1.1, 2.2, 4.2

**Summary:**

The pharmacy was inspected on 3 June 2025 following information received by the GPhC. Multiple issues were found which showed that the pharmacy did not meet the standards for registered pharmacies. The issues included the provision of services, including assembly of prescriptions and the supply of medicines, without a Responsible Pharmacist (RP) being signed into the RP record or present in the pharmacy. Its team members do not follow the written instructions that are available, and some members of the team are not trained for the roles they fulfil. The concerns identified fall below the standards expected and increase the risk to patient safety.

## 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 available which members of the team are aware of and have access to.
  - Provide training for all team members relating to the Business Continuity plan and be able to demonstrate that understood and agreed to follow it. Training records to demonstrate this must be maintained.
  - Ensure team members are clear about what tasks can and cannot be completed when there is no responsible pharmacist present. Training records to demonstrate this must be maintained.
2. All team members must:
  - Be enrolled on to 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, including regular development reviews must be maintained.
  - Receive training about raising concerns within the pharmacy. This must include who to escalate concerns to both within the organisation and externally. As well as information about the role of a superintendent pharmacist. A record of this training should be made.
3. Pharmacy services should only be provided by those who have the appropriate qualifications, knowledge and skills and they must adhere to any additional requirements set out in patient group directions. If services are unable to be provided by suitably trained staff, people must be signposted so that they are able to continue to access the medicines and services they require. In addition, you must ensure and be able to demonstrate that:
  - Members of the pharmacy team have undertaken training in the delivery of the services including the NHS Pharmacy First and Minor Ailment services. Training records to demonstrate this must be maintained.
  - Standard Operating Procedures (SOPs) should be available detailing how the services should operate. And you should be able to show that team members have read, understood and agreed to follow the SOPs.
  - The pharmacist has undertaken the correct training for the services to be delivered. The correct PGDs are available and have been signed by the relevant people.
4. An audit of information including training records, PMR reports, and other legal records must be completed before the stated date of compliance, so that you can demonstrate that all pharmacy team members are:
  - Adhering to the SOPs
  - Working in compliance with responsible pharmacist regulations
  - Following the requirements of any patient group directions that are used in the pharmacy

You must produce an action plan which demonstrates how any issues that are identified will be addressed and this must have a clear deadline for completion.

You must be able to demonstrate a planned timetable for the audit to be repeated and state an individual(s) who will be responsible for making sure that this is completed as planned. A record of all audits and action plans must be maintained.

**Deadline for compliance:**

21/07/2025

**Outcome:**

Ongoing