

Enforcement action summary (Improvement notice)

Pharmacy trading name: Jhoots Pharmacy

Pharmacy address: 40 Grange Road, West Kirkby, Wirral, Merseyside, CH48 4EF

Premises registration number:

9010609

Enforcement action taken:

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

Effective date:

18/08/2025

Premises standards failed:

1.1, 1.5, 1.6, 1.7, 2.1, 2.5, 3.1, 4.3 & 5.1

Summary:

The pharmacy was inspected on 5 August 2025 following information received by the GPhC. Multiple issues were found which showed that the pharmacy did not meet the standards for registered pharmacies. When these concerns are considered individually, they do not pose serious risks. However, when these risks are combined, they demonstrate an absence of basic clinical governance, which is a key and fundamental structure to manage the associated risks of providing pharmacy services safely and effectively. This risk is aggravated by the lack of professional oversight of a registered pharmacy professional and/or a responsible pharmacist. Furthermore, the pharmacy team members have terminated their employment, leaving this pharmacy without any employed trained team members. As a result, the risks associated with providing pharmacy services are uncontrolled and systemic. The company have not provided any meaningful leadership or assurances that it will take the necessary action to improve the pharmacy's standards and put sufficient measures in place to address these risks on a voluntary basis. As such, the risk to the public is excessive and uncontrolled, and immediate conditions are required in order to safeguard the health and wellbeing of members of the public.

Improvements required:

1. You must have an effective business continuity plan in place which members of the team have access to.

This includes:

1. Making sure team members are clear about what tasks can and cannot be completed when there is no responsible pharmacist present.
2. You must provide training for all team members relating to the Business Continuity plan so that they are aware of the correct action to take if the pharmacy cannot operate or if a responsible pharmacist is not present. Staff must document that they have received training on this, understand the business continuity plan and agree to follow it.
3. 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.
4. Ensuring there is a local, and up to date, hard copy in the pharmacy for the team to refer to in the event of internet failure.

2. You must have a current professional indemnity insurance schedule of cover.

This includes:

1. Reviewing the insurance schedule covers all of the pharmacy's activities.
2. The certificate must be available in the pharmacy to demonstrate adequate cover is in place.

3. You must have accurate and up to date records related to controlled drugs.

This includes:

1. Ensuring the controlled drug records are kept on the premises.
2. Carrying out an audit of all the current stocked CD medicines to identify discrepancies. Any discrepancies must be reported to the CDAO team and a record of this must be maintained.
3. Updating the records to ensure all stock received and supplied are recorded in full.
4. Implementing a regular auditing system for CD records to identify discrepancies in a prompt manner.

4. You must have an active and effective method to destroy confidential information or confidential waste.

This includes:

1. Removing the excess build-up of confidential waste which has accumulated in the pharmacy and providing evidence that this has been disposed of appropriately.
2. Enabling an effective method to ensure confidential waste is destroyed promptly, to avoid future build-up.
3. Ensuring members of the pharmacy team fully understand their roles and responsibilities when handling and storing confidential waste. Team members must document that they have received training on this.

5. You must demonstrate what steps have been taken to identify and manage the risks associated with the closure of the pharmacy and how you support team members to do this.

This includes:

1. Identifying and managing the risks to patient safety.
2. Managing the risks associated when people are unable to access medicines and services.
3. Managing the risks to public perception and trust in pharmacy when your pharmacy is closed, and people are unable to access medicines and services.
4. Enabling access to professional support to members of the pharmacy team.

6. You must have an effective whistleblowing policy and demonstrate that it is sufficiently robust to ensure all concerns raised by staff are reviewed and where it is appropriate, actioned.

This includes:

1. Providing a written top-level management commitment to reviewing concerns raised by team members, and acting upon concerns raised within a specified timeframe where it is appropriate to do so.
2. Implementing an audit of whistleblowing concerns which are raised, and ensuring it is visible by staff and GPhC inspectors to review.
3. Including a reference in the policy, to enable staff to refer unresolved concerns to the GPhC.
4. Reviewing the written policy to ensure it is up to date and current in light of any changes.

7. You must have an effective method for the removal of general waste refuse from the pharmacy.

This includes:

1. Removal of the current excess waste present on the pharmacy premises.
2. Assessing the amount of waste produced by the pharmacy and implementing an active waste contract with a suitably licensed carrier.
3. Ensuring the pharmacy team has effective means to raise concerns if waste accumulates in the future.

8. You must update all processes relating to the effective management of stock in the pharmacy.

This includes:

1. Checking medicine stock and medical devices against the MHRA website for any drug alerts and carrying out any necessary action to ensure all stock is fit for purpose.
2. Undertaking a full check of the expiry dates of the stock medicines present on the premises.
3. Recording fridge temperatures on a daily basis and reviewing them to ensure stock has been stored appropriately.
4. Removing any stock which is found to be unsafe to supply.
5. Implement a robust programme to regularly check the expiry dates of medicines on a regular basis and maintain date checking records.

9. You must ensure the pharmacy has access to relevant information it needs to carry out the pharmacy services it provides.

This includes:

1. Ensuring there are professional support mechanisms in place when internet-based resources are unavailable.
2. When there is an extended period of operation without access to internet-based resources, the company has suitable plans in place to either make these resources accessible by alternative means, or taking active measures to enable internet access by the pharmacy.

Deadline for compliance:

18/09/2025

Outcome:

Ongoing